

VOLUNTEER SERVICES

VOLUNTEER TRAINING PACKAGE

Emergency Response Codes

When emergencies occur, it is important that you know what to do **and** where you are located in the hospital. LHSC has a switchboard that handles all emergency calls.

In an emergency, call the LHSC Switchboard:

55555

State your emergency and exact location to the switchboard operator:

- **Code Type** (emergency)
- **Hospital**
- **Zone/Building**
- **Floor/Level**
- **Room Number** (you are in or closest room number)
- **Department/Unit**

How do you know when and where an emergency is occurring?

Listen to the overhead announcement!

When UH, VH, CH locations are announced over public address, the phonetic alphabet will be used to assist with recognition of the letter announced:

- A = Alpha
- B = Bravo
- C = Charlie
- D = Delta
- E = Echo

An example of an **overhead announcement** is:

- Code Red
- Victoria Hospital
- Zone D, Delta
- Level 2, Room 200
- Perioperative Care Waiting Room

Carry your Emergency Response Code card with your ID and have it with you at all times.

CODE RED – Fire

When smoke or fire has been detected in the hospital, Code Red is initiated to alert hospital personnel and is announced overhead.

Know the location of the closest fire pull station and fire extinguisher, as well as your evacuation destination and closest stairs.

Two Stage Alarm: Consists of an **alert stage** and an **evacuation stage**.

1) ALERT Stage (20 beats per minute)

When you hear an alert stage alarm:

- **Stop** what you are doing; do not leave the area
- **Check** your immediate area for smoke
- **Reassure** patients or visitors – you may need to educate them on what the alarm is and advise them to listen to the overhead announcement.
- Listen for **overhead announcement** (Code Red and location)
- **Fire in your immediate area:**
 - *Unit/program:* Follow direction of identified leader (wearing an emergency vest) who will follow the REACT steps.

R Remove people from the immediate area

E Ensure doors and windows are closed

A Activate the fire alarm system

C Call 55555 and state code red (fire) and the location (site, zone, floor, room number)

T Try to extinguish the fire if it is smaller than a garbage can **and you are trained**.

- *Common area:* Move horizontally to the closest evacuation destination and follow direction of the identified leader.
- **Fire is not in your area:** Continue business as usual, but continue to listen to the overhead announcements.

Note:

- Elevators in the zone of the alarm will cease to work. They will only reset upon “all clear” of the alarm. Please let people know so they can use the stairs. Be sure you are familiar with the stairs in your area.
- Many doors at LHSC are fire doors, and will automatically close when the alarm is triggered. Please know you can walk your usual route and please advise families of this as well.

2) EVACUATION Stage (120 beats per minute)

When you hear the evacuation stage alarm:

- Listen to the **overhead announcement**
 - In a **patient care area**, follow the direction of the staff.
 - In a **common area**, please proceed to your closest evacuation destination.
- *Primary evacuation for fire:* Horizontally, beyond corridor fire doors into next adjacent area (according to evacuation floor plans where posted).
- *Evacuation for fire when no other options exist:* Vertically to 2 levels below the level of the fire but not below ground level. In extreme circumstances, from the building entirely.
- *Overhead announcement will declare if all staff/visitors required to leave the building.*

Note: Where visible smoke or fire, harmful vapors, or the threat of violence causing immediate concern to life and health exists, building occupants do not require authorization from LHSC to evacuate to an area of safety.

Single Stage Alarm (120 beats per minute)- UH PDC and VH outer buildings

When you hear a single stage alarm, the building must be evacuated. Follow the direction of the supervisor of your area or go to your nearest evacuation destination.

CODE GREEN – Evacuation

Response will be different based on cause of the Code Green. Listen for overhead announcement.

Evacuation plans are posted throughout the hospital; familiarize yourself with the closest evacuation destination and stairs in your volunteer area.

- **Code Green- Evacuation Precautionary-** When conditions occur where there is not imminent harm, but conditions have the potential to become hazardous to building occupants.
- **Code Green- Evacuation Crisis-** Immediate evacuation of persons from an area inside a building where there is an imminent threat of harm to an area or location of safety.
 - In a **patient care area**, follow the direction of the staff.
 - In a **common area**, please proceed to the closest evacuation destination as highlighted during your training.
- Evacuation may be horizontal (same floor), vertical (different floor) or building evacuation depending on the type and scope of the incident. Example:
 - *Primary evacuation for fire:* Horizontally, beyond corridor fire doors into next adjacent area (according to evacuation floor plans where posted).
 - *Evacuation for fire when no other options exist:* Vertically to 2 levels below the level of the fire. In extreme circumstances, from the building entirely.
 - *Overhead announcement will declare if all staff/visitors required to leave the building*
- Note: Where visible smoke or fire, harmful vapours, or the threat of violence causing immediate concern to life and health exists, building occupants do not require authorization from LHSC to evacuate to an area of safety.

