

Date: _____

WAKE FOREST BAPTIST HEALTH VOLUNTEER SERVICES

Confirmation of Volunteer Orientation / Annual In-Service

Name: _____

SECTION I - To be completed at Volunteer Orientation / Annual In-Service

I am aware of the Department of Volunteer Services policies and procedures and/or practice standards for the following:

Mission/Values
Patient Rights/Responsibilities
Corporate Compliance & HIPAA Awareness
Policies and Procedures
General Safety & Security/Fire/Disaster
Infection Control
Employee Health Requirements
Patient and Family-Centered Care
Armed Threat Preparedness Training

I understand the material presented and I pledge that I will be dependable and that I will abide by regulations. If completed electronically, checking this box signifies an electronic signature.

For Patient and Family Advisor volunteers only: By checking this box I am signifying that I have completed the Patient and Family Advisor general orientation.

Signature

Please complete:

Emergency Contact Name: _____ Relationship: _____

Phone: _____ (Home)

_____ (Work)

_____ (Cell)

Section II - To be completed at annual In-Service Training Please note **Changes Only:**

Volunteer Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ (Home) E-Mail Address: _____

_____ (Work)

_____ (Cell)

WAKE FOREST BAPTIST HEALTH
NON-EMPLOYEE
CONFIDENTIALITY AGREEMENT

Wake Forest University Health Sciences and North Carolina Baptist Hospital, along with their subsidiaries (collectively, “the Medical Center”) have, and will develop further, confidential, proprietary information and trade secrets relating to their clinical, research and educational missions.

These trade secrets and confidential and proprietary information include but are not limited to, information concerning patients, research studies and subjects, animal care and use, faculty, staff, and students, planning, financial and donor information, prices, pricing methods, costs, procedures or processes for the Medical Center’s business, fixtures, research and development methods, projects, data, goals or activities, business strategies, research techniques, the identities or addresses of the Medical Center’s employees or their functions, confidential reports prepared for the Medical Center by business consultants, or any other information concerning the Medical Center or its business that is not readily and easily available to the public or to those in the Medical Center’s business (any and all of which shall be referred to in this Agreement as “Information”). In the course of my relationship with the Medical Center, I may have access to such Information, and I understand and acknowledge the importance of protecting the confidentiality of such Information.

In consideration of my continued relationship, by signing this Agreement, I understand and agree to the following:

1. I may use Information disclosed to me solely in the course of my relationship with the Medical Center. I may not use Information for any other purpose.
2. During and after my relationship, I will hold all Information in the strictest confidence and will not disclose any Information or any portion of the Information to any other firm, entity, institution, or person, except that I may disclose the Information on a confidential basis to other employees and agents of the Medical Center on a “need to know” basis in the course of my relationship with the Medical Center. I understand and agree that my obligation to keep Information confidential forbids me to disclose Information even to family members or friends, and even when identifying details are not revealed.
3. I understand and agree that all property of and data and records with respect to the Medical Center and its affiliates coming into my possession or kept by me in connection with my relationship with the Medical Center, including without limitation, correspondence, management studies, research records, notebooks, blueprints, computer programs, software and documentation, bulletins, reports, patient lists, student and employment data, costs, purchasing and marketing information, are the exclusive property of the Medical Center. I agree to return to the Medical Center all such property and all copies of such data and records upon termination of my relationship or as otherwise directed by the Medical Center.
4. I understand that the Information is of a private, internal, or confidential nature and constitutes a valuable, special and unique asset of the Medical Center and its affiliates.
5. I understand a material breach of this Agreement will cause irreparable damage to the Medical Center and its affiliates, and that such damage will be difficult to quantify and for which money damages alone will not be adequate. Accordingly, I agree that the Medical Center, in addition to any other legal rights or remedies available to the Medical Center on account of a breach or threatened breach of this Agreement, shall have the right to obtain an injunction against me

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enjoining any such breach without the need for posting a bond, and I waive the defense in any equitable proceeding that there is an adequate remedy at law for such breach.

6. I will not access any Information or area of the Medical Center that I have not been authorized to access. I will not discuss Information in areas where others who do not have a need to know such Information may overhear the conversation (e.g. hallways, elevators, cafeterias, shuttle buses, public transportation, restaurants, and social events).

7. I will not access any Information for other persons or employees who do not have the right to access the Information themselves. I will not disclose my or any other Medical Center employee's computer password(s) to anyone, nor will I use another person's password(s) instead of my own for any reason unless authorized by my point of contact or unless required by the Medical Center's Information Systems Department for maintenance reasons. I will inform my point of contact immediately if I know or have reason to believe someone without proper authority knows or is using my password(s).

