

PLEASE FILL IN YOUR PERSONAL INFORMATION
MAKE YOUR APPOINTMENT FOR YOUR PPD SCREENING
RETURN ALL FORMS TO THE VOLUNTEER OFFICE WHEN COMPLETED

PPD FORM FOR VOLUNTEERS ~ CONWAY MEDICAL CENTER

ANYONE WHO IS ACCEPTED AS A NEW VOLUNTEER WILL BE REQUIRED TO HAVE A TWO STEP PPD (SCREENING FOR TUBERCULOSIS) WITH CMC'S EMPLOYEE HEALTH NURSE, BARBARA BRYANT, RN.

IF YOU CAN PROVIDE DOCUMENTATION OF A PPD SCREENING WITHIN THE LAST YEAR, YOU WILL BE REQUIRED TO ONLY HAVE A ONE STEP PPD SCREENING BEFORE BEGINNING YOUR VOLUNTEER DUTIES.

WHEN YOU HAVE RECEIVED A PPD PLANTED YOU WILL NEED TO RETURN TO HAVE IT READ IN TWO DAYS. IF APPLICABLE, A SECOND PPD APPOINTMENT MUST BE MADE WITH THE EMPLOYEE HEALTH NURSE.

CONTACT BARBARA @ 843-347-8061 or BBRYANT@CMC-SC.COM AND MAKE A DATE TO BE PLANTED _____ DATE TO READ _____

THE EMPLOYEE HEALTH OFFICE IS LOCATED 2367B CYPRESS CIRCLE THIS BUILDING IS LOCATED BEHIND THE ADMINISTRATIVE SERVICES BUILDING WHEN COMING IN OFF OF SINGLETON RIDGE ROAD; between Dr. Sasser's office and CMC Sleep Lab.

COMPLETE THE FOLLOWING INFORMATION, SIGN AND DATE ~ MAKE YOUR NECESSARY APPOINTMENT(S). AN APPOINTMENT IS REQUIRED
843-347-8061 or BBRYANT@CMC-SC.COM

NAME _____ DATE _____

PHONE NUMBER _____

Have you ever had a skin test for Tuberculosis (PPD)?	Yes ___	No ___	Unsure ___
If yes: When was your last test for TB / /			Unsure
What was the result of the skin test for TB?	Pos	Neg	Unsure
Documentation within the last year	Yes	No	
If you have tested positive; written documentation must be presented to the CMC employee health nurse			
Have you ever been exposed to anyone with TB? Explain –	Yes ___	No ___	Unsure ___

VOLUNTEER SIGNATURE

DATE

STOP ~ INFORMATION BELOW TO BE COMPLETED BY NURSE

1ST PPD DOCUMENTATION DATED ____ / ____ / ____

OR

1ST PPD planted ____ / ____ / ____ planted by _____

1ST PPD read ____ / ____ / ____ read by _____

Results _____

Results entered into database _____

2nd PPD planted ____ / ____ / ____ planted by _____

2nd PPD read ____ / ____ / ____ read by _____

Results _____

Results entered into database _____

To evaluate a new finding of a positive PPD or past positive PPD volunteer

DOCUMENTATION OF PREVIOUS POSITIVE TESTING FROM CANDIDATE IS
REQUIRED BEFORE A CHEST XRAY WILL BE ORDERED BY EMPLOYEE HEALTH

Chest X-Ray ordered _____ By _____

Results _____ Date ____ / ____ / ____

Positive documentation received if applicable Date ____ / ____ / ____

Results entered into database _____

FORM TO BE RETURNED TO VOLUNTEER SERVICES FOR DATA ENTRY
AND RETENTION



PLEASE COMPLETE ALL OF THE ATTACHED PAPERWORK AND
RETURN TO DVS

NEW VOLUNTEER ORIENTATION AGREEMENT

Upon completion of the Volunteer Services Orientation class, I agree to uphold the policies of the CMC Volunteer Organization as discussed during the orientation, described in the Volunteer Handbook and in the Policy Manuals.

I agree to hold in strict confidence privileged information concerning CMC and its patients, employees and other volunteers.

I understand the requirements of HIPAA and will abide by those mandates as I perform my volunteer duties.

I understand that I must abide by the uniform code and have my nametag visible at all times. The nametag is your identification in the hospital setting as a volunteer in good faith. This nametag must be surrendered upon leaving the volunteer organization.

I understand that I reflect the entire volunteer organization in my performance of my task, in my commitment to the task, and in my adherence to schedules in my service area.

I understand that there is an annual mandatory training event in the fall of each year – this is a requirement of the hospital and its regulatory agencies.