CODE BLUE - Cardiac Arrest / Medical Emergency (adult)

includes outside buildings on hospital property

Someone has fallen and is unable to get up, or requires assistance and staff are not available to call the code.

- Do not attempt to help them up as injuries can be unknown.
- The volunteer's role is not to determine the severity of the injury, but to call assistance immediately. Know your room number or closest room number.
- In a common area, if a patient/visitor falls but gets up, ask if they are okay, advise them to report this fall to the unit to which they are heading, ask where they are going, and report it to Security.
- If the code blue is in your area, stand and direct the response team.
- **If the injury occurs outside the building but on hospital property, you still call 55555.**

CODE PINK - Cardiac Arrest / Medical Emergency (child)

includes outside buildings on hospital property

A child (person younger than 18 years of age) has fallen and is unable to get up, or requires assistance and staff are not available to call the code.

See Code Blue above

CODE YELLOW - Missing Person

Description of individual is announced on the overhead paging system.

- All people are to keep an eye out for the individual and if found, follow direction of the page (i.e. where to return, call security etc.).
- Pay particular attention to common areas such as the cafeteria or the exits.

CODE AMBER - Child Abduction

A **Code Amber** is initiated when a search is required to locate an abducted child or child suspected to be abducted. The police will be involved in a Code Amber.

Description of child (person younger than 18 years of age) is announced on the overhead paging system.

CODE GREY - Infrastructure Loss/Failure or Air Exclusion

Response will be different based on cause of the Code Grey. Listen for overhead announcement.

Code Grey- Infrastructure Loss- power failure, computer or telephone system down.

- **Auxiliary:** Review procedures specific to your role
- **Information Desk/Guides:** Contact the volunteer office for direction.
- **Other:** Follow direction of staff in your area.

Code Grey – Air Exclusion - When the external air intake is shut down and doors and windows are closed to avoid air contaminated by hazardous materials from entering the building.

CODE BROWN - Hazardous Spill

Release of a hazardous or potentially hazardous material. Example: broken tub/jar in laboratory

- Security and the Response Team will control and manage the spill.
- Report the incident as soon as possible to the person you report to on your shift, who will work with you to complete an incident report. Provide details of the spill, exposure, and any damage to hospital property or injuries sustained by visitors, patients or any other individuals external to LHSC.
- **Bodily Fluid is not considered a Code Brown.** If there is a spill of bodily fluid in a common area, please call Housekeeping (Sodexo) and identify the spill as “bodily fluid requiring a STAT cleanup” so housekeeping can be prepared. Cover fluid with “spill pads” and pop up safety cone and stay until housekeeping arrives.

CODE BLACK - Bomb Threat

This could be a suspicious package, a letter received via mail or a phone call.

*If this is occurring elsewhere in the hospital, you may **NOT** hear an overhead page.*

- **Suspicious Packages/Letters** – Do not accept any packages or letters. If there is a delivery – please ensure to direct the person to the individual/department listed on the package. If no name/department is listed, please indicate that you cannot accept the package and direct the person to a staff member. If you find an unidentified package please do not open it and call Security. This does not include packages that are part of your volunteer role (i.e. gift shops and hospitality).
- **Phone Call** – Bomb threats are typically made to publicized phone numbers. If you volunteer in a unit with a direct phone number (i.e. UH Information Desk) please refer to the **Bomb Threat Report**. Do not hang up (even if the caller hangs up) or put the caller on hold. Keep the caller on the phone as much as possible.

CODE ORANGE - External Disaster

A Code Orange is activated in response to an influx of patients arriving to the hospital related to an external disaster in the community. You will hear an overhead announcement.

- **Code Orange – Alert** (“Stand-by”)
The hospital has received information regarding an external disaster, but the information is not confirmed to the extent of hospital involvement and the number of casualties. All staff and volunteers will STAND-BY – no action required.
- **Code Orange – ENS 1** (“ED & Trauma Response”)
This indicates an external disaster has been confirmed with multiple casualties arriving to the hospital and a coordinated response is required by the Emergency Department and Trauma team. A full hospital response is not required.
- **Code Orange – ENS 2** (“Hospital-Wide Response”)
This is called when it has been confirmed a surge of critical patients will require a Hospital-Wide response. Please stay in the area in which you volunteer unless you are advised to return to Volunteer Services.

CODE PURPLE - Hostage Taking

A hostage is any person or persons held against their will from moving freely or leaving an area under threat of assault or bodily harm by another person, until certain conditions or demands are met.

You may NOT hear an overhead page. You may not be aware of this occurrence unless it is in your immediate area.

