

# **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 site**
- **Zone**
- **Floor/Level**
- **Room Number** (you are in or closet room number)
- **Department or Unit**

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

Listen to the overhead announcement!

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

- A = Alpha
- B = Beta
- 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 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 Adult

**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 - Missing Child

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

See Code Yellow above

## 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/Hospitality:** 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 Adverse Event Management System (AEMS) 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 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 STAT- 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 BLACK - Bomb Threat

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

- **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 natural, technological or human caused incident, external to the hospital. You will hear an overhead announcement "No Duff – Code Orange".*

- If an incident occurs during regular working hours: Upon hearing the code orange we would ask that volunteers return to the volunteer office, with the exception of volunteers in the Perioperative Care/OR Waiting Rooms, ICU/CCTC or the Emergency Department (these volunteers will remain in those areas) **OR** if you are specifically asked to stay in your unit. The volunteers returning to the volunteer office may be asked to help in the HR pool to assist with things like escorting people throughout the hospital.
- If the emergency occurs after regular hours: Volunteers may be called to come in and assist.

## Severe Emergency Weather (Tornado Warning)

*You will hear an overhead announcement of a tornado warning.*

- Remove yourself from windowed areas (especially atriums i.e. LRCP, Lobbies etc.), find a corridor with no windows and get down on the floor.

## CODE PURPLE - Hostage Taking

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

- Police are immediately notified.

## CODE SILVER - Person with a weapon

*If a person with a weapon threatens life safety and demonstrates severe assaultive behavior.*

- 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.

# CODE RED – Detection of Smoke or Fire

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

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, somewhat gentle, non-alarming bell)

When you hear a first 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.
- All the doors at LHSC are fire doors; they will automatically close when the alarm is triggered. Please know you can walk your usual route and please advise families of such.

## 2) EVACUATION Stage (Code Green- Evacuation) (120 beats per minute, same bell)

When you hear the second 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. 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.

## 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 WHITE - Violent / Behavioural Situation

Know if your area has a panic alarm and where it is located.

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 behavior escalates, call 55555 to initiate Code White or activate panic alarm (if equipped).**

## 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>
Call 55555 to initiate Code White <b>OR</b> Activate panic alarm (where equipped)	Call 55555 to initiate Code White <b>OR</b> Activate panic alarm (where equipped)	Where appropriate, and if you feel comfortable, tell the offender to stop the abusive behavior.  Leave the situation if possible, or call 55555 to have the offender removed from the immediate environment.
<b>If injuries are sustained-</b> Call 55555 to initiate Code Blue	<b>If serious injuries are sustained-</b> If possible, call (or ask someone to call) 55555 to initiate Code Blue or go directly to Emergency Services.  <b>For less serious injuries-</b> Report to Occupational Health & Safety Services directly or Emergency Services if after hours.  <b>**Report it to Volunteer Services**</b>	

## 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 AEMS report).
- ✓ **Report** the incident as soon as possible to the person you report to on your shift, who will complete an Adverse Event Management System (AEMS) report, using the written record (if available).
- ✓ **Notify** the Volunteer Office of any occurrence immediately via phone call and/or message.

## **Panic Alarms** (as applicable to your particular volunteer role - not all areas are equipped with a panic alarm):

Fixed panic alarms are installed as a silent alarm to notify Security. Security will respond immediately.

### Using the Panic Alarm:

- If assistance is required with threatening or escalating behavior, activate the panic alarm by depressing the button. The button will lock into activated state.
- If a panic alarm is accidentally activated, call Security immediately

Security tests panic alarms on a monthly basis. Any alarms that do not test successfully will be serviced immediately.

**Panic Alarms do NOT replace Emergency Response Codes. For emergencies, call 55555.**

# 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, colour, 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 behaviour 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 behaviour 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

## Patient Violence

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

### Signage at the door and bedside of inpatients



### 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.
- Arrange yourself so that your exit is not blocked.
- 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.

