



**All volunteers need to be trained in 11 different topics before beginning their volunteering at EvergreenHealth.**

**Here is the list of educational content and quizzes for volunteer orientation**

- 1. HIPAA**
- 2. Tuberculosis**
- 3. Patient Safety Education**
- 4. Age Specific Competency**
- 5. Code Amber Alert Training**
- 6. Environment of Care (EOC)**
- 7. HIV AIDS & Hepatitis Education**
- 8. Bloodborne Pathogens**
- 9. Heart Attack and Stroke**
- 10. Hypoglycemia**
- 11. Weight Sensitivity**

- Please read the information and complete the online quizzes.**



## (HIPAA) TRAINING

### Volunteer Privacy & Security Health Insurance Privacy & Accountability Act

**What exactly is HIPAA?** HIPAA 's original purpose was to make it easier for people to move from one insurance plan to another as they changed jobs or became unemployed.

**Why are privacy and confidentiality important?** Patients have the right to control who will see their protected health information. This means that communications with or about patients involving patient health information need to be kept private and **limited to those people who need the information for treatment, payment, and health care operations purposes.**

**What is considered confidential information? Confidential information includes patient identity, address, age, Social Security number, and any other personal information** that they are asked to provide. It also includes the reason a person is sick or in the hospital, the treatments and medications he or she receives and any other information about his or her condition or past health conditions. **How is patient information used?** Patient information is used for the care of patients.

**Who is authorized to see patient information?** Only people, who need access to confidential information, will see patient information, in order to do their job. Volunteers will not be given access and should not attempt to gain access, either in the computer or on paper. ***Whatever you see, hear or read in the course of performing your volunteer opportunity, you cannot share the information with anyone, including co-workers, other patients, visitors, or anyone else who may ask you about it.*** If patients talk to you about their condition, you must remember that they expect you to keep it confidential. It's important to realize that protecting confidential information is a responsibility that the entire workforce shares, including volunteers, regardless of whether they are directly involved in the care of patients.

**Case Scenario #1** You've heard on the news that a famous person is in the hospital.

**Q.** Is it okay for you to ask around or look for records about this person?

**A.** No. If you look at patient records to satisfy your curiosity or for any other non-business reason, it is cause for dismissal and possible legal consequences.

**Case Scenario #2** You realize that a neighbor or friend has been admitted to the hospital.

**Q.** Is it ok for you to tell your family or other neighbors?

**A.** No. Any information you learn as a result of your duties at EvergreenHealth needs to be kept private.

**Other typical ways to protect confidentiality:** Employees who use computerized patient records must not leave their computers logged in to the network when they are not at their workstation. ***[This includes the Information Desk Computers. Do not leave patient names on the screen. Clear the screen after looking up the patient.]***

**Sanctions for Violating Privacy Rules** EvergreenHealth has policies regarding sanctions for members of our workforce who break our privacy policies, **up to and including dismissal.** In addition, there are potential civil and criminal penalties for breaking the HIPAA privacy or security rules. **Civil Penalties** are fines of \$100 per violation per person up to a maximum penalty of \$250,000 for each identical breach. **Federal Criminal Penalties** for wrongful disclosure include not only large fines, but also up to ten years in jail. These penalties can be levied against the individual as well as the organization. **Reporting Violations** You are encouraged to report violations or suspected violations to the Hotline number **at 425-899-5599.** You may report anonymously, if you wish.

## Tuberculosis

Since 1985, the Centers for Disease Control and Prevention (CDC) have reported a resurgence of mycobacterium tuberculosis (TB). Homeless shelters, substance abuse centers, hospitals and correctional facilities have been hardest hit. **TB is transmitted through the air, and spreads easily in these overcrowded, sometimes poorly ventilated places.**

**Mycobacterium tuberculosis spreads through the air in droplets generated when a person with active TB coughs, sneezes or speaks.** These droplet nuclei are so small that regular air currents within a building keep them airborne for hours.

You can become infected with TB if you inhale droplet nuclei. When inhaled, the bacteria may establish itself in your lungs and can spread throughout your body.

- Most people's immune systems will fight off TB after initial exposure.

### **TB Infection vs. Active TB**

Of those infected with TB, ten percent will progress into a contagious case of active TB.

