

Volunteer Services at the University of Iowa Hospitals and Clinics

College Student Reorientation Form

R

Full Name: _____
Last First Middle

Last 6 digits of SSN: _____ University ID: _____ Date of Birth: _____ Gender: Male _____ Female _____

Local Street Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____ Home Phone: _____ Cell Phone: _____

Most recent volunteer placement: _____ New placement desired: _____

Background Information

The University of Iowa Hospitals and Clinics must be able to assure the safety of all patients in their care. Therefore, we ask you to provide us with the following information which will remain in the strictest confidence, which means that we shall use our best efforts to ensure that the following information will not be released other than to comply with a court order, subpoena, or as otherwise required by law. Otherwise such information will only be used to determine your suitability for placement. The existence of a criminal conviction history is considered only to the extent that it relates to a particular volunteer position.

- Have you ever been convicted for violation of any municipal, county, state or federal law other than a minor parking violation?
Yes: _____ No: _____
- Have you ever been reported for child abuse and/or neglect to the Department of Human Services or a similar agency in any state?
Yes: _____ No: _____
- Have you ever been terminated, suspended or placed on probation, or otherwise penalized for abuse or maltreatment of any person?
Yes: _____ No: _____

If you answered yes to any of these questions, please provide date(s), description(s) and an explanation of incident(s): _____

Declarations and Volunteer Agreement

As a hospital volunteer, I understand Volunteer Services reserves the right to terminate any volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the Volunteer Services Director, would make my continued services as a volunteer contrary to the best interests of the hospital. In addition:

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. Any falsification or significant omission of information may result in my rejection or dismissal from participation in Volunteer Services at the University of Iowa Hospitals and Clinics.

Signature: _____ Date: _____

People with disabilities are welcome at the UIHC. The University of Iowa prohibits discrimination in employment or in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference.

Health Screening Process for Returning College Volunteers

Returning volunteers must have their TB test updated every year. You may stop at the UEHC, University Employee Health Clinic (1st floor Boyd Tower) for your TB update any Monday, Tuesday, Wednesday or Friday between 7:00 am - 4:30 pm. You will need to return to the clinic 48-72 hours after this appointment to have the TB test read and have your pink card signed.

If you are under age 18, a parent or legal guardian must sign the consent form for your health screening visit. (available from UEHC, or the Volunteer Services Office).

Again, you will need to return to University Employee Health Clinic 48-72 hours after this appointment to have the TB test read and receive a signed pink health screening checklist from UEHC staff (this pink screening checklist must be signed *before* you begin your volunteer shift). Bring the signed pink screening checklist to the Volunteer Services office upon completion.

Please call 356-3631 if you have any questions regarding your updated TB test.

Date: _____

Competency and Confidentiality Assessment Quiz

University of Iowa Hospitals and Clinics Volunteer Services

Please check your Volunteer Status:

- ☐ **Community:** please return completed quiz to the Volunteer Services office.
- ☐ **College student:** please submit your completed quiz at orientation.
- ☐ **Junior volunteer:** please return completed quiz to the Volunteer Services office

Please read each statement and circle the correct answer.

- I am expecting an important phone call, so I can leave my phone on and take the call when I am volunteering.
True or False
- If I see someone collapse in the hallway, I can get immediate help by dialing:
a) 195
b) 199
c) 192
d) None of the above
- Volunteers should never post any confidential patient information on Facebook.
True or False
- If I am delivering flowers to two patients on the same floor, I don't need to sanitize my hands in between deliveries.
True or False
- If I am coming to volunteer and don't have time to change my clothes, it is ok to wear blue jeans while I volunteer.
True or False
- Standard Precautions should be used when working with and around:
a) only patients admitted as inpatients
b) only patients with AIDS
c) only patients with known communicable diseases.
d) All patients
- Which of the following are examples of Protected Health Information and would be covered by HIPPA regulations?
a) A photo of a patient
b) The written address of a patient
c) A patient's email address
d) Speaking the name of a patient on an elevator
e) All of the above
- Which of the following could happen to someone who violates HIPAA regulations, and shares Protected Health Information for reasons not associated with their volunteer duties?
a) Dismissal from volunteering
b) Civil lawsuit
c) Criminal prosecution
d) All of the above