If you are involved in a hostage taking situation:

- Remain calm and cooperative
- Take mental notes of the hostage takers description (e.g. height, weight, tattoos)
- Assess opportunities for escape and potential impact on other hostages to determine whether escape should be attempted

If you observe or escape from a hostage taking situation:

- Get away from vicinity of the hostage incident as quickly as possible. Do not approach.
- Call 55555 from a safe place to alert switchboard of the situation.
- Police are immediately notified.

CODE SILVER - Person with a weapon

If a person with a weapon threatens life safety and demonstrates severe assaultive behavior. A Code Silver will NOT result in a response from LHSC personnel as it is designed to keep people away.

If an active threat occurs:

- 1) **Evacuate**- evacuate to stairway or outdoors, if possible, then call 55555 (or 911 if no access to internal phone). Move to the quickest closest means of exit.
- 2) **Hide** if evacuation is not possible:
 - Shelter in place (i.e. Lockable washroom- keep quiet, turn lights out, do not use phone)
 - Do not open or respond to knock on the door. Wait for the Code Silver “all clear” announcement, or on verification that police or security are at the door.
- 3) **Survive** by acting in self-defense as a last resort, only if you are in imminent danger:
 - Attempt to incapacitate the assailant using vigorous force.
 - Use objects to render as much harm as possible to enable escape. As soon as possible, run to safety.

Severe Weather Emergency

You will only hear an overhead announcement about Severe Weather if the weather is actually happening and is imminent, such as a tornado warning.

- *For volunteers in areas with staff supervision* – follow the direction of the unit leader
- *For volunteers in areas without staff supervision- i.e. guides/info stations, gift shops and certain Verspeeten Cancer Centre roles*
 - If asked – advise patients of meaning of overhead announcement and suggest to stay within the building (note: volunteers are not responsible for policing this)
 - If possible – return to the Volunteer Office; avoid use of elevators
 - If not possible to return to the office– move away from windows and entrances, find a safe space, and get down on the floor
- Safe spaces are interior rooms with no windows: washrooms, storage rooms, Verspeeten Cancer Centre Wig and Turban Boutique, volunteer offices etc.
- After an event has passed – call 55555 for assistance of any injured person

CODE WHITE - Violent / Behavioural Situation




If you are feeling threatened, remain calm, remove yourself from the situation if possible, and seek staff assistance

Volunteers should NOT attempt to handle any aggressive behaviour. If behaviour escalates, call 55555 to initiate Code White or activate panic alarm (if equipped).

Portable Panic Alarms/Screamer Alarms/Fixed Duress Buttons

As applicable to your particular volunteer role - not all areas are equipped with portable panic alarms, screamer alarms, or fixed duress buttons. **Know if your area has a panic alarm and where it is located.**

Alarms notify nearby staff or Security that assistance is needed. There are three types of alarms in the hospital:

		
<p>Portable Panic Alarm – Press button to notify Security</p>	<p>Screamer Alarm – Pull lanyard to notify nearby staff</p>	<p>Fixed Duress Button – Press button to notify Security</p>

Portable Panic Alarms, Screamer Alarms, and Fixed Duress Buttons do NOT replace Emergency Response Codes. For emergencies, call 55555.

How to get help with an incident of violence:

If you feel you have been subjected to or you have witnessed abusive behaviour (violence):

You see it happen...	It happens to you...	
	<u>Imminent danger</u>	<u>Not imminent danger</u>
<p>Call 55555 to initiate Code White OR Activate panic alarm (where equipped)</p>	<p>Call 55555 to initiate Code White OR Activate panic alarm (where equipped)</p>	<p>If you feel comfortable to do so, and it is appropriate, attempt to de-escalate the individual. Speak in a calm and non-threatening manner and maintain distance from the individual.</p> <p>Leave the situation if possible, and call 55555 to have the offender removed from the immediate environment.</p>
<p>If injuries are sustained- Call 55555 to initiate Code Blue</p>	<p>If serious injuries are sustained- If possible, call (or ask someone to call) 55555 to initiate Code Blue or go directly to Emergency Services.</p> <p>For less serious injuries- Report to Occupational Health & Safety Services directly or Emergency Services if after hours.</p> <p>**Report it to Volunteer Services**</p>	

How to report an incident of violence:

- ✓ Maintain a **written record** of the incident for accurate recall and reporting to the person you report to on your shift (in order to assist with the completion of an incident report).
- ✓ **Report** the incident as soon as possible to the person you report to on your shift, who will complete an incident report, using the written record (if available).
- ✓ **Notify** the Volunteer Office of any occurrence immediately via phone call and/or message.

Workplace Violence Prevention

In June of 2010, the Ontario government amended the Occupational Health and Safety Act to include Bill 168: law on workplace violence and harassment. This change was in response to a steady increase in the number of injuries, lost work time, and even staff deaths in Ontario workplaces.