NAME _____

DATE _____



CONWAY MEDICAL CENTER / KINGSTON NURSING CENTER VOLUNTEER COMMITMENT TO CONFIDENTIALITY

CONFIDENTIALITY: Information which is private should be treated as such

1. Volunteers are not allowed to discuss patient / resident identities or conditions with family members.
2. Patient / resident information should never be discussed with co-workers or volunteers during breaks or meals, or away from the Center
3. Information cannot be discussed with the patient's / resident's family members without the patient's / resident's permission.
4. Volunteers should not discuss patient / resident information with staff members from other departments.
5. Volunteers should be careful not to be overheard by visitors or other patients / residents when they are discussing a patient's / resident's condition.
6. A violation of patient / resident confidentiality can result in a lawsuit against the volunteers or the healthcare organizations.
7. It is all right to report to a supervisory employee any vital information told in confidence by a patient / resident.
8. Requests from a friend to discuss the diagnosis or condition of a patient / resident are an invasion of privacy, even if the patient / resident is a mutual friend.
9. Leaving medical records, patient / resident lists or test results where they can be seen and read by others is a violation of confidentiality.
10. Practicing confidentiality of patient / resident information is required by law.
11. The responsibility of keeping patient / resident information confidential must be practiced continuously.

PRINT NAME _____

SIGNATURE _____

DATE _____



**SERVICE AGREEMENT
FOR
EXCELLENCE IN CUSTOMER SERVICE**

As a volunteer of Conway Medical Center, I agree to adhere to the Value Statements and Customer Service Standards as defined in Conway Medical Center's Excellence in Customer Service Policy. I am committed to excellence in Customer Service and to exceeding the expectations of my customer.

Specifically, I agree to the following:

- I understand the organization exists only because of our customers. They are not an interruption of my day, they are the purpose of it.
- I will seek to exceed the expectations of the customers I serve.
- My activities will be guided by my commitment to the Conway Medical Center's Mission, Values, and the organizational ethics policy.
- I will greet customers promptly, with a smile, welcoming tone and by making eye contact.
- I will answer the phone quickly, in a welcoming tone and helpful manner. I will identify myself clearly by department and name.
- I will communicate with customers in a positive manner – I will tell the customer what I can do, not what I can't do.
- I will listen attentively and be responsive to customer needs on a timely basis.
- I will function as a "team member", respecting and supporting my co-workers.
- I will treat every customer with courtesy and respect.
- I will take necessary precautions to provide customers with privacy and confidentiality.
- I will take necessary precautions to provide customers with a safe and secure environment.
- I will seek to ensure that all customer complaints are appropriately addressed.
- I will be professional in both behavior and appearance.

Signed: _____ Date: _____

Print Name: _____ Department: Volunteer Services

NAME: _____

PLEASE SHARE THE FOLLOWING INFORMATION TO HELP IN OUR PLANNING:

SKILLS / TALENTS / COMMITTEE INTERESTS:

CARPENTRY _____

CHAIR A COMMITTEE _____

CLERICAL SKILLS _____

COMPUTER SKILLS _____

COOKING/BAKING _____

DECORATING _____

JEWELRY MAKING _____

NEEDLEWORK _____

ORGANIZE AN EVENT _____

PAINTING _____

PHOTOGRAPHY _____

SERVE ON A COMMITTEE _____

SHORT TERM PROJECTS _____

TELEPHONE _____

THEATRICAL INTERESTS _____

OTHER _____

Conway Medical Center

Consent to Interview, Photograph, Videotape, or Other Imaging

Volunteer Name PRINTED:

I consent to have the following as noted by a mark (x):

- Photographs, Videotapes, digital or other images
- Interview with news media, including newspapers, magazines, wire service, television, radio station
- Other _____

To be acquired by *Conway Medical Center personnel or designee*

for the purpose of *Internal Hospital Communications*

This authorization will remain valid indefinitely. I may revoke or withdraw this consent at any time. Such withdrawal of consent must be made in writing to Conway Medical Center, Volunteer Services, P.O. Box 829, Conway, SC 29528. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal.

For those instances where Conway Medical Center is obtaining the interview, photograph or video, I agree that all reproduction and all copyrights associated with the above described information and media are and shall remain the property of Conway Medical Center, its successors and/or assign. I agree not to request or accept any payment or other consideration in exchange for signing this agreement and for the use of any of the above photography or media materials.

I release and hold harmless Conway Medical Center, its staff and employees from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the photograph or other image or the interview I am consenting to.

By signing below, I am indicating that I have read and understand the "Consent to Interview, Photograph, Videotape, or Other Imaging" form. My questions regarding this consent have been answered.

Volunteer Signature

Date

Volunteer Printed Name

Witness

Date

**Safety Responsibility Policy
Personal Statement of Accountability to Safety**

Safety is one of our most important priorities at CMC. Red Rules, Behavior Based Expectations, and Error Prevention Techniques are tools we use to ensure the safety of our patients, visitors, volunteers and employees.