If you are infected, but have not progressed on to active TB:

- You will have no symptoms.
- You will not be contagious.
- You will not know you are infected unless you have a positive Mantoux skin test.
- It may take months or years before you progress into active TB.
- You may never develop active TB at all.

If you progress into active pulmonary or laryngeal TB:

- Your symptoms will be prolonged coughing for 3 weeks or more.
- Medication and therapy are available.
- You will be contagious.

## **VOLUNTEER TB TESTING**

### **TB Testing**

**Volunteers are required to have a TB test prior to volunteering.**

- You should receive the Mantoux skin test or PPD when you begin Volunteer Service.
- If you have previously tested positive or have previously recovered from TB, you will be referred to the Infection Control Manager.
- If you have been exposed to anyone with TB or experience any symptoms of active TB, you should immediately report your symptoms and promptly be tested for active TB. You should monitor your own health carefully.

## PATIENT SAFETY EDUCATION

### What is Patient Safety?

Patient Safety is keeping our patients and visitors free from things that can cause harm within a medical setting.

### Why is Patient Safety important?

**Medical error is the 8<sup>th</sup> leading cause of death in USA\*** today, higher than Breast Cancer, AIDS, and motor vehicle accidents. Patient Safety is fundamental to what healthcare is all about. Patients come in to receive care and trust that we will protect them and ensure they are safe. .

### What is EvergreenHealth doing to keep patients safe?

We have a consistent way to approaching planning, implementing, and measuring projects designed to improve our care and outcomes. The process is called **Plan-Do-Check-Act** or **PDCA**.

### How do volunteers keep patients safe?

- Everyone has a role in keeping patients safe. We all can identify unsafe situations and take action to protect our patients. All volunteers have a **Patient Safety Card** with their name badge. Report unsafe conditions by using the phone numbers listed on your badge.
- Stopping the spread of infection is important – practice good personal and **hand-washing hygiene**.
- Keep your immunizations current.
- Stay home when you are ill.

### Safe patient information:

The **two most common Patient Identifiers** (wrist-band while in the hospital) are: Name and Birth date.

*\* The statistics in the Institute of Medicine (IOM) report, which were based on two large studies, suggest that medical errors are the eighth leading cause of death among Americans, with error-caused deaths each year in hospitals alone exceeding those from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516). FDA's Office of Public Affairs. FDA Consumer magazine September-October 2000*

## Age Specific Competency

The Joint Commission on Accreditation of Healthcare Organizations requires that all employees and volunteers, who work around patients, be cognizant of how to deal with the different age groups. This is what the Joint Commission refers to as “age-specific competency”. Volunteers are a very important part of the team and it is essential that everyone be informed of all required information with regard to safe and appropriate patient care.

<b>Age</b>	<b>Different Criteria</b>	<b>Care Considerations</b>
<b>Neonate Birth-6 weeks</b>	Risk for aspiration Overstimulates easily Development of the ability to rely on others Recognizes bright objects, black and white Neonate is developing a sense of trust vs mistrust	Position infant carefully Keep bulb syringe readily available Diminish or minimize stressors: lights and noise Proper education of parents Keep parents in line of vision Encourage parents to stay with neonate Encourage bonding with parents
<b>Infant 6 weeks-1 year</b>	High metabolic rate: gains weight/height rapidly Progresses to recognizing familiar objects and persons Communicate by crying and making simple sounds Trust vs mistrust Fear of strangers	Provide consistent meal times and snacks Keep parents in infant's line of vision Involve parents in care of infant Comfort infant when distressed Significant persons are the parents or Primary caregivers Limit number of strangers present
<b>Child 1 year-17 years</b>	Attention span is short Comprehends, starts to view things from different perspective Increased ability to use abstract reasoning and logic Can understand simple directions Needs 10-12 hours of sleep, may experience fatigue Developing a sense of independence, moods and emotions change quickly	Focus on one thing at a time May perceive hospital treatments as punishment Encourage questions Encourage rest times Explain procedure in simple terms and allow time for questions
<b>Adult 18 years-65 years</b>	Gradual increase in susceptibility to infections Increased response to stress May be dual caregivers Significant stressors may be present-relationship, career, caregiver roles and financial	Encourage flu and pneumonia vaccines Assess for physical and emotional Stress Assess for potential stresses, provide Resources and support Provide support to patient if feelings of frustration or disappointment
<b>Geriatric 65 years and beyond</b>	Prolonged response to stress Slower in learning and understanding of new information Mood swings Increased concern for health Adapting to changes in social roles and supportive relationships	Monitor for increased anxiety or depression Use clear, low-pitched speaking Provide resources, include family and caregiver in teaching Explore patient's support system and involve them in care management