Harassment & Discrimination

Workplace Harassment

Engaging in a course of uncomfortable comments or conduct against a worker/volunteer in a workplace that is known or ought reasonably to be known to be unwelcome.

Examples may include:

- Making remarks, jokes or innuendos that demean, ridicule, intimidate, or offend
- Inappropriate sexual touching, advances, suggestions or requests
- Displaying or circulating offensive pictures or materials in print or electronic form

Discrimination

Discrimination is the less favorable treatment of persons in any aspect of employment because of race, ancestry, place of origin, color, ethnic origin, age, citizenship, creed, record of offences, marital status, family status, disability, sex, pregnancy, same-sex partnership status or sexual orientation.

From the LHSC "Harassment and Discrimination" Policy:

Volunteers have a responsibility to assist in ensuring that the workplace environment is free from discrimination and harassment. This responsibility is met by:

- *Treating all persons in the workplace with dignity and respect and avoiding any conduct which might constitute harassing or discriminatory behavior;*
and
- *Reporting incidents of harassment or discrimination that have been experienced or witnessed to the person you report to on your shift.*

Violence

Workplace Violence

The exercise of physical force by a person against a worker/volunteer in a workplace that causes or could cause physical injury to a worker/volunteer

An **attempt** to exercise physical force against a worker/volunteer in a workplace that could cause physical injury to a worker/volunteer

A statement or behavior that is reasonable for a worker/volunteer to interpret as a threat to exercise physical force against the worker/volunteer, in a workplace, that could cause physical injury

Examples may include:

- Verbally threatening to attack another person, shouting or swearing
- The act or attempt of hitting, scratching, pinching, biting, stabbing, pushing/pulling, throwing an object or spitting at another person

Domestic Violence in the Workplace

Violence as defined under workplace violence or workplace harassment where the violent exercise, attempt, statement, or behavior is by a worker/volunteer's current or former spouse, intimate, or dating partner

The most vulnerable time in the workplace is often in parking lots or travel between parking locations and the building.

In some situations, a safety plan may be warranted. The primary feature of safety plans is removing predictability of where an employee will be at any given time. Safety plans may include:

- Changing parking areas
- Escorts to and from vehicle by Security
- Changing shifts
- Posting picture of offender in private area
- Carrying screamer alarm

If you have concerns or are experiencing domestic violence, please notify Volunteer Services immediately.

Patient Violence

Patients who are at risk for behavior that is unsafe, will be identified with the following visual cues:

Signage at the door and bedside of patients



Purple Armband



If you see either one of these indicators, do not enter the patient's room.

Note: You may see patients in the common areas wearing purple armbands. You can help these patients and be mindful of how to seek assistance, if needed.

Refer to 'Code White' under Emergency Response Codes for information about getting help with and reporting an incident of violence.

Communicating Effectively

Creating a Respectful Workplace

London Health Sciences Centre is committed to providing a healthy and safe environment, one in which all individuals are treated with dignity and respect.

You can contribute to a respectful workplace environment by using these strategies:

- Be open to and accept different experiences and points of view.
- Self-manage your emotions, especially when triggered.
- Address disrespect constructively and assertively.

“To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others.”

– *Tony Robbins*

Managing Difficult Conversations

Tips for Verbal Communication

- Focus your attention on the other person to let them know that you are interested in what they are saying.
- Listen carefully. Do NOT interrupt or offer unsolicited advice or criticism.
- Remain calm and try to calm the other person. DO NOT allow the other person's anger to become your anger.
- Try to understand. Ask questions like, ‘Help me understand why you are upset’
- Once you think you understand, repeat it back to the person so that they know you understand.
- Acknowledge the person's feelings; indicate that you can see that they are upset. Seek assistance from staff.

Tips for Non-Verbal Communication

- Use calm body language – relaxed posture with hands unclenched, attentive expression. Maintain a visual of the patient/visitor.
- Arrange yourself so that your exit is not blocked and move closest to the exit (patient/visitor not obstructing exit)
- Increase the amount of distance between yourself and the patient/visitor (more than a “Step-and-a-Kick” away)
- Position yourself at a right angle, rather than directly in front of the other person
- DO NOT fight.
- Walk or run away, remove yourself from the situation and call for assistance

De-escalation Strategies

- Ways to agree with an escalated person:
 1. Agree with truth (“Yes, the wait times are quite long and it must be frustrating.”)
 2. Agree with principles (“You're right, we should always speak to each other with respect.”)
 3. With their experience (“I've never experienced that before; it must be quite hard for you.”)
- Use collaborative questions
 1. “What can we do to...” or “What helps you at times like this?”
 2. “May I help you?” or “How can I help you?”

