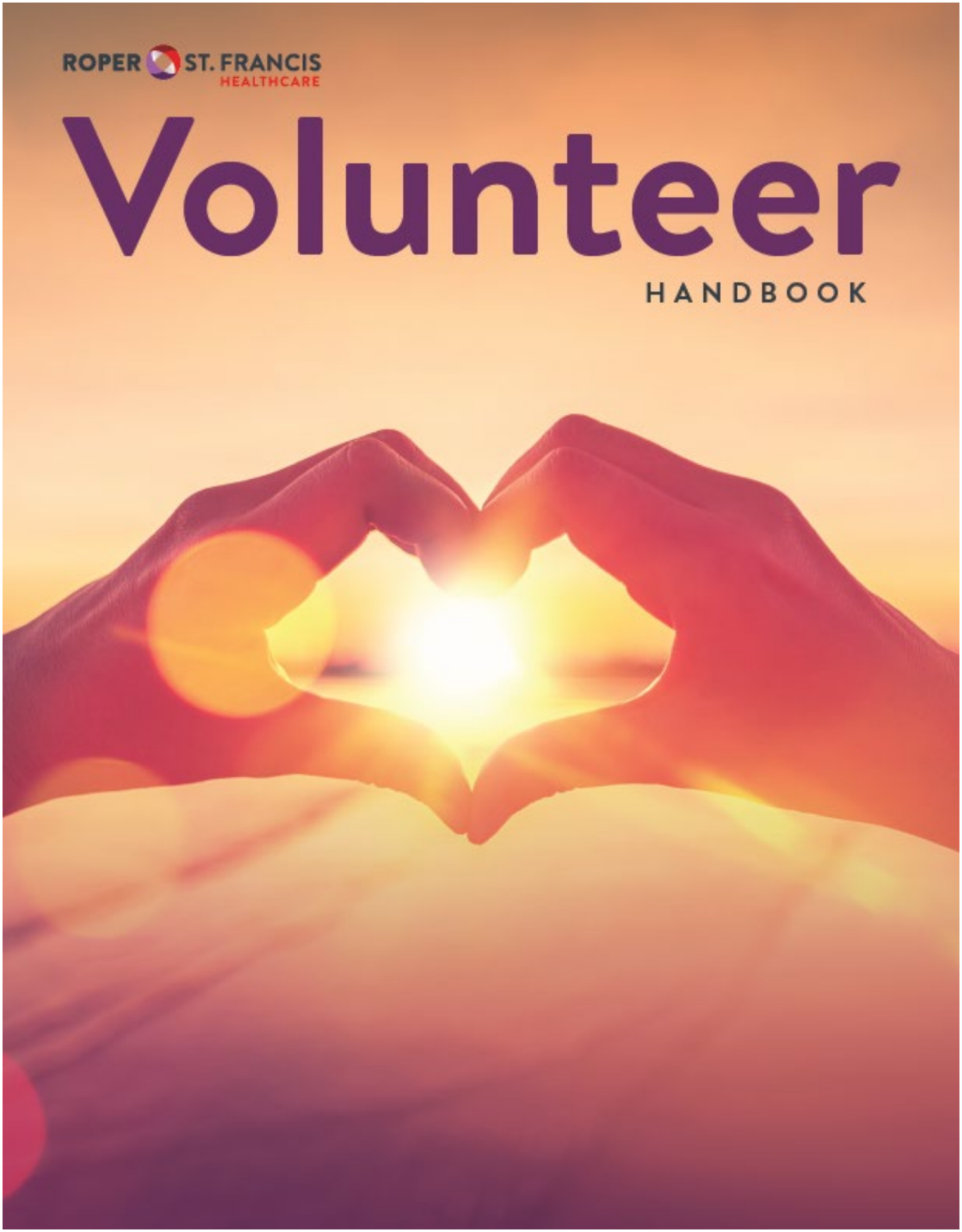
ROPER ST. FRANCIS HEALTHCARE

Volunteer

HANDBOOK



ROPER ST. FRANCIS HEALTHCARE

Welcome/Overview

Welcome to Roper St. Francis Healthcare as you begin your new role. Upon acceptance, you become a member of a large "family" numbering over 400 women, men and students who spend 45-50,000 hours each year serving and learning at Roper St. Francis Healthcare. Volunteers and students have been an integral part of our staff for over 30 years with consistently outstanding service enabling us to keep the highest quality of care available.

A variety of roles are processed through the Volunteer Department, including:

> **Service volunteers** give a gift of time and talent to the health system serving on a regular schedule as needed to support the staff and ease the stress of the patient experience.
>
> **Students** offer their time while gaining experience for future career track goals.

We are pleased that you have chosen to share your energy, time and talents with our patients and employees. We believe your rewards will be great and that the experience will add an important dimension to your life.

This handbook has been made available to streamline your orientation process. Acceptance into the program depends on current positions available. Needs change daily as volunteers and students come and go in the system. Contact the Volunteer Manager in the facility that interests you **before** completing this process.

Our office doors are always open, or we can be reached by leaving a phone message or an email. **In an emergency, you may call the hospital operator and ask them to page us.** Please feel free to discuss any needs, concerns, ideas, or interests. We hope your experience here will be a beneficial and rewarding one. We are glad you are here.