## CODE AMBER ALERT TRAINING

Newborn infant abductions have increased across the United States. Any hospital can be a target, regardless of size or location. The national oversight committee, (The Joint Commission on Accreditation of Healthcare Organizations), **JCAHO**, has uncovered the following facts:

- **All infant abductions took place in large hospitals: in the mother's room, in the newborn nursery and in the newborn intensive care unit**
- Most infants were recovered unharmed; most within a few hours.
- All abductors were female and impersonated nurses, nurse's aides, physicians, volunteers or the infant's mother
- Infants were abducted when taken for testing, during return to the nursery, when left unattended in the nursery or while a mother was napping or showering

### For parents

- Infant security precautions are discussed in Family Maternity Education classes
- Parent information is posted in the patient rooms on Family Maternity Care and the Pediatric Unit:
  - **Parents are instructed to always keep the infant within their line of vision**
  - **to inform the infant's nurse when leaving the room on the Pediatric Unit**
- **Family members and visitors to the Pediatric Unit must be named on a visitor list provided by the parents and show picture ID if the parents are not present**

### For staff

- **Instruct parents on the Pediatric Unit to inform the infant's nurse when they are leaving the room**
- **Always transport an infant in a crib or isolette**
- **Always wear badge ID**
- **Always question unfamiliar or suspicious appearing people** by asking if they need assistance

### Environmental

- Security cameras are mounted at strategic entrances/ exits to the FMC Unit

### Volunteers' Responsibilities

It is **your responsibility** to know what to do quickly when a "Code Amber Alert" is paged overhead. When you are responsible for monitoring one of the exit doors from the hospital, please **detain everyone** by saying to them, "**We are under a security alert; we are asking everyone's cooperation to please remain in the building until the incident is complete.**"

## ENVIRONMENT OF CARE (EOC)

Everyone who works and volunteers at EvergreenHealth is responsible for a safe environment. It is important to know how to identify and minimize risks, what to do in the event of an incident and how to report incidents.

### Safety and Security

Risks are present in all healthcare institutions and affect everyone including patients, visitors, staff, physicians and volunteers. EvergreenHealth encourages a culture of safety where everyone is aware of these risks and helps to prevent safety and security incidents. All concerns regarding safety and security should be reported to the Volunteer Office, Department Manager or Security.

You can make a difference by helping to:

1. Eliminate and Minimize Risks
  - Wet floors (Protect the hazard and call Environmental Services at \*712)
  - Tripping hazards (Fix it and/or call Plant Operations at x1973)
  - Unsecured personal items (Fix it and/or call security at x1300)
  - Suspicious activity (call security at x1300 or if offsite call 9-911)
2. Identify Safety and Security Incidents
  - Memorize and utilize the incident codes on the back of your ID badge and in the online volunteer orientation.
3. Report what You Observed
  - Emergency Code Phone: x1199
  - Security: x1300
  - Offsite location emergencies: 9-911

EvergreenHealth uses badges for the identification of patients, visitors and staff:

- Staff – Employees, contract staff, volunteers and physicians are issued photo identification badges. ***Hospital policy requires volunteers/employees to wear their badges at all times in a visible manner and in the event of termination of employment or service period, are required to return their badge. This is the best way to identify staff and volunteers.***
- All volunteers/employees know that personal identification is the best security.

### Code Amber Alert

It is the policy of EvergreenHealth to ensure that all hospital personnel and outside agencies are notified appropriately in the event of an infant abduction, to locate and reunite the infant with family as quickly as possible.

Volunteers may respond to the overhead page of “Code Amber Alert” by keeping a keen eye on all exit doors on the premises and **detain everyone** until the “Code Amber Alert” has been cleared, and then assisting with any helpful descriptions (i.e. height, weight of person suspected, description of car, number of plate of suspected abductor’s car, etc). Finally, volunteers may assist in documentation on the code review sheet.