8. I will not:

- a. make any personal or unauthorized inquiries* into any Medical Center computer or system;
- b. make any personal or unauthorized transmissions* of any Information;
- c. modify any Information without authority to do so;
- d. purge any Information without authority to do so.

9. I will log off, lock, or restart any computer prior to leaving it unattended.

10. I will inform my Medical Center point of contact, or other appropriate personnel of any known or suspected unauthorized disclosure or misuse of Information which I observe or of which I become aware.

11. I will protect Medical Center Information stored on a laptop computer by:

- a. Encrypting all Information stored on the laptop,
- b. Temporarily storing Information (during active use only) on the laptop, and
- c. Maintaining a current secure backup of all Information stored on the laptop (network, CD, DVD etc).

12. Any Information that I am authorized to store on removable storage media (e.g. CD's, DVD's, PDA's, USB/flash drives, external hard drives etc) will be store in a secure manner (that is, with password protection and/or encryption)

13. I will immediately report to my Medical Center point of contact if said media or any Information is ever lost or stolen.

14. I will secure (encrypt) all transmissions (email, file transfers, etc) that contain Confidential Information in accordance with the Medical Center Information Security and Privacy Policies.

15. I understand that public (i.e. non- Medical Center) wired and wireless networks should not be considered secure for any reason. Therefore, whenever I am connected to a computer network other than the Medical Center's conducting Medical Center business, I will use the Medical

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Center's Portal (<https://portal.wfubmc.edu>) or VPN (Virtual Private Network) software to access the Medical Center's resources remotely.

16. I understand and agree that this Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina and any claim or dispute arising from the terms or performance of this Agreement will be submitted to the jurisdiction of the state or federal courts of North Carolina, and I consent to the exclusive jurisdiction of such Courts.

17. I understand that any violation of the terms of this agreement may result in termination of my relationship with the Medical Center and/or termination of my access to Medical Center information and/or the Medical Center facility as applicable. I further understand that all of my computer activity, including e-mail and Internet use, is subject to auditing or monitoring by the Medical Center.

I acknowledge that I have read this agreement, understand its terms, and agree to abide by both this agreement and the Medical Center's Information Security and Privacy Policies and all other policies in effect where applicable concerning the security and privacy of Information.

I further understand and acknowledge that nothing contained in this agreement creates a contract regarding the term of my relationship with the Medical Center, express or implied.

By checking this box, I acknowledge that I have read and understand this agreement.

Name: _____

Date: _____

ⁱ * *Unauthorized inquiries or transmissions include, but are not limited to, reviewing, removing, printing, and/or transferring Information from any Medical Center computer or paper filing systems to unauthorized locations, e.g. home computer, personal laptop, USB drives, CD/DVD, or other portable media.*

Direct any questions concerning this agreement to the Medical Center Privacy Office 336-713-HIPA

**TJC/OSHA – Workplace Safety and Security
FY 2017 Test**

Volunteer Name (First, Middle Initial, Last): _____

Department Number: 811060 Department Name: Volunteer Services

Environment of Care

1) The Fire/Disaster/Safety (FDS) Manual can be found:

On The Joint Commission's official website

On the EH&S IShare site

Through Purchasing

2) Where can you find emergency response templates for your department to use?

In the FDS Quick Reference Flip Chart.

In Carpenter Library's reference section.

At the Incident Command Center

General Safety

3) Select the wise guidelines for lifting. There is more than one correct choice.

Bend your knees with your back upright.

Use your back to lift, not your leg muscles.

Carry the load higher than your waist.

If it doesn't seem safe to lift it alone, ask for help!

4) Who is primarily responsible for a volunteer's safety?

The Joint Commission

The volunteer

The Environmental Health and Safety Department

A coworker

5) As a volunteer of Wake Forest Baptist Health System, you bear responsibility to contribute to a safe environment for patients, staff and others who enter our facilities.

True

False

6) How do you report an employee/volunteer incident or injury?

Use the Fire/Disaster/Safety (FDS) Manual

Use the Occurrence Reporting link found on the Intranet.

Call OSHA

Medical Center Security

7) What is the number to call for reporting emergencies?

Inpatient campuses: 6-HELP; Innovation Quarter: 3-1568; Others: 911

Inpatient campuses: 6-9111; Innovation Quarter: 3-1568; Others: 911

Inpatient campuses: 6-1111; All other locations: 336-716-1111

8) When a suspected child abduction is announced overhead, staff should respond by monitoring hallways and exits.

True

False

9) Which non-emergency incidents should you report to Security?

Car trouble

Suspicious activities

Thefts (not in progress)

Water intrusions

All of the above

**TJC/OSHA – Fire & Life Safety and Medical Equipment
FY 2017 Test**

Fire and Life Safety

1) What is a smoke compartment?