Note:

If behavior escalates, call 55555 to initiate Code White or activate panic alarm (if equipped). Volunteers should NOT attempt to handle any aggressive behaviour.

Infection Prevention and Control

Important to remember for Infection Prevention & Control

- Stay home if you are unwell
- Review current screening protocols and refrain from attending LHSC if you fail the screening
- Wash your hands, wash your hands, wash your hands
- Reinforce visitor hand washing
- Follow the [Standard Wiping Protocol](#) to disinfect wheelchairs and other shared equipment or medical devices
- Provide a patient/visitor with a mask, if necessary
- Keep up-to-date on all vaccinations (Influenza, COVID-19)
- Cough into your sleeve, not your hand

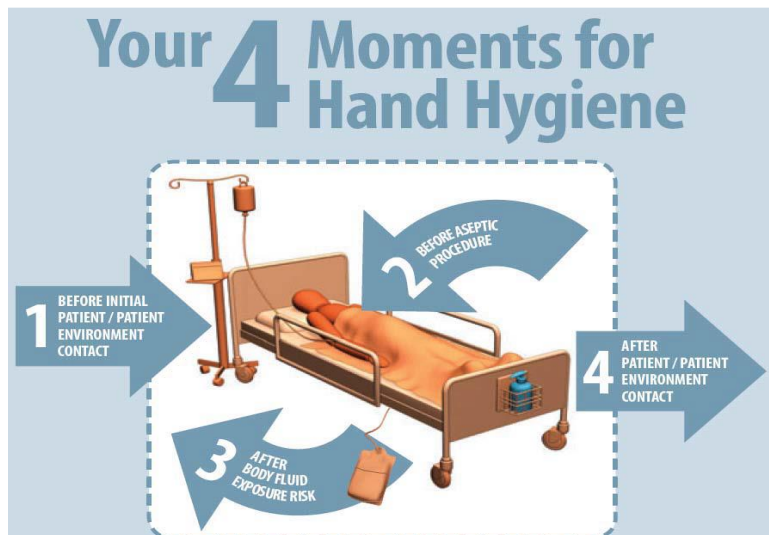
Hand Hygiene

Why do we wash our hands?

Hand hygiene is the single most important and effective way to prevent the spread of infections. In fact, it is estimated that nearly 30-50% of healthcare associated infections can be prevented by performing proper hand hygiene.

When do we wash our hands?

It is important to perform hand hygiene in the following moments:



Before

- Entering/leaving the hospital
- Entering/leaving a patient care area
- Contact with a patient
- Shaking hands
- Putting on gloves
- Preparing food
- Eating

After

- Your hands become visibly soiled
- Removing gloves
- Any direct contact with patients or contaminated equipment/surfaces
- Using the washroom
- Blowing your nose or coughing into your hands

Please lead by example by washing your hands and advise patients and families to do the same.

How do we wash our hands?

There are two methods for performing hand hygiene:

1. Alcohol based hand rub (ABHR or hand sanitizer)

How to handrub (preferred method)

JUST CLEAN YOUR HANDS

Rub hands for 15 seconds

1. Apply 1 to 2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm.
3. Rub in between and around fingers.
4. Rub back of each hand with palm of other hand.
5. Rub fingertips of each hand in opposite palm.
6. Rub each thumb clasped in opposite hand.
7. Rub hands until product is dry. Do not use paper towels.
8. Once dry, your hands are safe.

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH.

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Ontario

2. Soap and water

How to handwash (when hands are visibly soiled)

JUST CLEAN YOUR HANDS

Lather hands for 15 seconds

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub hands palm to palm.
4. Rub in between and around fingers.
5. Rub back of each hand with palm of other hand.
6. Rub fingertips of each hand in opposite palm.
7. Rub each thumb clasped in opposite hand.
8. Rinse thoroughly under running water.
9. Pat hands dry with paper towel.
10. Turn off water using paper towel.
11. Your hands are safe.

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH.

Ontario

Additional Precautions

Patients with confirmed or suspected infections may require Additional Precautions in order to prevent transmission. This means specific personal protective equipment (PPE) (e.g. gloves, mask, eye protection, or gown) may be required for staff and affiliates to enter the patient room. There are signs posted outside of a patient's room/curtained area to indicate when additional precautions are in place.

Volunteers do not enter rooms with additional precaution signage. If your role involves delivering an item, and you see any of the additional precaution signs posted outside of the patient's room, leave the item at the communication desk and inform the staff. If the staff indicates it is okay to go into the room, politely decline and leave the item at the desk.

There are a few, specific volunteer roles for which there is an exception. If this exception applies to your role, you will be provided role-specific training by the staff on the unit.

Signage

You may see the following signs posted outside a patient's room/curtained area to indicate the patient requires additional precautions.