Sincerely,

Bon Secours St. Francis Hospital (West Ashley) - Trudi Campbell, CVA, Volunteer Manager

gertrude.campbell@rsfh.com | Phone: (843) 402-1156

Roper Hospital (Downtown) - Marianne Seabrook, Director of Volunteer Services

marianne.seabrook@rsfh.com | Phone: (843) 724-2080

RSF Mount Pleasant Hospital (Mt. Pleasant) - Peg Hughes, Volunteer Manager

peg.hughes@rsfh.com | Phone: (843) 606-7502

RSF Berkeley Hospital (Berkeley) - Rebecca Buffum, Volunteer Manager

rebecca.buffum@rsfh.com | Phone: (854) 529-3059

Application Process

Acceptance: We are blessed with an incredible volunteer and student team. Contact the volunteer manager for a personal interview to match our needs with your interests. Do not complete the application packet before acceptance is confirmed. Because of the time and cost spent in processing applicants, hospitals may not be the best opportunity for very short-term applicants.

> **Note:** shadowing/observation hours needed for educational programs are processed through the Student Development office with similar processing requirements. Contact: student.development@rsfh.com.

Orientation & Tour: Small group orientations are scheduled on a frequent basis and scheduled *after* acceptance into the program. Review the handbook carefully and complete as much paperwork as possible before attending.

Application & Paperwork: A complete file is needed on each applicant. Service depends on a satisfactory reference letter, background, health screenings and completion of application paperwork.

Health Screening: You will be instructed to report to an RSFH Teammate Health Office for screening before you begin to serve. Note the office hours at your facility. Be sure to call for your first appointment.

- Bring completed health form located in the back of your application packet.
- Bring any documentation of childhood immunizations that you have. These records would have been needed for any school registration.
- Following the guidelines for your assigned facility, call for an appointment saying, ***"I am a new student or volunteer calling to make an appointment for my health screening."***
- The nurse will review your immune status based on your records. Volunteers under 18 and students *must* provide their own records. Immunizations will not be supplied for student career track applicants. Adults with no records may need a blood sample drawn.
- You will be screened for Tuberculosis (TB). The nurse will do a TB (PPD) skin test on your arm. The TB skin test needs to be examined within 48–96 hours. If you do not come in to have it checked, the process will need to be repeated. Parents should go with minors for the first visit.
- If you have not had a TB test within the last year, you will be required to have two (2). You will be instructed to return for the second test. Follow up is your responsibility.
- If you are on a healthcare career track, ask for a copy of your current records.
- Applicants with a history of past positive TB tests may be referred for a documenting X-ray.
- Flu shots are mandatory during flu season which occurs generally December 1 through March 30.
- **Note:** Obtain permission from your physician for health conditions affecting placement.

Health-Related Absence: After absences for serious illness or surgery, clear your return to service with your medical doctor.

Employee Health Office Hours: <u>Don't make your 1st appointment for a Thursday.</u>

NOTE: Health Offices are closed for lunch from 12 noon - 12:30 p.m.

RSF Office Park: (843) 203-2255 | Weekdays 7:30 a.m. – 3:45 p.m.
8356 Palmetto Commerce Pkwy, Ladson

Roper Hospital Downtown: (843) 724-2131 | Monday and/or Wednesdays: 7:30 a.m. – 3 p.m.

Bon Secours St. Francis Hospital: (843) 402-1155 | Tuesday and/or Friday; 7:30 a.m. – 3 p.m.

Mount Pleasant Hospital: (843) 606-7666 | 1- 2 Wednesdays per month, 7:30 a.m. – 3 p.m.

Letter of Recommendation: Ask someone who knows you well (not a family member) to write a brief character reference letter recommending that we accept you into the program. Bring the letter in a sealed envelope, or have it mailed directly to your volunteer manager.

Background Check: After your application is accepted a Background Check on adult service volunteers or long-term shadowing students, will be performed at the hospital's expense. Honesty is important as you complete your application. Your continued service depends on a satisfactory report.

Starting Service: Complete your paperwork and health screening and schedule your first shift. A Skills Checklist form is to be completed and returned to your file anytime you begin a new work area to make sure you have received training in your new role. Notify your Volunteer Manager before any unassigned change in service area or schedule.

Completion of hours/resignation/termination: Give as much notice as possible if you need to leave your position. We understand that life changes and you may not be able to continue your commitment. We appreciate your interest and support no matter how long you stay with us.

You are an important part of our customer service plan and are expected to prove commitment to the values of the health system. Applicants unwilling to meet these commitments and the commitment to improve performance may be terminated from the program.

Students may be with us for a specified number of hours. Let us know when you have completed your time with us and turn in your ID badge for proper closure and expectations of positive references.