### Hazardous Materials and Waste Management Program

Department managers will maintain a written inventory listing all hazardous chemicals used within the department. The list will be available at all times.



**Material Safety Data Sheets: Hazardous Chemicals Material Safety Data Sheets**

Information is located in MSDS database at all times. These sheets tell employees what is in the products they are using. (products for housekeeping, clinical use, etc). Important aspects include:

- **Container Labeling:**  
All contents are clearly labeled, display the appropriate hazard warning, and list the name and address of the manufacturer, and include physical and health hazards
- **Employee training and information:**  
All employees receive general information about Hazard Communication and department specific training. The department manager is responsible for department specific training. Employees are alerted to all new chemicals and are given information about hazardous chemicals that they may be exposed to during their work. Employees may not perform hazardous non-routine duties for which they have not been trained.

**Equipment Management**

Radio frequency transmitting devices may interfere with medical devices. All employees are authorized to instruct any person to turn off radio transmitting devices and report concerns to the Biomedical Engineering Department.

- **Cellular phones and other wireless devices:**  
Cellular phones and other similar devices (pagers, PDA's, etc) using cellular telephone technology may be used without restriction in all non-patient care areas of the hospital. **Use of cellular telephones within patient care areas will be restricted within 3 feet of medical equipment that is currently in use for patient care, treatment or diagnosis.**

**Fire Safety Plan (Code Red)**

The Hospital Fire Marshall and the Hospital Safety Officer have the authority to monitor and enforce the Fire Safety Guidelines. Volunteers, students, physicians and other independent practitioners will follow the specific instructions in this plan and/or the person in charge.

All personnel will observe and cooperate with the following fire safety guidelines:

- Exit corridors will be kept clear at all times.
- Door wedges on Fire Doors are forbidden and staff is authorized to remove wedges.
- Employees will participate in fire drills, and safety and evacuation training.
- Employees will report all smoke/fire barrier doors that need repair to Plant Ops.
- Employees will not allow doors to be blocked by equipment at any times.
- Employees will report any fire detection equipment that needs repair to Plant Ops.

<b>RACE:</b> <i>(The important steps of the fire safety plan)</i>	<b>PASS</b> <i>(How to use a fire extinguisher)</i>
<b>Rescue</b> everyone in danger	<b>Pull</b> the pin.
<b>Alarm</b> the building by using a fire alarm pull station and notify the hospital operator using the emergency code phone X <b>1199</b> .	<b>Aim</b> at the base of the fire. (Stand back 10 feet.)
<b>Contain</b> the fire by closing all doors.	<b>Squeeze</b> the handle.
<b>Extinguish</b> the fire if possible.	<b>Sweep</b> horizontally.



**Utility Systems Program: contaminated water, airborne diseases, sanitation**

Hospital employees will immediately report all utility system problems that pose a risk of disease transmission to the Plant Ops Department.

**Emergency Management Program: mitigation, preparedness, response & recovery**

EvergreenHealth maintains a written **Emergency Management Plan** that addresses the four (4) phases of emergency management; mitigation, preparedness, response and recovery. The Hospital Safety Officer is responsible for developing, implementing and monitoring the Emergency Management Plan. Key aspects of the emergency Preparedness Plan are reported to the Emergency Preparedness Committee and Environment of Care Committee in order to provide a coordinated hospital wide response to all emergencies and other issues.

**Event Alert: It is the policy of EvergreenHealth to notify employees when an emergency response measures are initiated.**

Upon becoming aware of an emergency situation that has the potential to impact patient care, employees will call the hospital operator (x1199) to initiate an Event Alert. The initiating employee will meet with the responding Event Alert Team in the Emergency Department. Hospital operators will immediately overhead page "Event Alert" per procedures.

