COMMUNICABLE DISEASE VERIFICATION
AND IMMUNIZATION RECORD

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1. I certify that I have had the measles and german measles **OR** I have had the immunization against the measles or german measles (MMR).

_____ _____
Signature Today's Date

2. I certify that I have had the chicken pox **OR** I have had the immunization against the chicken pox.

_____ _____
Signature Today's Date

3. I have had a PPD test (under the skin test) for tuberculosis within the last six (6) months. **Must submit a copy of dated certificate and results of test.**

_____ _____
Signature Today's Date

4. I understand that if I have not had a PPD test within the last six (6) months, Christiana Care staff will administer one (free of charge) prior to my starting as a volunteer.

   Feel free to obtain a PPD test on your own at your physician's office or, if you are a member, at your high school wellness center.

   Remember, all tests must be read two days after the PPD was administered.

_____ _____
Signature Today's Date

Parental signature required for volunteers under 18 years of age.

_____ _____
Signature Today's Date

ETHICS GUIDELINES AGREEMENT

If accepted as a hospital volunteer, student/intern, I agree that:

1. I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors, or personnel and not seek to obtain confidential information from a patient.

2. My services are donated to the hospital without contemplation of compensation of future employment and given with humanitarian or charitable reasons.

3. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions or religious material on hospital premises unless I receive the express authorizations of the hospital executive director to engage in these activities.

4. I shall, if requested, submit to examinations which may include chest x-rays, skill tests, appropriate laboratory tests, and/or immunizations that may be necessary as part of my service.

5. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

6. I shall attempt to resolve my problems related to my volunteer activities with the staff of Volunteer and Student Administration or my immediate supervisor.

7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

8. I shall at all times uphold the philosophy and standards of the hospital.

9. I understand that the Manager of Volunteer and Student Administration reserves the right to terminate my 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; (d) any other circumstances which, in the judgment of the Manager, would make my continued service contrary to the best interests of the hospital.

I have read each of the conditions and I agree to be bound by them.

_____

Volunteer or Student/Intern Signature Date

_____

Coordinator/Manager, Volunteer and Student Administration Date

CHRISTIANA CARE HEALTH SYSTEM

PLEASE READ CAREFULLY AND SIGN

I understand that before I can volunteer at Christiana Care, I will need to meet the following requirements:

- To test negative on a tuberculosis (TB) test;
- To obtain any required immunizations;
- To submit to and have an acceptable report on a criminal background check; and,
- To submit to and have a clear background check (child and adult abuse registry) in compliance with Delaware law.

As a volunteer, I understand and agree that I shall abide by the policies of Christiana Care that relate to the Drug Free Workplace Act of 1988. I also understand that Christiana Care is a totally smoke free work environment and agree to abide by that requirement.

I understand and agree that I will abide by all Christiana Care policies and rules. I understand that Christiana Care may revise or revoke or institute new policies or procedures at any time. I understand that I have the right to terminate my service at Christiana Care at any time and that Christiana Care has the same right.

I certify that the information given by me on the application is true and correct without omissions in all respects. I agree that if the information given is to be found false in any way, it shall be cause to terminate my ability to volunteer. I authorize Christiana Care to use any information in this application to verify my statements and I authorize any persons to provide information concerning my ability, character, reputation, and ability. I release all such persons from any liability or damages on my account for having furnished such information.

Signature _____

Printed Name _____

Address _____

_____

Social Security_____

Date _____

Do not fax to the State! Please email or fax to the Volunteer Office.

DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

Fax or Mail Request to:

DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Do not use a cover sheet**
- **Do not send duplicate requests**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

Name:_____
Last First Middle

Other Name(s) used: _____ DE Drivers License #_____

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth: ___-____-_____ Sex:_____ Race:_____
mm / dd / yyyy

Address:_____
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect? [ ] Yes [ ] No

If Yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:_____ Date:_____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY/ORGANIZATION INFORMATION - (*MUST BE COMPLETED IN ORDER TO PROCESS*)

Please check only one:

☐ EDUCATION ☒ HEALTH CARE FACILITY ☐ CHILD CARE ☐ OTHER _____

Agency Identification Number (if applicable): 98

Requesting Agency Name: Christiana Care - Volunteer Student Admin.