Dress Code:

- **Professional & Identified:** It is important that you are clean, neat, and identified as a volunteer while on duty. Shorts, jeans, leggings, sweatpants or miniskirts are **not** appropriate attire. Avoid chewing gum, eating or using a personal cell phone in customer service areas.
- **Nametags:** Nametags are supplied and for security reasons must be returned if/when you leave as a volunteer or student.
- **Uniform Options:** Uniforms depend on the area you serve. Options include traditional polos, cobbler aprons and jackets for women with solid color slacks. Uniforms should be washed daily if you serve in a patient care area.
- **Shoes:** Footwear should be comfortable, safe, quiet and clean. Avoid open toes in clinical areas.
- **Scents:** Avoid perfume or scented after-shave products on your days of service as patients may be sensitive to strong odors.
- **Jewelry**: Protect yourself and our patients by avoiding large dangling pieces of jewelry.
- **Hair:** Hair should be groomed. Long hair should be tied away from the face in clinical areas. Hats, head wraps or other head coverings should not be worn unless required as part of an approved uniform or for an approved religious, cultural or medical accommodation.

Sign in: You are responsible for logging your arrival and departure in the Volunteer office. Note your assigned 4-digit number and sign in and out on the computer in the Volunteer lounge.

If you have missed multiple shifts without notice, you may be de-activated in our system so connect with your manager before reporting back to work. Students completing service hours should let their manager know and return their badge.

Personal belongings: The hospital cannot be responsible for personal property – do not bring valuables to work with you or leave belongings unsecured in work areas.

On-the-Job Injury: Stay safe! Notify your area supervisor and manager should any injury occur during your working hours. We will complete an "Incident Report" for documentation, and you should be cleared through the Emergency Department.

Don't Pass Out! Students finding themselves lightheaded after seeing a medical procedure should make their mentor aware, sit down, lower their head and take deep slow breaths. Notify your manager if you have a history of fainting.

Meals: A modest courtesy meal is provided to **service volunteers** (not mentored students) working a full volunteer shift of 3-4 hours. The purpose is to take care of you while on duty and we should not abuse this benefit. As food expenses rise there are facility specific guidelines that will be discussed at your orientation. Consider that the hospital is contributing up to $10 towards one visit/meal consisting of cafeteria prepared (not bar coded) food for service volunteers.

- Wear your uniform and ID while on duty so you are identified to the cashier.
- Aim to select food items made in the cafeteria. Avoid pre-packaged items.
- Do not take extra food with the intention of taking it home with you and try not to make frequent return trips for items. Get break time coffee from the volunteer lounge or your work area.
- Keep an eye on what you spend. Food is expensive, and you can easily go over the reasonable amount. If you do, you will know next time. Your Volunteer Manager will let you know the amount for your facility, but it would normally allow for a drink, entree and dessert.
- Breakfast is such a good deal that some volunteers pay for breakfast and then enjoy a complimentary lunch. If you want a pre-packaged bar-coded item, you are welcome to pay for it.
- Thank the food service employees!
- Students earning mentoring and observation hours are not usually here long enough to require courtesy meals. Contact your manager if you feel you are an exception.

Parking: Free parking is available. At RSFH our goal is to leave the most convenient parking for our patients. Current options will be discussed during your facility tour.

Teammate Events: You are encouraged to attend CEO/Teammate Forums and Volunteer Lunch & Learns throughout the year. Early each year we all must review annual safety requirements by completing the safety quiz. The Volunteer Department hosts a few special projects including Cards for Heroes (holiday cards sent to active-duty service members), gift baskets for New Year babies and the Socks & Skivvies underwear drive for the One80Place shelter. We welcome your participation!

Health Benefits: Mandatory free flu shots are available to active members during flu season. If you get your flu shot done elsewhere, ask for documentation for your record. Do not report for service after December 1 without a documented flu shot. TB testing follow up would be done should there ever be a possibility of TB exposure.

Absences: Report on time for your scheduled shift as someone may be waiting for relief. If you know in advance that you will be absent, let the staff in your work area and your Volunteer Manager know. Service volunteers may be able to exchange shifts with another volunteer trained in your area. For unexpected absences call the Volunteer Office and/or your work area. Students may contact their employee contact or mentor. Never feel guilty about absences due to illness. Your health is most important to us. You are protecting our patients and staff by not reporting to work with any infectious condition or fever.

Inactive Status: Life changes. Let us know if you are unable to continue as planned or become dissatisfied for any reason with your assignment. Members inactive without notice or explanation for one month will be taken off the active roster and considered inactive to keep our records accurate.

Gifts & gratuities: We may not accept gifts of cash from patients.

Difficult situations and abrasive callers: Difficult situations frequently arise in healthcare where patients and their families are under a lot of stress. We cannot solve everyone's problems, but we want them to know we care and to steer them in the right direction for the help they need. If a

customer is unhappy, stay calm, find out what he or she is upset about and ask your supervisor for the correct method of referral. Remember they are not upset with *you*! You just happened to be their first point of contact and your reaction can reassure the patient that we care and will follow up.

Most issues will be handled in the department the patient is being cared for by the charge nurse or manager. The nursing supervisor is available by cell phone at each hospital facility. For actual grievances and complaints that need follow up, you may contact your Volunteer Manager, who will report it to patient relations. If you are passing a message along, be sure to get correct contact details for follow up, including the patient's name, room number, phone number etc.

The Right Thing to Do: Roper St. Francis Healthcare has a reputation of high ethical standards and good citizenship. Our reputation is one of our most precious assets and must be protected every day.