- **Event Alert Level 3: Wait for instructions**  
Internal or External event that will not seriously disrupt the daily operations and may only require additional staffing in the Emergency Department or area(s) affected.
- **Event Alert Level 2: One person from department to manpower**  
Internal or external event that may exceed normal operations.
- **Event Alert Level 1: Full response by all staff**  
Internal or external event affecting the daily operations that will exceed present resources of the organization.
  - All volunteers that report to the hospital will be directed to the Labor Pool (B-204) basement of Green. Volunteer: A person, who is not employed by, a volunteer of, or currently credentialed with EvergreenHealth and in a time of crisis, wants to volunteer their services. All volunteers are expected to provide support in case of an emergency and may be called upon to do so during a crisis

**Violence in the Workplace**

Employees/Volunteers:

- All employees/volunteers are hereby notified of EvergreenHealth's "**zero tolerance**" toward violence in the workplace

**Volunteers/Employees/Physician**

Any person who engages in violent behavior or threats, either verbal or non-verbal, is subject to appropriate disciplinary action including immediate termination of employment.



### **Patients/Visitors**

Patients/Visitors who engage in violent or threatening behavior will be reported immediately to Security. The incident will be documented by Security. Visitors who are violent or threatening will be instructed to leave the premises. EvergreenHealth security officers will escort such person off the premises and may request assistance from the Kirkland police.

### **Assaulted Employee/Volunteer**

Following an assault, the volunteer/employee will notify his/her immediate supervisor. The volunteer/employee will report to the Emergency Room for treatment of injuries. The employee(s) and/or witnesses will cooperate with security in completing the security incident report.

## HIV AIDS & Hepatitis Education

### **DEFINITION OF HIV: Human Immunodeficiency Virus**

This is the virus that attacks a person's immune system, making it deficient, and damages the ability to fight diseases and infections. Without a healthy, functioning immune system, a person may become susceptible or vulnerable to infection by bacteria, other viruses, and disease-causing organisms. These may cause life-threatening illnesses.

### **DEFINITION OF AIDS: Acquired Immunodeficiency Syndrome.**

Acquired: This means the disease is not passed casually from one person to another. It is not hereditary in nature. Therefore, the virus has to enter the body through the bloodstream.

### **Risk to Health Care Workers**

The risk of transmission in a health care setting is extremely small **if Universal Precautions**, as mandated by WISHA, OSHA and recommended by the CDC, are followed each and every time.

### **Workplace**

HIV is not spread through day-to-day casual contact in the workplace.

**\*HIV cannot be passed through the air.**

\*Sneezing, breathing, and coughing do not spread HIV.

\*Touching, hugging, and shaking hands do not spread HIV.

\*No cases of HIV transmission have been linked to sharing typewriters, food, telephones, paper, water fountains, swimming pools, bathrooms, desks, office furniture, toilet seats, showers, tools, equipment, keyboards, coffee pots, or eating facilities.

\*HIV transmission is not possible from food in a restaurant being prepared or served by an HIV-positive employee.

### **Definition of Hepatitis:**

Hepatitis is the inflammation of the liver and may be caused by many things, including viruses. There are several types of viral hepatitis (A, B, C, D, and E), but Hepatitis B (HBV) presents the greatest risk to health care workers in the United States.

Hepatitis B causes damage to the liver and other systems, the severity of which can range from mild to severe to fatal.

### **Cause**

Hepatitis B is caused by the Hepatitis B virus (HBV). It is primarily a blood borne infection.

### **Transmission**

HBV is transmitted in the same ways as HIV through exposure to body fluids.

### **Vaccine**

A Hepatitis B vaccine is available which is safe and effective in the prevention of HBV infection. This vaccine is strongly recommended for persons at risk of HBV infection, including healthcare workers, emergency and public service personnel. Consult your supervisor and WISHA regulations.

## Bloodborne Pathogens

### What are bloodborne pathogens?

They are bacteria, viruses and other microorganisms that are carried the bloodstream, and may cause disease. These microorganisms may cause disease. Some bloodborne pathogens can be deadly.

Some bloodborne pathogens that are the greatest risk to you are:

- Hepatitis B Virus (HBV)

Spread by contact with the blood of an infected person or by sex with infected person, babies born to infected mothers have a chance of infection. A vaccine can prevent HBV.

- Hepatitis C Virus (HCV)

Liver disease caused by the hepatitis C virus, which is found in the blood or persons who have this disease. The infection is spread by contact with the blood of an infected person.

- Human Immunodeficiency Virus (HIV)

Spread by the infected individual by blood or other potentially infectious materials.