Address: P.O. Box 1668, Wilmington, DE 19899

Phone: (302)428-2206 Fax: (302)428-6895 Contact Person: Luz Berrios

DSCYF USE ONLY:

The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____

Do not fax to the State! Please email or fax to the Volunteer Office.

Delaware Health and Social Services
Division of Long Term Care Residents Protection
Adult Abuse Registry
3 Mill Road, Suite 308
Wilmington, DE 19806
Phone: 302-577-6661 Fax: 302-577-6672

AUTHORIZATION TO DELAWARE HEALTH AND SOCIAL SERVICES DIVISION OF LONG TERM CARE RESIDENTS PROTECTION FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION

Employer: Christiana Care Health System

Address: 4755 Ogletown-Stanton Road

Newark, DE 19718

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

APPLICANT

_____ _____
PRINT NAME SOCIAL SECURITY NUMBER

_____ _____
SIGNATURE DATE

WITNESS

Christiana Care Staff

_____ _____
PRINT NAME DATE

_____
SIGNATURE

1/5/06

CHRISTIANA CARE CORPORATION

CONFIDENTIALITY AND SECURITY AGREEMENT

Important:

This agreement is required to be read and signed by individuals who are approved and granted access to or may have incidental contact with Christiana Care confidential information. Please read all sections; if you have any questions, please ask your supervisor prior to signing or acknowledging that you have read this agreement.

As an employee, resident, member of the Medical-Dental staff, other healthcare provider, student, volunteer, member of the Junior Board, temporary agency or contract person, or a non-Christiana Care employee approved and granted access to Christiana Care information, you may have access to confidential information. Confidential information includes patients' protected health information (PHI), employee information, physician information, and corporate information which may appear in verbal, written, or electronic form. Confidential information is valuable and sensitive and is protected by law and by strict confidentiality policies.

The purpose of this agreement is to inform you of your personal obligation regarding confidential information.

Agreement

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will only access confidential information, including patients' protected health information (PHI), in accordance with Christiana Care's policies and as necessary to perform my job responsibilities.

2. I agree that, if I access patient information, I am involved in the care of the patient or am required to access information in conjunction with my job responsibilities.

3. Except as directed by Christiana Care policies or legal process, I will not at any time during or after my employment/ affiliation with Christiana Care:

    - Disclose any such information to any unauthorized person,
    - Permit any unauthorized person to examine or make copies of any reports or other information prepared by me, coming into my possession or control, or which I have access,
    - Attempt to access or use any such information for my or another individual's personal gain.

4. I will not alter or destroy any confidential information, including patients' protected health information (PHI).

5. I accept responsibility for activities occurring under my computer account(s) and my badge access to specified Christiana Care areas/locations. I will not utilize another person's computer account or badge to access facilities. I will not intentionally share, nor allow anyone else to utilize my computer account or badge to access facilities, unless a confirmed request has been made by Information Technology Department or the Department of Public Safety and I am able to confirm the legitimacy of the request and the requestors.

6. If I observe or have knowledge of unauthorized access or disclosure of confidential information, including protected health information (PHI), I will report it immediately to my supervisor or to the Christiana Care Privacy Officer.

7. I understand that all information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it is moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of Christiana Care and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also understand that all electronic communication is monitored and subject to internal and external audit.

8. I understand that discussions (person-to-person, via cell phones, etc) regarding patient and/or protected health information shall not occur in public places where the presence of persons not entitled to such confidential information may be present and discussions may be overheard. Examples include but are not limited to elevators, lobbies, off premises.

9. I agree to abide by all rules and regulations as specified in the Christiana Care's Privacy and Security policies unless specifically altered by a separate contractual agreement. These policies are available and maintained on the Christiana Care Intranet (INet). If I do not have access to the Christiana Care INet, I can request that a copy of these policies be provided to me.

I acknowledge and agree to comply with the obligations and conditions outlined in this agreement. I am also acknowledging that Christiana Care has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure (intentional or unintentional) of information can result in penalties including disciplinary action, disablement of computer access, refusal of access to premises, termination of employment and/or loss of clinical privileges, or legal action.