By complying with established red rules, following behavioral expectations, and utilizing prevention tools and techniques, I make a conscious decision to help ensure the safety of patients and employees, and I am helping to create a culture of safety at CMC.

Conway Medical Center Red Rules	
<ol style="list-style-type: none"> 1. I will always wash my hands or use hand sanitizer before and after every patient contact. 2. I will verify patient identity using two identifiers prior to any action or procedure. 3. I will verify and accurately label all specimen containers prior to leaving the collection site. (n/a) 4. For Kingston Nursing Center: I will always use the lifting device(s) specified in patient's care plan. 5. For all Nursing Personnel: I will ensure that bed alarms are activated on all patients whose Fall Risk Assessment indicates the need for bed alarm activation. (n/a) 6. For all Personnel participating in invasive procedures: I will perform surgical counts in accordance with policy on any procedure in which a foreign body could be retained. (n/a) 7. For all Personnel participating in invasive procedures: I will participate in a time out before every procedure begins, using validation of correct patient, correct procedure, correct site by the procedural team which should include at a minimum the physician, circulator/nurse, and anesthesia care provider. (n/a) 	
Conway Medical Center Behavior Based Expectations/Error Prevention Techniques	
Employees	
<ol style="list-style-type: none"> 1. Communicate Effectively 	<ol style="list-style-type: none"> 1. Identify Self, Department & Purpose 2. Use Repeat-Backs and Read-Backs with Clarifying Questions 3. Use SBAR (Situation, Background, Assessment, Request/Recommendation) for Reports and Handoffs
<ol style="list-style-type: none"> 2. Take "Time-Out" for Detail 	<ol style="list-style-type: none"> 1. Use S.T.A.R. (Stop, Think, Act, Review)
<ol style="list-style-type: none"> 3. Commit to Safety 	<ol style="list-style-type: none"> 1. Adhere to Red Rules, Policies, and Procedures 2. Practice Peer Checking and Peer Coaching using ARC 3. STOP when Unsure & seek clarification and assistance 4. Raise the Red Flag

My Personal Safety Commitment:

1. I have received training and education on Red Rules, Behavior Based Expectations, and Error Prevention techniques.
2. I will comply exactly and at all times with the Red Rules.
3. If compliance with a Red Rule is not possible, I shall STOP any action until any uncertainty can be resolved.
4. I will employ error prevention techniques as a part of my daily work.

I understand that compliance problems with Red Rules shall be managed in accordance with CMC's Safety Responsibility Policy. No less than a written reprimand shall be given for Red Rule non-compliance.

Volunteer Signature

Date

Manager Signature

Date

UNIFORM ORDER

PRINT NAME _____

UNIFORMS COST is \$20 unless you are ordering an XXL / above then the cost is \$22. Checks may be made payable to CMC or cash payment accepted.

PLEASE IDENTIFY THE SIZE, QUANTITY & STYLE YOU DESIRE.

MEN –

POLO (GOLF SHIRT) S ___ M ___ L ___ XL ___ XXL ___

JACKETS LONG SLEEVE S ___ M ___ L ___ XL ___ XXL ___

LADIES –

POLO (GOLF SHIRT) S ___ M ___ L ___ XL ___ XXL ___

VEST S ___ M ___ L ___ XL ___ XXL ___

JACKETS S ___ M ___ L ___ XL ___ XXL ___

RECOMMENDATION: SOAK IN WARM WATER & SALT TO SET COLOR. WASH SEPERATELY.

JACKETS REQUIRE A PATCH ON THE SLEEVE PROVIDED BY DVS. SEW ON AMERICAN HOSPITAL ASSOCIATION (AHA) VOLUNTEER PATCH 4 INCHED DOWN ON LEFT SLEEVE (CENTERED) WITH SERVICE APPEARING AT THE BOTTOM. THE LEFT SLEEVE IDENTIFIED WHEN YOU HAVE THE JACKET ON.

VEST REQUIRES A PATCH ON THE LEFT FRONT. SEW ON AMERICAN HOSPITAL ASSOCIATION VOLUNTEER PATCH 4 INCHED DOWN FROM THE SHOULDER SEEM (CENTERED) WITH SERVICE APPEARING AT THE BOTTOM. THE LEFT FRONT IDENTIFIED WHEN YOU HAVE THE VEST ON.

POLO SHIRTS ARE MONOGRAMED AND DO NOT REQUIRE THE AHA PATCH.

IF YOU ARE A MEMBER OF THE AUXILIARY, THE AUXILIARY PATCH IS TO BE SEWN ON ABOVE THE AHA PATCH FOR THE JACKET AND THE VEST. ON THE POLO SHIRT THE AUXILIARY PATCH IS TO BE SEWN ONE INCE ABOVE THE MONOGRAM ON THE FRONT OF THE POLO SHIRT.