### What are Universal Precautions? (What to do to keep yourself safe)

Universal Precautions is a method of infection control in which all human blood and certain human body fluids are treated as if they are known to be infections for HIV, HBV, HCV and other bloodborne pathogens. Universal Precautions are to be observed in all situations where there is a potential for contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are to be considered potentially infectious.

In case of a spill of blood or bodily fluids, all Volunteers should page Housekeeping/Environmental Services \*712, and not touch the spill themselves.

In case a volunteer is exposed to blood or body substances, they must immediately notify their supervisor, employee health or, if after hours, the Nursing Supervisor.

Hands must be washed or hand sanitizer used before and after patient contact and each time they enter and exit a patient room.

Volunteers must wear single use latex or non-latex gloves when transporting specimens. Specimens must be sealed in a Biohazard bag and placed in a plastic bin for transport. Gloves are to be disposed of when transportation of specimen is finished.

To prevent the spread of respiratory viruses, people who are ill should wear a mask to prevent transmission of the virus. This is part of a set of strategies called Respiratory Etiquette.

## Keys to Success in Identifying and Helping Heart Attack and Stroke Patients

### Heart Attack

During a heart attack, blood flow to heart muscle is reduced or cut off, often because a blood clot blocks an artery. When heart muscle is starved of oxygen-rich blood, it can die.

Heart attack symptoms may include:

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest. These symptoms can range from mild to severe, and they may come and go.
- Discomfort in other areas, such as the neck, arms, jaw, back, or stomach.
- Shortness of breath, lightheadedness, nausea, or breaking out in a cold sweat.

Women may get chest pain or discomfort, but in many cases, it's not the most obvious symptom. Instead, they're more likely than men to have these symptoms:

- Unusual fatigue
- Nausea or indigestion
- Dizziness or lightheadedness
- Abdominal discomfort that may feel like indigestion
- Discomfort described as pressure/ tightness or an ache in the neck, shoulder, or upper back

If you see a patient/visitor/staff in a public area of the hospital who is experiencing signs of a heart attack, call a **Code Blue** and stay with the person until help arrives.

### Stroke

A stroke is also known as a "brain attack." Arteries to the brain become blocked or rupture, causing brain cells to die. Getting medical treatment within an hour after symptoms begin can reduce disability following a stroke. Strokes can cause permanent brain damage and paralysis.

Stroke symptoms include:

- Sudden numbness or weakness of the face, arm, or leg, especially if it occurs on one side of the body
- Sudden confusion, trouble speaking or understanding, slurred speech
- Sudden trouble seeing in one or both eyes, double vision
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

If you see a patient/visitor/staff in a public area of the hospital who is experiencing signs of a Stroke, call a **Code One** and stay with the person until help arrives.

## Hypoglycemia: Recognizing the Symptoms and the Response for Volunteers

The Joint Commission had issued revised requirements for the Inpatient Diabetes Care Advanced Certification program that will be effective Jan 01, 2014.

Disease Specific Delivery F 5. "Staff are trained in recognizing and responding to symptomatic hypoglycemia."

The current Code 1 Request for medical Assistance identifies the Code 1 –Request for Medical Assistance response procedure.

Staff and Volunteers should understand some basic information about hypoglycemia:

A blood glucose (also known as blood sugar and abbreviated BG) level that is lower than a person's normal range. Clinically defined as blood glucose less than 70 mg/dL. It should be stressed that a person can experience signs and symptoms when their BG is considerably higher or lower than 70.

Can be caused by several reasons:

- Too much diabetes medication or insulin
- Eating too little food, especially carbohydrates (starches and sugars) or too much time since last meal
- Increase in physical activity

Typical Signs and Symptoms of hypoglycemia:

- Weak, shaky, nervous
- Confusion, disorientation, light-headed
- Anxious, panicky
- Pale
- Sweaty
- Slurred speech (may sound drunk or impaired by drugs)
- Some people become very angry, rude, or even combative



- ✓ The signs and symptoms of hypoglycemia are similar to other serious medical conditions such as stroke.
- ✓ Most people respond quickly to treatment that includes eating or drinking fast-acting carbohydrate.
- ✓ *The Volunteer should never assume that a person is hypoglycemic and should not attempt to provide food or drinks because this could cause choking and aspiration.*
- ✓ It is important that a volunteer who sees a person who may be experiencing hypoglycemia be prepared to request medical assistance by **calling 1199 for a Code-1 emergency response.**

## **Weight Sensitivity: Providing dignified, respectful and professional care to bariatric patients at EvergreenHealth**

Obesity is defined by the World Health Organization using BMI, which is a simple weight for height index. A BMI over 30 is used to classify obesity.