Code of Conduct: Our *"code of conduct"* reflects our commitment to the highest standards of business and ethical behavior. We believe that the best way to fulfill our mission is for all employees and volunteers to be honest, ethical, and fair in business practices and personal behavior. This commitment includes complying with all applicable laws and regulations in all areas including:

- ✓ Patient Care and Confidentiality
- ✓ Equal Employment and Workplace Behavior
- ✓ Conflict of Interest
- ✓ Finance and Billing
- ✓ Admissions & Referrals
- ✓ Media Inquiries and Advertising
- ✓ Safeguarding Property & Technology
- ✓ Safety
- ✓ Relations with Government Officials & Regulatory Agencies

In cases where you need more guidance on an ethics related issue or you simply feel something isn't being done "right or fairly," you should seek the advice of your supervisor or your Volunteer Manager. If you need added help, you may contact the Human Resources, Legal Services or the Corporate Compliance Office. If you are uncomfortable dealing directly with these offices, you may call the Compliance Help Line at 1-800-597-3386.

Sensitivity Reminder: As members of the Roper St. Francis Healthcare, we welcome and care for all our patients and visitors without regard to age, race, gender, religion or national origin. We are privileged that all our patients choose us as their preferred healthcare partner. It is just as important that we use this same graciousness and sensitivity as a model for how we treat our coworkers and fellow teammates.

We hear the word "diversity" a lot lately. What does it mean to us? Most definitions describe it as the differences between groups or individuals. Differences may include abilities, educational, political and ethnical differences. People are not alike, and we should acknowledge that.

Life would be boring if we were all the same. Diversity can range from slight differences such as those within family members, to major differences such as those between nations, religions and geographical locations. These dimensions of diversity affect healthcare practices and beliefs.

We believe in creating a healing environment and workplace that acknowledges, respects and includes differences and recognizes the unique contributions that individuals provide. It makes the most of the potential of all employees, students and volunteers. This contributes to the sense of welcome and comfort we want our patients to experience.

We are fortunate to welcome both men and women, ages 15-95, with fascinating cultural backgrounds, students and former heads of companies. We have quiet folk who work in supportive roles as well as the characters who keep us smiling. Diversity is part of the beauty of our group.

Keeping in mind, we should be aware of what we say and how we act. Expressions that seemed acceptable when and where we grew up may not be acceptable now to those with whom we interact. Our behavior is a direct reflection of the health system's intent to support, add joy and healing to the lives of our patients and co-workers. Times change and some of this can be confusing. If you have any questions about diversity, feel free to ask for more information. Our Vice President & Chief Diversity & Inclusion Officer, along with our Human Resources staff, are always willing to help us "do the right thing."

As members of the Roper St. Francis Healthcare, we welcome and care for all our patients and visitors without regard to age, race, sex, color, religion or national origin. It is just as important that we use this same graciousness and sensitivity in the way we treat our co-workers and fellow teammates.

Confidentially & HIPAA: The privacy of our patients must always be protected. Medical records are by law confidential and not for public knowledge. Picture yourself as the fierce protector of our patient's privacy.

HIPAA stands for **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct, a part of the Social Security Act that was signed into law in 1996 and enacted in 2003. HIPAA was put into place to improve healthcare systems by standardizing electronic data exchange and to protect the security and privacy of information.

The Privacy section of this law protects an individual's personal health information and holds healthcare workers and volunteers accountable for violations with heavy fines.

Patients will be given our notice of Privacy Practice upon admission which outlines how we will use and protect their information. At this time, they can even decide that they want to be completely private and in this case their name may be completely left out of our printed and computer directories. This means we couldn't even tell their family members that they are here.

Important things to remember:

- Most confidentiality errors are made by good people trying to do the right thing. Since volunteers and students on healthcare tracks tend to be caring people by nature, we need to be extra careful.
- Only use medical and personal information that you need to do your job. Ask yourself **"Do I need to know that to do my job?"** before accessing patient information.
- Protect patient information from view by visitors, teammates and staff. Tilt computer screens away from visitors. Don't leave patient information lying out in the open. Do not use papers with patient names on it to make scratch pads. Don't take anything home with patient information on it.
- Anything you learn about your patient is private and should not leave the hospital. We are our patient's advocate and protector.
- Do not discuss patient information in public areas such as elevators, cafeterias and lounges.
- If you use any paper with patient information on it in your volunteer role, it must be protected while you use it and disposed of correctly when you are finished using it. If you use confidential information in your job, ask your Nursing Manager for the closest shred bin to your area.
- **It is against the law to share private and health information about our patients.**

If you have any questions on this important topic, please talk to your volunteer manager or contact our RSFH Privacy Officer at: 843-789-1778.

Social Media: Every teammate is an ambassador for our organization. Our community, our patients, are listening to your words. Consider HIPAA/privacy in your social media interactions. Do not include patients, images, documents or conversation that might be identifiable. Derogatory and discriminatory comments create mistrust in our community and patients question whether we will supply excellent care for *all people*. RSFH does not tolerate teammate social media commentary that can be construed as racist, discriminatory or that contradicts our mission.

