

St. Luke's Volunteer Handbook Review Form

Name: _____

Check ALL answers that apply.

1. Volunteer Services is dedicated to providing the highest quality service to patients, visitors, and staff. St. Luke's Mission is The Patient Above All Else.

True False

2. What was the Health Insurance Portability & Accountability Act (HIPAA) created to do?

a. Give patients control over their health information. Protect patient information.

b. Hold people accountable for HIPAA violations.

c. Set boundaries on the use and release of patient information.

3. Required practices regarding patient health information include which of the following?

a. Keep all patient information completely confidential.

b. Keep patient information out of view of unauthorized persons.

c. Refrain from speaking about patients in any way when not required to do your job (in hallways, cafe, volunteer locker room, etc.).

4. When is it okay to repeat protected health information or leave patient information unattended?

Sometimes Always Never

5. Every patient has their own...

a. Like's and dislikes

b. Feelings, thoughts and beliefs

c. Limitations and abilities

d. Life experience

6. What should you do if you are injured or exposed to an infectious agent while volunteering?

- a. When it is convenient, tell a department supervisor or Volunteer Services staff what happened.
- b. Wash the exposed area. Immediately report the exposure or injury to a department supervisor or Volunteer Services staff. Get immediate medical attention if needed. Report to Volunteer Services staff as soon as possible and complete an accident/injury report form.

7. What is the best way to prevent the spread of infection?

- a. Stay home when you are sick or have signs of a transmissible illness or infection
- b. Wash hands with soap and water.
- c. Wash hands with soap and water or use hand sanitizer gel frequently and every time you enter and leave a patient room.

8. What do you do if you see a stop sign/isolation precautions sign on a patient room door?

- a. Do not go into the patient's room for any reason.
- b. Do not do anything differently.

9. Volunteers should always:

- a. Knock and ask if it is ok to enter a patient's room.
- b. Introduce themselves as a volunteer

10. What is the acceptable dress code for volunteers?

- a. Volunteer Uniform with St. Luke's Volunteer Identification Badge at eye level with name showing
- b. Neat and professional clothing
- c. Extreme styles of clothing and hair
- d. Good personal hygiene with clean hair and body (no scented items)
- e. Flip Flops

11. It is acceptable to accept a personal gift from a patient.

- True False

12. To report an emergency in the hospital dial 5220 state name, location, type of emergency. Outside of the hospital dial 9-911 state my name, location, type of emergency.

True False

13. If I see any suspicious persons or activity, I should contact security and/or let a staff member know immediately?

True False

14. If I cannot volunteer I should notify the Volunteer Services staff.

True False

15. In a difficult or violent/potential violent situation, remember to do the following:

- a. Manage my emotions
- b. Use de-escalation techniques
- c. Call for help, involve other staff

16. I have reviewed and understand St. Luke's Plain Language Alerts, "BE FAST" stroke education, Acknowledge, Introduce, Duration, Explanation, and Thank You (AIDET) customer service, and ligature risk information. I understand training, direction, and clearance is required before providing wheelchair transports.

True False

I understand the policies and procedures for St. Luke's Volunteers as outlined in the St. Luke's Volunteer Handbook. I have had the opportunity to ask questions regarding my volunteer position. I have reviewed the position description for my assignment and agree to perform the duties as assigned.

I understand St. Luke's may take immediate action to dismiss a volunteer from service if his/her conduct threatens the safety or welfare of patients, visitors, or staff and/or is not supportive of St. Luke's Culture.

I grant my permission for St. Luke's Volunteer Services to display and/or publish photographs, interviews, and/or videotapes of me (for example, St. Luke's website, social media, employee and volunteer newsletters, television news reports).

Print Name _____

Signature _____ Date ____/____/____

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