Contact Precautions

Likely source of contamination is by touching the patient or the patient's environment (e.g. MRSA, gastroenteritis, Cdiff).



CONTACT PRECAUTIONS



Gloves required for all patient/patient environment contact



Long-sleeved gown required if skin or clothing will contact patient/patient environment



Use dedicated equipment or disinfect before use with another patient

OVER

Droplet Precautions

Could entail potential infectious respiratory droplet exposure while it's in the air, typically within 2m of the patient (e.g. diphtheria, pertussis, meningitis, some forms of pneumonia).



DROPLET PRECAUTIONS



Procedure/surgical mask and protective eyewear required within 2 metres of patient



Patient to wear procedure/surgical mask for transport

OVER

Droplet + Contact Precautions

Infectious respiratory droplets within 2m and environmental concerns
(e.g. influenza, RSV, common cold, pneumonia)



DROPLET + CONTACT PRECAUTIONS

- Procedure/surgical mask and protective eyewear required within 2 metres of patient
- Gloves required for all patient/patient environment contact
- Long-sleeved gown required if skin or clothing will contact patient/patient environment
- Patient to wear a procedure/surgical mask for transport
- Use dedicated equipment or disinfect before use with another patient

OVER

Airborne Precautions

Requires N95 as it protects from aerosolized particles in the air that are smaller than droplets.
(e.g. TB, Varicella, measles)



AIRBORNE PRECAUTIONS

- Negative pressure room with door and windows closed*
- N95, fit-tested and seal-checked respirator required for room entry** and transport
- Patient to wear a procedure/surgical mask for transport

* If negative pressure is not available in a treatment room/operating room the doors must remain closed

** For chickenpox, disseminated zoster or measles, known non-immune staff should enter only if absolutely necessary

OVER

Droplet + Contact Precautions with Enhanced PPE

Provides droplet + contact level protection and adds N95 to ensure additional respiratory protection
(e.g. COVID-19, infectious disease threats of unknown origin)



DROPLET + CONTACT PRECAUTIONS With ENHANCED PPE

- N95 mask and full-face visor
- Gloves required for all patient /patient environment contact. Level 2 gown required
- Patient room door closed
- Staff and patient require clean PPE for transport
- Patient care equipment (non-critical category) must be dedicated to the room

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Point of Care Risk Assessment

If there is no additional precaution signage and a patient is exhibiting symptoms (e.g. coughing), leave the patient's room, wash your hands, and advise staff. Do not re-enter the room. If you are in a common area and notice a patient exhibiting symptoms, please keep your distance and remain behind your protective barrier (if available) as much as possible.

Unit Outbreaks

Volunteer Services will notify volunteers of outbreaks within LHSC that impact your volunteer role. When an Outbreak occurs on a unit, volunteers on the applicable unit are cancelled or are asked to refrain from going to the floor.

Universal Masking

There may be times when LHSC asks that all staff and affiliates participate in Universal Masking per the LHSC Infection Prevention and Control (IPAC) COVID-19 Transmission Risk Matrix. It is important to connect with leadership in Volunteer Services to understand if this is a current requirement.

Masking is a widely accepted and proven method of source control for COVID-19. Universal masking means that all LHSC staff and affiliates must wear a mask while inside LHSC facilities.

Living the Values of People-Centred Care

Accreditation Canada defines people-centred care as “working with clients and their families to plan, improve and provide care that is respectful, compassionate, culturally safe, and competent.”

People-Centred Care Principles

Dignity and Respect

- Listening to and honouring patient, client, and family perspectives and choices

Information Sharing

- Communicating and sharing complete and unbiased information with patients, clients, and families

Partnership and Participation

- Encouraging and supporting patients, clients, and families to participate in care and decision-making

Collaboration/ Co-design/Input

- Collaborating with patients, clients, and families in policy and program development, implementation and evaluation, facility design, professional education, and delivery of care

Access to Services

- Providing care that is responsive to the needs, values, cultural backgrounds, beliefs, and preferences of patients, clients, and families

Patient experience: “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.” (Beryl Institute)

Patient experience is what the process of care **feels** like for patients and families. LHSC strives for an ideal patient experience.

Service excellence is a high quality, consistent and caring patient and family experience that results in the best possible outcomes. It is about anticipating and understanding the needs of patients and families, and meeting those needs, while respecting differences. An important part of a volunteer’s role is to provide appropriate support, within the boundaries of the volunteer role, to patients and their families to make them more comfortable and contribute to a positive experience.