### **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.**

# Hand Hygiene

***“I Can Make a Difference”***

At least 30% of healthcare associated infections can be prevented by following infection prevention strategies. The primary purpose of hand hygiene is to reduce microorganisms on the hands. There are two ways to perform hand hygiene:

- Alcohol based hand rub – the preferred method of hand hygiene when hands are not visibly soiled. It is a faster, more effective means and better tolerated by hands than washing with soap and water
- Soap and Water – use soap and water when hands are visibly soiled with blood or other bodily fluids, secretions and excretions.

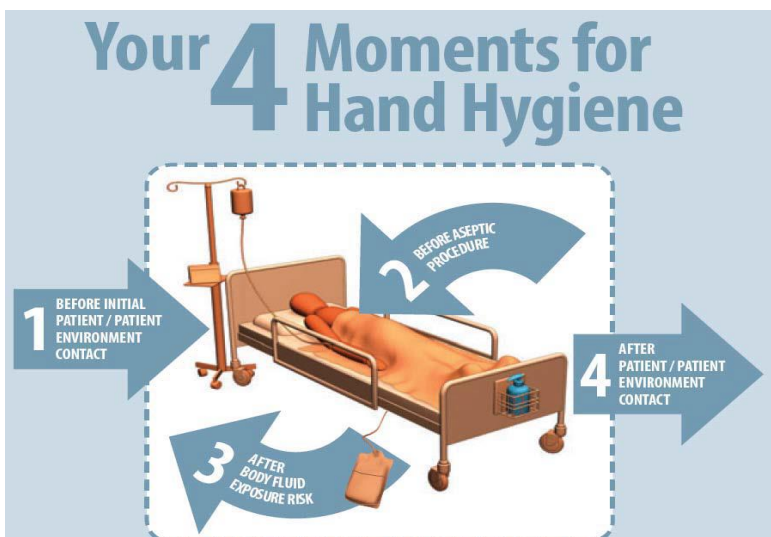
## **Steps to Effective Hand Washing**

### **With Alcohol-Based Hand Rubs (ABHRs)**

- Rub your hands for a minimum of 15 seconds. Apply 1 – 2 pumps of product into the palm of a dry hand.
- Rub hands together palm to palm; remember to do your wrists.
- Rub between your fingers and back of each hand with the palm of the other hand.
- Rub the fingertips of each hand in the opposite palm.
- Rub each thumb clasped in the opposite hand.
- Rub hands until dry before performing another task
- Do not use paper towels to dry your hands.

### **With Soap and Water**

- Turn on the tap.
- Wet hands with warm water.
- Apply liquid soap.
- Vigorously lather hands (for min 15 seconds).
- Thoroughly rinse soap from hands.
- Dry hands with paper towel.
- Turn off the taps using the paper towel.
- Discard paper towel.



### **Hand hygiene must be performed:**

#### ***Before:***

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

#### ***After:***

- The hands become visibly soiled
- Removing gloves
- Any direct contact with patients or contaminated equipment and surfaces
- Using the washroom
- Blowing your nose

**As LHSC volunteers, please lead by example and help educate the patients and families in your area - **WASH YOUR HANDS!****

# Infection Control and Prevention

## *We all own infection control!*

Hand hygiene is the single most important measure for infection control. Proper hand cleaning is the best way to reduce infections and the spread of germs. Alcohol based hand rubs are the preferred way for cleaning hands if they are not visibly soiled.

Hospital-acquired infections are the fourth leading cause of death for Canadians. Patients with documented or suspected infections require additional precautions to prevent transmission. There are specific personal protective equipment required such as gloves, gowns, and mask with eye protection for the different additional precautions. Volunteers do not **have to** enter these rooms. Your training will be role specific, provided by the staff on the unit. You have the choice as to whether you are comfortable entering the room. If your role is delivering an ecard or flowers, simply leave the item at the nursing station and inform the staff. Some rooms may have tables outside the patient room where the item may be left.