A designated smoking area

An area of refuge that prevents fire and smoke from spreading throughout a floor

An area to evacuate patients to during fire drills only

2) How will a magnetically locked door (maglock door) unlock in the event of an emergency?

Master release switch at nurse's station

Automatically upon fire alarm activation

Emergency release switch located near the magnetic locked door

All of the above

3) When should you push the emergency HVAC shutoff button?

Never

When you need help from Facilities

To adjust the thermostat

When you see or smell smoke coming from a vent

4) When operating a fire extinguisher, remember "PASS," which stands for:

Push, Alarm, Soak, Stop

Pull, Aim, Squeeze, Sweep

Panic, Asphyxiate, Sit, Surrender

Press, Aim, Spray, Saturate

5) In the event of a fire, remember "RACE," which stands for:

Rescue, Alarm, Contain, Extinguish

Rescue, Activate, Control, Elevator

Resuscitate, Alert, Call, Evaluate

6) **In the Defend In Place evacuation strategy of a patient care unit, which of these things happens first?**

Move patients vertically down the nearest stairwell.

Remove equipment from the egress hallways.

Move patients horizontally into the next smoke compartment.

It is best to use the elevators during a fire.

7) **Once the decision has been made to evacuate a patient care unit, which statement is true?**

While equipment is being removed from the hallways, patients should be assessed and prepared for the proper evacuation hierarchy.

There is no need to assess patients' clinical needs for evacuation until after all equipment is removed from the hallways.

Delay evacuation as long as possible.

8) **What equipment essential to patient care is allowed to stand in a corridor?**

In-use PPE carts and crash carts

unattended beds or stretchers

unattended wheelchairs

unattended mobile work stations

9) **It is everyone's responsibility to help keep hospital corridors clear and unobstructed.**

True

False

10) **Power strips must be approved by Engineering before use. What other statement below is also true?**

Power strips should occupy a red outlet whenever possible.

Power strips must not be overloaded with heat-producing devices.

Power strips may be laid across high traffic corridors.

**TJC/OSHA – Hazard Communication
FY 2017 Test**

Hazard Communication

- 1) **Appropriate 'Personal Protective Equipment' (PPE) should be used, based on your tasks and on the SDS of any chemical involved.**

True

False

- 2) **Fit testing for respirators should occur on what time interval?**

Once a month

Upon start of employment only

Annually, or whenever changes occur that would require a repeat of fit testing

- 3) **If there is a chemical spill that you cannot safely contain by yourself, you should: (Select all that would apply)**

Evacuate the area

Turn off ignition sources (if it is safe to do so)

Close all doors

Call your Emergency number (6-9111, 3-1568, or 911)

- 4) **At what point should an oxygen cylinder be stored with the empties?**

At 1/2 full

At 1/4 full

At 1/8 full

- 5) **Where should batteries be disposed of?**

A sharps container

Any standard trash receptacle

A Universal Waste bucket

- 6) **Good examples of Regulated Medical Waste would be:**

Band-aids; Gauze with a small speck of blood

Batteries; Gloves

Food waste; Newspapers

Used needles (sharps); Containers with more than 20 ml of blood

**TJC/OSHA – Emergency Management and Utility Systems
FY 2017 Test**

Emergency Management

1) What is meant by “Medical Surge Plan Phase One Has Been Activated?”

The ED is seeing first signs of moderate crowding.

Due to severe crowding, critical services supervisors will join efforts to manage patient throughput.

The Hospital Incident Command Center will now set up and begin coordinating operations.

The Virtual Personnel Pool will now be implemented.

2) In order for you to successfully receive an emergency communication from the WFBMC Emergency Alert System, you must:

Keep your personal contact information in PeopleSoft up to date.

Log in to MIR3 and update your contact information.

3) A “Phase Three” Major Disaster Response could be activated for:

A plane crash

A fire on campus

An extreme weather event

Any of the above disasters

4) If you do not have a specific job assignment in the Major Disaster Plan, then your role is to:

Go directly to the Emergency Department.

Report to your supervisor for instructions.

Do nothing unless approached personally by a member of the Emergency Management Committee.

5) Under the HICS Disaster Management System, the person responsible for setting strategies and priorities during an incident is the:

Safety Officer

Liaison Officer

Incident Commander

Medical Technical Specialist

Utility Systems

6) **In the event of a fire, who authorizes the shutdown of oxygen to a patient care unit?**

- Environmental Services (EVS)
- Security Officer
- Engineering Technician
- The Charge Nurse or the Clinician

7) **What items must be plugged into the red power outlets?**

- Desktop computers
- Multifunction printers
- Equipment critical to patient care
- Heat-producing devices

8) **Which of the following may be flushed down a toilet in our facilities?**

- Flushable wipes
- Paper towels
- Sani-wipes
- None of the above