An inherent part of service excellence is **emotional intelligence**, which is *to understand and manage your emotions*. In the hospital, people are often anxious for many different reasons: they aren't sure where to go, long wait for appointments, and loved ones being admitted. We don't always know the purpose of their hospital visit or what has happened in their day. When people are under a great deal of stress, their emotions can run high. Service excellence involves being *emotionally sensitive* (showing empathy/understanding) *without becoming emotionally involved* (having sympathy/sorrow). For example: Helping an anxious patient find their way in a calm manner or listening to a patient's concern without getting frustrated about the situation yourself.

Why is service excellence important for the patient experience?

Practicing service excellence helps contribute to a positive patient and family experience. As a volunteer you are the face of customer service. In your role as a volunteer, it is important to demonstrate compassion as this leads to patients and families feeling heard and respected.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

~Maya Angelou

How can you, as a volunteer, provide service excellence and enhance the patient experience?

- Wear your volunteer uniform, LHSC ID and nametag to identify yourself as a hospital volunteer.
- Make it personal by introducing yourself as a volunteer, smile and make eye contact. Greet patients and families when they enter the building, clinics and units – state your name, that you are a volunteer and explain your role.
- Always appear available to provide services. If you look distracted by doing something else, individuals may feel they are interrupting (e.g. conversation with other volunteer or staff member, book, phone etc.). Make sure patients and families are your priority.
- While you are with them, patients and families are your priority. Listen intently; give your full attention and be present in the moment. Let the person finish what they are saying without making assumptions about their question. Explain how the program/unit you volunteer in functions and that you are available for assistance.
- Privacy and confidentiality are of the utmost importance in our environment. A patient's information is on a need-to-know basis. Ask "How may I help you?" or "Is there anything I can do for you?" rather than "How are you feeling?"
- Be patient. People often do not have correct information when coming to the hospital. Remember, there are no questions too small. Put yourself in their shoes and consider how you would like to be treated.
- Only provide information required; too much detail can be overwhelming. Use clear language and confirm patients' understanding.
- Help patients and families find their way. When giving directions, if you think it would help, and the patient appears symptom free (i.e. has no obvious symptoms of a cough, cold, flu), offer to escort the visitor or patient. Remember infection control guidelines.
- Always refer patients to their health care team to address any questions or issues related to their health or care.
- Remember what inspires you to provide service excellence in your role: Helping enhance the patient and family experience at LHSC by being supportive and respectful!

Obligations to Accessibility

One in 7 Ontarians have a disability and that number is expected to rise to 1 in 5 in the next 20 years. The goal of the Accessibility for Ontarians with Disabilities Act is to have Ontario Accessible to all by 2025.

“*May I help you?*” is the key principle to providing good service. Please offer assistance, wait for the answer, and then ask how you can help.

Accessibility for Ontarians with Disability Act (AODA) consists of 5 main standards:

- Customer Service
- Information and Communications
- Transportation
- Employment
- Built Environment

Definition of Disability (under the AODA & Human Rights Code)

- A visible (i.e. Epilepsy, brain injury, amputation, paralysis, blindness, deafness, speech impediment, etc.) or invisible (i.e. Learning or developmental disability, mental illness) condition that limits a person’s body movements, senses or activities caused by an injury, birth or illness.

Tips for supporting people with disabilities

- Don’t assume what a person can or cannot do (i.e. They can’t see or hear you)
- Identify yourself as a volunteer, speak directly to person, listen carefully and speak clearly. Ask how you can help, confirm what you’ve heard and ensure they have understood you.

Types of Barriers for people with disabilities

- Architectural and physical – Washrooms that are too small for wheelchairs, stairs, curbs
- Information or communication – information that is too complex, short forms, background noise.
- Attitudinal – Discriminatory attitudes or beliefs. Assuming all people with disabilities want help.
- Technological – when a technology cannot be modified i.e. phones, computers

Service Animals

- Permitted in all areas of LHSC except where excluded by law, for infection control reasons, or where safety of the person or animal is at risk
 - Avoid eye contact with the animal. Don’t touch, address or feed the animal.

Support Persons

- A support person is someone who accompanies a person with a disability in order to help with communication, mobility, personal care or medical needs or with access to goods or services.
- Be sure to include the patient in the conversation and not just speak to the support person.

Assistive Devices

- It is important to know the location of assistive devices in the area where you volunteer.
- Examples Include:
 - Elevators
 - Teletype writer (TTY) (phones)
 - Accessible Washrooms
 - Automatic doors
 - Wheelchairs, walkers

Ontario Human Rights Commission

It is all of our responsibility to ensure that LHSC is free from harassment and discrimination.

- Treat all persons with dignity and respect
- Report incidents of harassment or discrimination that have been experienced or witnessed to management

If any barriers are identified to you during your volunteer shift, please refer the patients to the staff in your unit.

Privacy and Confidentiality

Privacy – The right of an individual to control when, how, and to what extent their personal information is used and shared.