Signature Date

Printed Name

Name: Date: Score:

Annual Volunteer Education

Post Test

1. The Christiana Care Way is our promise to our patients and each other that we will serve our neighbors as respectful, expert, caring partners in their health.
   - ❑ True
   - ❑ False

2. If you are involved in an emergency incident, you should call:
   - ❑ Security Office
   - ❑ Administration
   - ❑ 911
   - ❑ Operator

3. Use a portable fire extinguisher only if the fire is small, contained and you feel comfortable using one. The PASS acronym will remind you how to properly operate a portable fire extinguisher. What is the P-A-S-S procedure?
   - ❑ Pull, Aim, Sweep, Squeeze
   - ❑ Pull, Aim, Squeeze, Sweep
   - ❑ Push, Alarm, Sweep, Squeeze
   - ❑ Push, Alarm, Squeeze, Sweep

4. Fire alarm systems notify building occupants of a fire condition. Which device allows you to activate the fire alarm system?
   - ❑ Pull Station
   - ❑ Fire Speaker
   - ❑ Fire Strobe
   - ❑ Smoke Detector

5. Smoke and fire can spread quickly throughout a building if allowed to burn uncontrolled. Smoke can cause fatalities far from the fire if not controlled. Why should you close all doors during a Code Red?
   - ❑ To contain smoke and fire to the room of origin
   - ❑ So patients will not be disturbed
   - ❑ For security purposes
   - ❑ To maintain patient privacy

Name: Date: Score:

6. Coded phrases are used in healthcare to alert staff of an emergency without causing panic to patients or visitors. What coded phrase does Christiana Care use to represent fire?
   - ❑ Code Delta
   - ❑ Code Red
   - ❑ Code Orange
   - ❑ Code Blue

7. Emergency response to a fire requires quick action. The RACE acronym directs staff to perform which emergency actions during a fire?
   - ❑ Rescue, Alarm, Contain, Extinguish
   - ❑ Rescue, Advise, Control, Exit
   - ❑ Release, Activate, Control, Exit
   - ❑ Release, Alarm, Close, Extinguish

8. How far should you stand from a fire when attempting to extinguish it with a portable fire extinguisher?
   - ❑ 0 to 8 feet
   - ❑ 8 to 10 feet
   - ❑ Over 20 feet
   - ❑ 10 to 20 feet

9. Respiratory hygiene/cough etiquette and hand hygiene are the only components of Standard Precautions.
   - ❑ True
   - ❑ False

10. You should wear gloves when:
    - ❑ Changing beds or stretchers, handling soiled linen
    - ❑ Cleaning surfaces on items with disinfectant
    - ❑ Handling items soiled with blood, body fluids, secretions or excretions
    - ❑ All of the above

11. The policy on artificial fingernails does not apply to nail wraps, enhancements (stones, decals) and tips:
    - ❑ True
    - ❑ False

12. Would you wash your hands (or use alcohol foam) after blowing your nose and/or coughing or sneezing into your hands?
    - ❑ Yes
    - ❑ Not necessary

Name: Date: Score:

13. If you accidentally got stuck with a needle while you were changing a bed, you would:
    - ❑ Call Volunteer Services staff and notify your supervisor in the area immediately
    - ❑ Tell the nurses aid what happened
    - ❑ Ignore it
    - ❑ Go to the Emergency Department

14. When washing your hands, you should scrub all surfaces of your hands with good friction for at least 15 seconds.
    - ❑ True
    - ❑ False

15. Every volunteer has the ability to positively impact the patient & family experience.
    - ❑ True
    - ❑ False

16. Every volunteer has the following performance expectations:
    - ❑ Smile
    - ❑ Use AIDET
    - ❑ Do your best to exceed expectations
    - ❑ All of the above

17. AIDET stands for
    - ❑ Always, Introduce , Daily, Explain, Thank You
    - ❑ Acknowledge, Introduce, Duration, Explain ,Thank You
    - ❑ Acknowledge, Introduce, Deliver, Excited, Thank you