Media: If the media (TV, radio, newspapers, etc.) approaches you, refer them to the Corporate Communications Office at 724-2834 or the Administrative Offices. Don't answer any questions or make comments. Within the limits of our roles, we may never know all sides of a story.

Newsletter: The bi-monthly "Connection" newsletter for students and volunteers has news and updates. Contact your manager with news, suggestions or to receive the newsletter by email. Things change and departments move often. Customers depend on us for current information, so please read the newsletter! Check employee and volunteer bulletin boards to stay current with activities.

The link for RSFH Teammate news site, Vital Signs is: **https://rsfhvitalsigns.wordpress.com/**

Our Journey to Excellence: Roper St. Francis Healthcare facilities are part of a long tradition in the Lowcountry. We have been voted the "Best Place to Work" and consistently rank high in-patient satisfaction surveys. Our Journey to Excellence stands for our renewed commitment to serve and operational excellence. This is an ongoing process dedicated to developing new and innovative ways to supply the absolute best patient care. We hope you see evidence of the positive changes that have taken place.

Roper St. Francis Healthcare Mission Statement:

"Healing all People with Compassion, Faith and Excellence."

Standards of Behavior: Join us on our Journey to Excellence by reading the Standards of Behavior in your application packet. Some of the ways we can make a difference are:

- Make eye contact and greet people with an approachable smile.
- Acknowledge others, introduce yourself and say "Thank-you."
- Offer to help people get to their destination. Escort when possible.
- "Manage Up" by promoting and highlighting the strengths of others.
- Wear identification badge so it is always clearly visible, above the waist, with photo out.
- Pick up trash rather than walk by it.
- Knock on the door before entering a patient's room.
- Address conflict with others in private. Be the calming influence.
- Be alert for people in need and learn how to refer them for help.
- Ask if there is anything else you can do.

You will hear the staff using the following steps in dealing with patients and customers. It can be changed for most roles.

A: Acknowledge the patient with a warm greeting
I: Introduce yourself politely
D: Duration – how long the procedure or wait will last. Our customer's time is important.
E: Explain what you are doing.
T: Thank them for choosing RSFH. Always ask, "Is there anything else I can do for you?"

Commonly used hospital abbreviations or symbols:

NPO: Nothing by Mouth
STOP Call Don't Fall: Fall Precautions
Teardrop: A blue teardrop on a door symbolizes a stillborn or miscarriage.
+: Secured patient
>: Not in Directory – confidential patient

Population-Specific Care: Part of the pleasure of working in a hospital is that it brings us into contact with people of all ages. Here are some tips for relating to people of different age groups in a safe and appropriate way.

Neonates: *(birth to 28 days):* Neonates are dependent on others for all their needs. It is important to encourage the parents to take part in the baby's care as much as possible. Never leave a baby unattended.

Children: Safety is important when caring for children. Keep side rails up and make sure toys do not have removable pieces that could cause choking. Reduce overwhelming stimulation and always speak to a child before you touch them. Encourage parents to be involved in care. Use play to help with explanations. Favorite toys may provide security and comfort. With older children show and explain everything before you do it and allow them to take part as much as possible in their own care.

Adolescents: *(12-18 years):* Provide privacy and promote independence.

Adults: Allow adults to make choices and encourage as much self-care as possible

Older adults: *(over 65 years):* Keep the environment safe. Side rails should be raised, the bed kept in a low position with the wheels locked. Stay alert for patients on "Fall Precautions."

Lost & Found: Found items should be turned in to Lost & Found in the facility Environmental Services or a Security Officer ***promptly*** so callers to the hospital will know that the item has been turned in. If a caller has a question about an item, transfer them to the right number. If a purse or wallet is turned into you, do not open it because there may be a need to look for fingerprints.

Telephone Use: Our voice on the phone represents Roper St. Francis Healthcare. It is important to greet callers with an alert and friendly voice tending to their needs quickly and efficiently. Keep in mind that our callers are often contacting us under stressful situations when a family member is ill. We play a key role by exhibiting tact and courtesy.

General Telephone Tips:

- Be friendly and exact. Answer promptly with a smile in your voice. Take messages accurately.
- Identify yourself and location. Example: *"3rd Floor Nurses Station, Barbara, Student/Volunteer, may I help you?"*
- If a caller is rude or abusive at a general information desk, you may transfer their call to the professional switchboard operator to manage.
- **Outside Line:** Dial the complete ten-digit number, including area code, to get an outside line.
- **Extension:** When transferring to a four-digit extension, adding "#" speeds the transfer.
- **Operator:** Dial "0"
- **Emergencies:** 2911
- **Health Line:** For information about our physicians, medical questions or information about the Hospital, transfer the caller to the **HealthLine at 843-402-2273 or 843-402-CARE**.

Roper Hospital: Prefix is: 843-724 | **Tip:** Rooms with four digits have a prefix of 958.

Bon Secours St. Francis Hospital: Prefix is: 843-402

RSF Mount Pleasant Hospital: Prefix is: 843-606

RSF Berkeley Hospital: Prefix is: 854-529

Wheelchair Transportation: Volunteers mainly assist patients and visitors in the hallways who we observe to be frail and need non-medical transport from one area to another. Feel free to offer wheelchair assistance to our guests following the safety tips below.