The number of people affected by obesity, both nationally and globally, is staggering and continues to rise. By 2030, it is projected there will be a 33% increase in obesity prevalence and a 130% increase in severe obesity prevalence. This translates into higher numbers of obese patients entering the health care system.

Studies have shown physicians, nurses, nutritionists and medical students have misconceptions and negative attitudes of the obese patient. Such as:

- ▶ Obesity can be prevented by self-control
- ▶ Obese persons are unsuccessful
- ▶ Obese persons are over-indulgent
- ▶ Obese persons are lazy
- ▶ Obese persons experience unresolved anger

Obese persons are blamed for their own condition and are not afforded the same consideration as others who suffer from a disability.

### **The Price of Bias and Obesity Discrimination**

- ▶ Regardless of how excellent a hospital is, patients will not refer other patients to a program where the patient felt he or she was not treated with dignity and respect.
- ▶ 80% of surgery patients report being treated disrespectfully by medical professionals.
- ▶ Anti-fat attitudes among health care professionals affect clinical judgments and deter obese persons from seeking care.

### **The Patient's Perspective:**

- ▶ Patients are observant. They look at equipment and furniture twice and make assumptions if the weight capacity appears safe or if they will be able to comfortably sit and stand from a chair.
- ▶ Patients listen closely. They listen to conversations about them and they listen to the words providers use to explain the next steps in their medical care.
- ▶ Patients are sensitive. Obese patients have a history of social stigma, and are aware it may happen from their health care provider. They may fear substandard care.
- ▶ Most patients seeking to undergo bariatric surgery have done about 1½ years of research on the matter.

## Weight Sensitivity: Providing dignified, respectful and professional care to bariatric patients at EvergreenHealth

### Strategies to Avoid Insensitivity:

Often times, discrimination is fear. Understand your own attitudes and judgements. Convey that care will be delivered safely and with dignity.

- ▶ Use non-defensive mannerisms.
  - Reflective listening, calm manner, open and friendly, respectful, appropriate eye contact, avoiding loud requests.
- ▶ Words matter. Choose language that is supportive.
  - Avoid using labels like big or fat, or terms like the “big boy bed.”
- ▶ Create a safe, supportive environment.
  - Understand what specialized equipment you have and where it’s located, its weight limits, how to use equipment and weigh patients privately.

### R-E-S-P-E-C-T Patient Care Model

**R – Rapport.** Connection through listening and understanding, building trust, confidence, and collaboration. To achieve rapport take time to get to know the patient, smile, listen attentively.

**E – Environment/Equipment.** Provide adequate space, supply appropriate equipment and furniture for both patients and visitors.

**S – Safety.** Focused attention to safety by providing assistance when needed, using proper body mechanics, using transfer devices appropriately and using a buddy for help.

**P – Privacy.** Provide privacy when needed. Follow HIPAA rules.

**E – Encouragement.** Help patient set reasonable, realistic goals. Promote adoption of healthy behaviors and self-acceptance. Encourage self-care and mobility.

**C – Caring/Compassion.** Examine and know your own beliefs to guard against misconceptions. Recognize complexities of the illness. Advocate and promote patient’s right to make decisions in their care. Take time to assess and treat - do not rush.

**T – Tact.** Be aware of nonverbal signals, body language, tone of voice, and movements or gestures. Do not use derogatory terms. Avoid display of impatience or frustration. If having weight loss operation, refrain from giving personal opinion about patient’s decision to surgery.

ASMBS Recommendations: Sensitivity Training, Pamela Davis, et al. Draft Position Paper. ASMBS. 2016.

Adult Obesity Rates by State. <http://stateofobesity.org/adult-obesity/>

Bejciy-Spring S. R-E-S-P-E-C-T: A Model for the Sensitive Treatment of the Bariatric Patient. Bariatric Nursing and Surgical Patient Care. 2008;3:47-56.