Confidentiality – The moral, ethical, professional, and employment obligation of individuals to protect the information entrusted to them. This obligation applies regardless of format of the information, i.e. verbal, written, and electronic.

What is considered Confidential Information?

- **Personal Information (PI)** – identifiable personal information about patients and their families. Examples include name, address, phone number, photograph, employment information, financial information, and personal views and opinions.
- **Personal Health Information (PHI)** identifiable personal health information about patients and their families. This includes information relating to previous health problems, the record of visits to the hospital, and what health care we provide during those visits. Anything in a patient's health record would be considered personal health information. Other examples include health card numbers, hospital PINs, Operating Room lists, patient lists, and clinic lists.
- **Business Information** - confidential business information of the organization, which is not publicly disclosed by the organization. Examples include any recorded information about LHSC business activities related to infrastructure and security, policies and programs, budgets, expenses, contracts, reports and statistics.

What is a Privacy Breach?

- Unauthorized access to, collection, use, disclosure, or improper disposal of personal information, personal health information and/or confidential business information;
- When personal information, personal health information, and/or confidential business information is lost, misplaced, stolen or stored in an unsecured manner (example: a patient list left unattended on volunteer desk, reading contents of a patient chart, standing too close when patient has not asked for assistance);
- When personal information, personal health information, and/or confidential business information is disclosed in error or shared inadvertently (example: offering names when trying to help, asking why someone is here, discussing situations that you have encountered during your volunteer hours while off shift via email, text, verbally or on social media);
- Disposing of personal information, personal health information, and/or confidential business information into a garbage bin or recycling box rather than into a **hospital-approved confidential waste bin** for future shredding; and
- Taking photographs on personal devices.

What does this mean for LHSC Volunteers?

- ✓ If, while you are volunteering at the hospital, you see a neighbour or friend here, you cannot share this information to anyone outside of the hospital such as your spouse, family or friends. Do not ask them why they are at the hospital.
- ✓ If, while you are on shift as a volunteer, you find that a friend is in hospital, you may not visit them, phone them, or send them a card until you hear of their hospitalization from another source.
- ✓ You **are not to** share any situation that you have encountered during your volunteer hours with other staff or volunteers unless absolutely necessary to fulfill the duties of your role.
- ✓ You **must refrain** from discussing confidential information in public areas such as elevators, cafeterias, retail spaces, other patient rooms and waiting rooms, in public, outside the hospital, or at home.
- ✓ Any access you have to confidential information **MUST** be managed in such a way that it is not left exposed, left unattended, or visible to others. **You must never remove confidential information from the hospital. This includes operating room lists, clinic lists, or patient lists. Never take any notes or lists home with you after your shift.**

IMPORTANT: PLEASE DISPOSE OF ALL CONFIDENTIAL INFORMATION AT THE END OF YOUR SHIFT INTO A HOSPITAL-APPROVED CONFIDENTIAL WASTE BIN OR SHREDDER IN YOUR SERVICE AREA.

What do I do if I discover a Privacy Breach? - Speak Up!

- Notify the Privacy Office **immediately** by calling x32996.
- If a confidential document is found, document when and where it was found, and its condition (e.g. folded up under desk; not folded in stairwell). Keep the document in a secure area until arrangements can be made to send it to the Privacy Office. Notify your Supervisor and they will work with the Privacy Office to determine next steps.

The need to know information: Do you need to know or share the following information to perform your role?

- Someone asks for directions to the Emergency Department. **Do you need to ask** if they are having chest pain?
NO - you can only ask if they require a wheelchair, then direct or escort them to the Emergency Department as requested.
- **Do you need to know** why someone is looking for a department, which tests are being administered, etc.?
NO - just ensure that they get to the right area.
- **Do you need to know what** type of treatment someone is receiving?
NO - please refrain from asking probing questions.
- **Do you need to know** if there are visitor or room restrictions?
YES - there are certain conditions that will impact your interactions. For example: contact restrictions.

Outcomes and implications of a Breach of Privacy/Confidentiality

Reputational damage, disciplinary action up to and including termination from the hospital, civil lawsuits, and potential fines levied by the Information and Privacy Commissioner of Ontario.

What does it mean for LHSC?

The hospital is mandated by law to treat all information as confidential and keep it secure. The patient has the right to expect that **ALL STAFF, AFFILIATES AND VOLUNTEERS** will protect their information to the highest degree. LHSC is required by law to notify patients of any breach to their personal information. This means if a patient list is found unattended, every person on the list must be contacted and the breach disclosed.

What about my personal information?

LHSC and Volunteer Services will not disclose your personal information unless granted permission. LHSC and Volunteer Services are able to verify your name and affiliation with the organization, but will not provide your name if asked nor your volunteer whereabouts.