VOLUNTEER ORIENTATION POST-TEST

NAME _____ DATE _____ SCORE _____ (PASS >89)
(circle the correct Answer)

Elevators may be used during a Facility Alert Fire	TRUE	FALSE
Conway Medical Center and all their facilities are nicotine-free campuses	TRUE	FALSE
The best way to control the spread of infection is proper Hand Washing	TRUE	FALSE
A Volunteer may give out information concerning a Patient's medical condition	TRUE	FALSE
TB tests (PPD) are required annually for my protection	TRUE	FALSE
A volunteer's primary responsibility during a disaster is to protect themselves.	TRUE	FALSE
If I spot a fire, I am to report it immediately	TRUE	FALSE
Proper wheelchair procedures are important for the safety of patient and volunteer	TRUE	FALSE
A volunteer can give out medications to patients with permission of the nursing staff	TRUE	FALSE
I must knock and identify myself before entering a patient's room	TRUE	FALSE
As a Volunteer, I am making a commitment to the hospital	TRUE	FALSE
I must wear my ID badge at all times while serving as a Volunteer	TRUE	FALSE
If I am injured while on duty, I am to report it to the Director of Volunteers or a supervisor immediately. A SREO will be filed.	TRUE	FALSE
Report any unsafe electrical conditions to your supervisor or to the Maintenance department	TRUE	FALSE
PPE stands for Personal Protection Equipment	TRUE	FALSE
If you are on the nursing floors as a volunteer it is your responsibility to follow the NO PASS ZONE guidelines	TRUE	FALSE
The Corporate Compliance Hot Line is available 24/7	TRUE	FALSE
Interpreter Services are available upon request	TRUE	FALSE
The Volunteer Services Rally Point is out the main lobby doors to the parking lot on left closest to Singleton Ridge Rd	TRUE	FALSE

CONFIDENTIALITY REMINDER

Conway Medical Center Volunteers have access to information, which is often highly confidential, and/or of a sensitive nature. As Volunteers, you may be subject to inquiries from other Volunteers or Personnel from outside the Medical Center, but you must NOT divulge this information to anyone unless such information is normally communicated as part of the Volunteer's work assignment *in accordance with hospital policy*. The release of confidential information to unauthorized individuals, or attempting to gain access to such information for personal reasons, is grounds for dismissal from the Volunteer Services and CMC Hospital Auxiliary programs.

MATCH THE FOLLOWING TERMS

- | | | | |
|-----|--|-------|---|
| a.) | FACILITY ALERT FIRE | _____ | SDS |
| b.) | EVACUATION BOARDS | _____ | BADGE BUDDY |
| c.) | MEDICAL EMERGENCY EVERYONE | _____ | MISSING CHILD/INFANT – SEARCH |
| d.) | SECURITY ALERT MISSING INFANT/CHILD | _____ | HANDLED BY STAFF VERTICAL & HORIZONTAL |
| e.) | NO PASS ZONE | _____ | BOMB THREAT |
| f.) | SAFETY DATA SHEET | _____ | MEDICAL ALERT CODE BLUE |
| g.) | HOT ZONE | _____ | 5555 |
| h.) | FACILITY ALERT - CODE ORANGE | _____ | MISSING PSYCH PATIENT |
| i.) | SECURITY ALERT CODE WHITE | _____ | MANDATORY |
| j.) | SECURITY ALERT – ACTIVE SHOOTER | _____ | ASSISTING OUR PATIENTS IS EVERYONE'S RESPONSIBILITY |
| k.) | ANNUAL TRAINING & PPD | _____ | CONTAMINATED AREA |
| l.) | DIAL FOR EMERGENCY | _____ | FIRE – EXIT TO RALLY POINT |
| m.) | A CARD WILL BE ATTACHED TO YOUR ID BADGE | _____ | RUN, HIDE, FIGHT |

Thanks for the wonderful work you do to ensure “customer quality” at the Conway Medical Center.

HIPAA Awareness Training Quiz

1. The compliance deadline for HIPAA was _____.
2. PHI stands for: P _____ H _____ I _____.
3. The following information can be used to identify patients:
A) Address
B) License Plate Number
C) Account Number
D) All of the above
4. Without prior authorization, patient information can ONLY be shared if it pertains to:
T _____ P _____ O _____
5. Wrongful disclosure of health information carries fines and can involve jail time.
True ___ False ___
6. Under HIPAA, patients can choose to NOT be listed in the patient directory.
True ___ False ___
7. Placing patient information in a wastebasket is OK as long as it is behind a desk.
True ___ False ___
8. Reporting HIPAA violations is everyone's responsibility.
True ___ False ___

I have completed the HIPAA orientation packet. I accept the "I Am HIPAA Wise" oath by agreeing to follow **CONWAY MEDICAL CENTER** privacy and confidentiality policies.

Volunteer Name

Date