9. You are breaking the law and violating HIPAA regulations if you:
- Read the patient list out of curiosity**
 - Tell your spouse about a dear friend whose name you saw on the patient list**
 - Discuss with your sister the hospitalization at UIHC of a famous patient**
 - Go to the hospital room to visit a friend whose name you happened to see on a patient list**
 - All of the above**
10. The best way to help a patient find where they need to go is:
- Escort them to a Service Ambassador**
 - Dial 101, ask for directions, and escort them**
 - Check your "Finding your Way" brochure and escort them**
 - Any of the above**
11. Volunteers do not need to record their hours, as this is done automatically.
True or False
12. As a volunteer, you must get your TB test updated once a year.
True or False

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- I declare I have read and understand the aspects of patient confidentiality and standards for Internet activity, including:
Hospital policy prohibits retrieval of patient information that is not required for the performance of your job. The confidentiality of information about patients that you obtain in the course of your volunteer work is protected by state and federal law. **State and federal law prohibits you from making any disclosure of the information unless you are specifically authorized to do so under the policies of your department.**
- I understand that a violation of the policy is reason for disciplinary action including possible dismissal from Volunteer Services and liability to civil and criminal penalties.
- I declare that I have read information on: 1) safety/fire/hazardous chemical procedures and precautions, and 2) "Patients' Rights and Responsibilities", which represents mandatory policy of the organization.
- I further agree to immediately notify Volunteer Services should I be reported for child abuse/neglect or be charged, convicted or penalized in any way for violation of any municipal, county, state or federal law other than a minor parking violation.

Signature: _____	Printed Name: _____
E-Mail: _____	Date: _____

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SCORECARD

1. False: Volunteer cannot use their phone while volunteering. They can check for messages and make phone calls while on their break, and in off-stage areas.
2. b) 199. Important codes are on the back of your volunteer ID badge.

Code 199: Medical Emergency: If a person is in respiratory/cardiopulmonary arrest, or exhibits the code stroke criteria, call a **Code Blue** by dialing “199.” **Code Stroke:** If a patient has one of the following symptoms that began within the last six hours: sudden numbness or weakness, especially on one side of the body; sudden trouble seeing; sudden trouble speaking or understanding; sudden trouble walking or loss of balance. **Dial 199 to activate a Code Stroke.**

3. True. Posting confidential information is a violation of HIPPA.
4. False. Volunteers must practice standard precautions before and after all patient contact. Remember, “**Clean In, Clean Out.**” Frequent handwashing and proper hand hygiene is the best way to prevent and control the spread of infection.
5. False. Volunteers must follow the hospital professional appearance policy, which means **no blue denim** while on duty.
6. d) All patients. Volunteers will treat all situations as if there is a risk of infection and use proper procedures to prevent exposure to blood or body fluids.
7. e) All are examples of **Protected Health Information**. It doesn’t have to be something written to qualify.
8. d) All of the Above. Violating HIPPA can result in dismissal from volunteering, civil lawsuit, and criminal prosecution.
9. e) All of the Above. All of these actions would be a violation of HIPPA.
10. d) All of the Above. There are many ways to help patients and families with **Wayfinding**. Please be sure to take the time to help an patient or family member who is asking directions. As a volunteer, you are empowered to help them by using the many tools available in the hospital.
11. False. Volunteers are responsible for recording their hours in order to remain a volunteer in good standing.
12. True. As a volunteer, you are responsible for getting your TB test updated once each year. Please consult your handbook for the correct information about this procedure.

Thank you for your attention to this important documentation.