If you are physically able, you may transport wheelchair patients who do not need special assistance keeping the following rules in mind:

- Wash your hands and identify the patient. Check to see if any records should go with the patient.
- The Nursing staff should completely discharge a patient making sure they have all their instructions and prescriptions. If the patient needs assistance, the nursing staff should help the patient to the wheelchair. The bed should be in a low position with the wheelchair next to the bed facing the head of the bed.
- Use good body mechanics. Do not lift or support a patient's weight.
- To collapse a wheelchair, grab the seat and pull up; to open, pull handles apart.
- Cover patient in gowns with a blanket or sheet making sure it does not drag on the ground. Cover the seat of the wheelchair before an in-patient in a gown sits down. Empty pillowcases are perfect for this.
- Before you let your patient be seated, push the footrests back, set the brake and grip the handles firmly. Position the patient’s feet in the footrests and advise him/her to sit back before releasing the brake.
- Stay to the right in corridors using caution at intersections. Use overhead mirrors to check for traffic. Back into elevators.
- Never leave a patient in a wheelchair unattended.
- Before you let your patient get up, set the brake and raise the footrests. Have a firm grip on the handles.
- Don’t push a stretcher alone, patients with IV’s or hospital oxygen without an employee.
- Wipe to sanitize the wheelchair before and after use.

Student/Teenage Volunteers: Volunteering at a hospital is a serious responsibility and our program is designed for mature students over the age of 15. Because of the training and orientation process required, we should not be considered simply as a place to earn assigned community service hours. We can accept a few teenagers during the school year and increase the number of hours in the summer months.

Minors are limited by Labor Law restrictions to less than 18 hours of service during the week or 3 hours per day during school session. Forty hours per week or 8 hours per day when school is not in session and limiting service to the hours between 7a.m. and 5 p.m. Critical patient areas such as Emergency, Operating Room, ICU etc. have their own higher age guidelines for service.

Safety

Keeping our Hospital Safe – A Culture of Safety
Patient safety is one of the most important challenges facing the American health care system and everyone at Roper St. Francis Healthcare is needed to promote the "culture of safety" that is our goal.

At all times:

- Consider your actions and how they may affect patient safety
- Stay alert for things that don't seem right
- Take proper steps to address a problem

The **Joint Commission**, which accredits hospitals, has published a list of patient safety goals that all hospitals must address. By wearing the RSFH name tag you are agreeing to join us as we do everything within our power to help us protect our patient's safety by meeting these goals. From board members and physicians, clinical staff to volunteers as well as the patient and their loved ones, we each play a key role in promoting a culture of safety. Review some of the Patient Safety goals below and think of ways volunteers and students can help make the hospital a safer place.

National Patient Safety Goals:

- **Improving the Accuracy of Patient Identification:** Use at least two identifiers when providing care such as helping to feed a patient or taking care of a newborn and mother.
- **Improve the effectiveness of Communication among Caregivers:** Volunteers can help facilitate communication across the entire team. A volunteer can make a significant difference in a patient's outcome by letting others know about issues we see.
- **Improve the Safety of Using Medications:** Volunteers are not involved in taking any orders or giving any medications at RSFH.
- **Encourage the patient's involvement in his or her own care:** Some volunteers work directly with patients. All of us can help assure that our patients and family members have the information they need and help them get their questions answered.
- **Preventing Falls:** Be aware of the **"STOP – Call Don't Fall"** symbols noting patients on "fall precautions." Leave items within a patient's reach on bedside tables. Encourage patients to call for help. Notify housekeeping promptly about spills. Stay safe yourself!
- **Reduce the risk of health care associated infections:** This means the use of hand hygiene by everyone in the hospital - including volunteers.

Important Hospital Safety Information. As volunteers/students we have a responsibility to be aware of our hospital's safety policies. Look around the area you work, find the exits, fire extinguishers and alarm pulls. Be alert for any safety hazards and report them. The number to call in any emergency is **2911.** Our Safety Officer is Ken Hill. Our emergencies have plain language codes:

**** NOTE: At Roper Berkeley Day Hospital Call 5503 for all Emergencies ****
**** NOTE: At Cancer Center Call 911 for all Emergencies ****

Safety Alert Descriptions

<u>Security Alert.</u> There is an active shooter + location (department, floor).
An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically with a firearm. Familiarize yourself with your work area, being aware of the environment and exits. Guidelines for response include:

Run: Be familiar with exits. Leave belongings. Keep hands visible.

Hide: Hide away from shooter's view. Block entrance and lock doors. Silence cell phones.
Fight: Fighting is the last resort. Attempt to incapacitate the shooter. Act with aggression and throw items at the shooter.
Call 2911 when safe to do so. Notify them of the location, number of shooters, physical description, weapon types, and potential victims. Remain calm and follow law enforcement instructions. Keep hands visible and avoid quick movements towards officers.

Security Alert. An active threat is occurring + location. Avoid the area.

Security Alert. A facility threat has been received + location. Search your areas for suspicious items report findings to Security. If you receive a bomb threat call, try to keep the caller on the phone and be alert to the caller's voice, sex, age, background noises and anything they will tell you about the bomb. Notify 2911.