The following signs may appear on the door of a patient room:



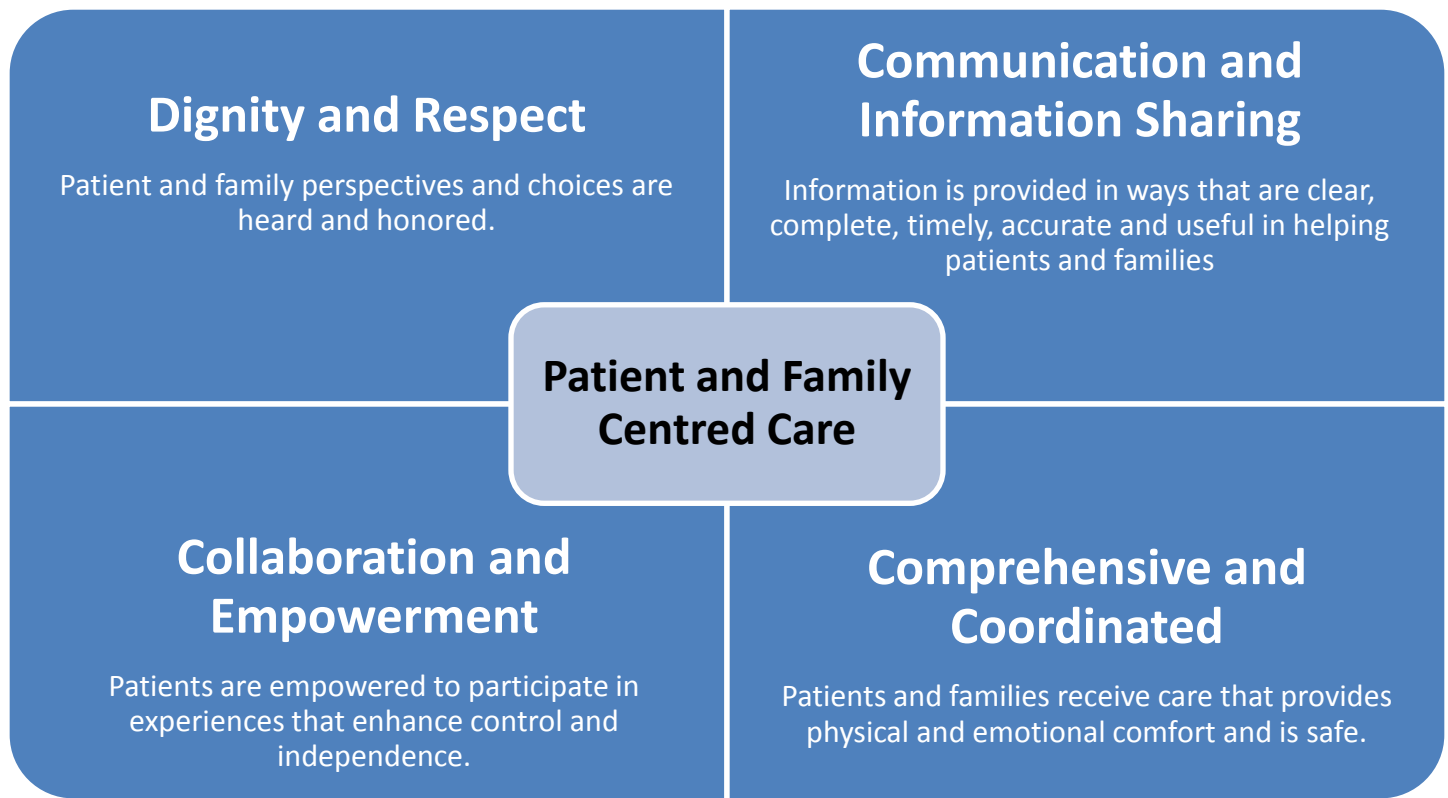
## **What to Remember?**

- Stay home if you are unwell
- 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
- Get a flu shot
- Cough into your sleeve, not your hand
- Wear personal protection when there is risk of exposure to blood and body fluids, skin lesions, draining wounds, excretion or secretion.