Security Alert. A missing infant or child/patient elopement (pick one) has been reported. Please secure external exits from the facility and search for the missing infant/patient/child (pick one). Last seen (time, location, wearing, etc.). Be alert and report any suspicious characters. Direct visitors to use the main exit during this code. Cover all exits during this time until staff members arrive. Look for anyone trying to exit with an infant/child or large bags. Instruct them that there is a problem, and the exit is closed, and they should wait with you for staff to arrive. Do not struggle with an uncooperative person but take note of their description. If they leave against instruction, follow them to see where they go and/or get a description and tag number of a car and report to 2911.

Security Alert. Security assistance is needed + location. Avoid the area: This means a person is "out of control". Call 2911 and report the situation. Do not restrain the person but reassure patients and visitors until the situation is under control.

Security Alert. Security Lockdown is in effect + location (Department name or whole facility).

Security Alert. Lockdown in effect + location (department or whole facility) An active threat is occurring + location. Avoid the area.

Medical Alert. Code Blue + location. This is the code name used for a medical emergency. Call 2911, say "Code Blue" and give the location of the emergency. Stay clear and be available to run errands.

If a person has fallen and/or needs to be assessed but not resuscitated, you may call 2911 and use the term **Medical Alert. "Visitor or staff medical emergency" + location.** Nursing supervisors and staff will report to assess the situation and determine what assistance is needed.

Medical Alert. Mass Casualty Incident. Please prepare your departments. This code is called when there is a disaster such as an earthquake, hurricane or other incident when we must be on alert for incoming patients. Let your area manager know you are there to help. Find out where the Command Center is. Media and press with questions in a disaster should be referred to the Corporate Communications or Administration.

Facility Alert. A fire alarm has been activated + location. In case of a fire, pull the nearest fire alarm pull or call 2911 and await direction from staff. Our fire alarms have a clear plastic cover that must be lifted to pull the handle. We have smoke detectors and sprinklers in every room, which are activated in the affected area. After sounding the alarm, **your role is to let the professional staff take charge and take direction from them.**

If this code is called outside your department, stay where you are and await direction from staff. Do not yell "FIRE". Remember not to use elevators during a fire drill.

Remember the word **"RACE**" for Fire Safety:

- **R** **R**escue anyone in immediate danger
- **A** **A**ctivate the alarm by pulling fire handle.
- **C** **C**ontain the fire. Close all doors/call 2911
- **E** **E**xtinguish if you can do so safely or **E**vacuate if directed.

Remember the word **"PASS"** for Fire Extinguisher use:

- **P** **P**ull the pin
- **A** **A**im at base of fire
- **S** **S**queeze the handle
- **S** **S**weeping motion at the base of the fire

Use only hospital approved extension cords. Don't overload outlets. Watch for damaged and frayed cords and report them to Engineering.

Facility Alert. **A** (define system – electrical power, EPIC, Internet access, etc.) **disruption has occurred.** Please initiate appropriate downtime procedures.

Facility Alert. **An evacuation order has been issued + location.** Please start evacuation procedures for your area.

Facility Alert. **An earthquake has occurred in the area**. Please ensure the safety of your patients and assess damage. Report concerns to the administration.

MSDS: MSDS stands for **M**aterial **S**afety **D**ata **S**heet. The MSDS sheet contains information about each solution and chemical used in the hospital and how to use them safely. All containers must be clearly labeled as to the contents, hazardous warnings and manufacturer. Never use anything without a label on it. MSDS information is conveniently found on the system intranet and in the Emergency Department. Call Engineering to report any chemical spill.

Infection Prevention

Each day, health care workers are at risk of encountering germs that can cause disease by spreading from person-to-person. To stop this spread, a number of infection prevention and control measures are put into place, guided by the recommendations of the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We are determined to make RSF facilities as clean and safe as possible.

The number one thing we can do to prevent infection is the simplest – **practice hand hygiene**. Everyone who has patient contact **MUST** wash their hands or use hand antiseptic before and after contact with a patient or their environment. Don't be shy about reminding others of this requirement. Keep your nails short and trimmed. Whether you use soap and water or antiseptic, rub vigorously for 15 seconds. **15 seconds can save a life!**

Practice Hand Hygiene:

- Before handling patient's food and trays.
- Before eating and after using the restroom.
- Before entering and upon leaving a patient room or caring for a patient.
- After handling patient's articles or equipment.
- Before leaving any clinical area such as the lab or physical therapy.

Make every effort not to expose yourself to blood and body fluids. When working with patients we need to all be aware of ways that disease is spread and how to protect our patients and ourselves. When using gloves, wash your hands before and after donning or doffing the gloves.

If you are helping a patient with a meal, use disinfectant wipes to wipe down the overbed table. Be sure to put on gloves and keep the wipes away from your clothes. Wipe in orange top containers contain bleach which can stain.

Do <u>not</u> enter rooms of patients on **Isolation Precautions**. In *no* case should any volunteer or student enter a room with airborne isolation precautions. Isolation rooms will have a sign and holder for the gloves, masks etc. on the door.