# Patient and Family Centred Care and the Patient Experience

**Patient and family centred care** is providing respectful, compassionate, culturally responsible care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds, by working collaboratively with them. It is grounded in mutually beneficial partnerships among patients, families and health care providers.

## The 4 Principles of Patient and Family Centered Care



**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.

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## 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. Showing caring, compassion and empathy makes patients and families feel heard, respected, and comforted.

*“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*

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## 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!

# Accessibility Standards

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.

## **Standards of the Accessibility Act**

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

## **Definition of Disability**

- Any degree of physical disability, weakness, malformation or disfigurement
- Mental Impairment, mental disorder, developmental disability and learning disability

## **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 ie phones, computers

**If any barriers are identified to you during your volunteer shift, please refer the patients to the staff in your unit, the LHSC accessibility webpage or the patient experience office.**

## **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

## Privacy and Confidentiality

**Privacy** – The Right of the individual to control the use of their personal information

**Confidentiality** – Your obligation to protect information in written, verbal or electronic forms.

### **What is considered confidential?**

*Personal Information (PI)* examples include employment information, bank accounts, credit cards etc.

*Personal Health Information (PHI)* includes name, address, date of birth, diagnosis, past medical history, health card number, hospital PIN, Operating Room list, patient list, and clinic list.

Any information regarding the **hospital's confidential business information** is also considered confidential.

### **What is a Privacy Breach?**

- Access, use and/or disclosure of patient information without authority of the patient.
- Lost, misplaced or patient information that is stored in an insecure manner (example: patient list left unattended on volunteer desk, reading contents of a patient chart, standing too close when patient has not asked for assistance).
- Disclosure in error or shared inadvertently (example: offering names when trying to help, asking why someone is here, disclosing who you saw at the hospital during your shift).
- Disposing of patient information into the regular garbage bin rather than into the Confidentiality Bin for future shredding.

**What does it mean for LHSC?** The hospital is mandated by law to keep all information private and secured. The patient has the right to expect that **ALL STAFF, AFFILIATES AND VOLUNTEERS** will protect this information to the highest degree. LHSC is required by law to notify patients of any breach to their information. *LHSC and Volunteer Service will never disclose your personal information unless granted permission by you.*

**Outcomes and implications of a breach of Privacy/Confidentiality: Disciplinary action up to and including termination from the Hospital.** The Information and Privacy Commissioner of Ontario can also institute a fine against the hospital and/or the individual involved in the breach.

### **What does this mean to LHSC Volunteers?**

- ✓ While you are volunteering at the hospital and 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 are they in hospital.
- ✓ While you are on shift as a volunteer and you find out about a friend that is in hospital **you may not** visit them, phone, or send 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.
- ✓ **Never discuss any confidential information** in public areas such as: elevators, cafeteria, retail spaces, other patient rooms and waiting rooms, in public, outside the hospital, at home.
- ✓ Any access you have to confidential information **MUST** be managed in a way that it is not left exposed, left unattended or visible to others.
- ✓ **Never leave confidential information unattended or take it outside the hospital. This includes the Operating Room list, clinic list, or patient list. Never take any of your notes or lists home with you after work. Shred all information in a confidential shredder at the end of your shift or place in a confidential bin for shredding in your service area.**

**Need to know information. Do you need to know or share the following information to perform your role?**

- Someone asks for Emergency-**do you need to ask** if they are having chest pain? **NO**-you can ask if they require a wheelchair but other than that direct or escort them to Emergency as requested.
- **Do you need to know** why someone is looking for a department, which test etc.? **NO**-just ensure that they get to the right area.
- **Do you need to know what** type of treatment someone is taking? **NO**-so please refrain from asking probing questions.
- **Do you need to know** if there are visiting or room restrictions? **YES**-examples would be if they were under contact precautions, there are certain conditions that will impact your interactions.

**PLEASE DISPOSE OF ALL CONFIDENTIAL INFORMATION AT THE END OF YOUR SHIFT INTO A CONFIDENTIAL WASTE BIN OR SHREDDER IN YOUR SERVICE AREA.**