The expression **"Standard Precautions"** means treating all patients and body fluids as if they were infectious. The term **"PPE"** stands for ***P**ersonal **P**rotective **E**quipment* – the gloves and masks used by healthcare workers to do their job safely. It is important to know how to protect yourself. A copy of the hospital's Exposure Control Plan is online and always available. If you ever see an exposed needle or sharp instrument, report it to the first healthcare worker you see so it can be disposed of properly. For any questions, contact the Infection Prevention office at 724-2039 (Roper) or 402-1136 (Bon Secours St. Francis).

Body Mechanics: Your health and safety are particularly important to us! Take a thoughtful pause before acting. Avoid unnecessary injuries by using proper body mechanics. Wear safe shoes. The basic principles are:

- When turning, pivot with your feet and avoid twisting your body.
- Analyze the work to be done.
- Ask for help with heavy work.
- Distribute the weight to be carried evenly.
- Maintain a wide base of support and use a secure grip.
- Tighten your abdominal muscles, time and coordinate your lift.
- Push rather than pull.

The next step is up to you!

Carefully consider what you have learned and decide if service to the patients of Roper St. Francis Healthcare would be mutually beneficial. For more information on any topic or to read the applicable RSF policy please contact your Volunteer Manager. To continue with registration in the Volunteer Department please complete the following:

- **Application Form**
- **Orientation Core Competency Quiz**
- **Letter of Recommendation:** Have someone who knows you well (not a relative) write the brief letter of recommendation for us. You can bring it in a sealed envelope, or have it sent directly to the Volunteer Manager in the facility in which you plan to serve or observe (See list below).
- Bring a permission note from your physician if you have severe physical limitations.
- Visit the **Employee Health Office** as instructed. Call to make your first appointment. Note days the offices are open. Minors need a guardian's presence and signature at the first visit.
- Bring completed paperwork and any questions to your orientation session.
- Let your manager know of any problems or concerns.

Welcome!

RSFH STANDARDS OF BEHAVIOR

SERVICE

Service Excellence is the cornerstone of healthcare. At RSFH, we strive to provide service with respect, compassion, and integrity.

I will:

- Make eye contact, smile and project a “Can Do” attitude
- Treat everyone with respect
- Anticipate and be attentive to the needs of those we serve
- Acknowledge others, introduce myself, and say Thank you
- Show compassion towards others
- Address service shortfalls with a sincere apology and activate the “Service Recovery” plan

TEAMWORK

We are committed to a workplace that fosters healthy and supportive relationships. Through teamwork, respecting co-workers and recognizing personal contributions, we will meet this goal.

I will:

- Be flexible and willing to help others
- Work together with all departments to achieve success
- Be loyal to co-workers and not participate in gossip
- “Manage Up” by promoting and highlighting the strengths of others
- Understand how my attitudes and actions affect everyone with whom I come in contact

PROFESSIONALISM

We express respect and pride in serving our patients and community through our personal appearance and professionalism. Our manner and expression convey our commitment to provide quality patient care.

I will:

- Confidently apply my skills and knowledge
- Dress professionally and discreetly, adhering to the hospital and department dress code policies
- Wear identification badge always clearly visible, above the waist, with photo facing outward
- Pursue professional growth and development
- Remain respectful and sensitive in all situations

ACCOUNTABILITY

Accountability is taking ownership of one’s actions. We are dedicated to meeting and exceeding our professional responsibilities.

I will:

- Take ownership of my actions and decisions
- Acknowledge mistakes and actively seek resolutions
- Not make excuses or blame others
- Be aware of my surroundings and report misconduct
- Arrive on time and complete my assignments
- Not be wasteful of time or resources

SAFETY

Safety is everyone's responsibility. We are committed to creating and maintaining a clean, safe environment for our patients, their families, and our employees.

I will:

- Use equipment as intended and report any malfunctions
- Know the meaning of and how to respond to all safety codes
- Utilize security measures when appropriate
- Pick up trash rather than walk by it
- Understand and follow the National Patient Safety Goals

INNOVATION

Innovation is the process of creating and managing new ideas and methods to improve our healthcare system and services.

I will:

- Focus on creative solutions
- Seek a better way to improve organizational performance
- Challenge the status quo
- Make "Excellence" the goal in everything I do

RIGHTS

We will provide a secure and trusting environment. We will treat all information as confidential, recognizing its impact on patient care.

I will:

- Respect the privacy of others and access only the information needed to treat patients
- Not discuss personal information in public areas
- Knock on the door before entering a patient's room
- Address conflict with others in private
- Not impose my personal beliefs upon others
- Treat others how I want to be treated (Golden Rule)

COMMUNICATION

We will demonstrate effective communication with our patients, families, and co-workers to ensure a mutual understanding.

I will:

- Actively listen and ask when in doubt
- Be mindful of my body language
- Put a smile in my voice
- Seek interpretive services when needed
- Make sure what I have said is clear and understood
- Meet face-to-face, call when I cannot meet, and use written communication (e-mail) only as a last resort
- Ask if there is anything else I can do

You will be asked to verify that you understand that Roper St. Francis Healthcare is on a Journey to Excellence, which requires a commitment to these Standards of Behavior.

Commonly Used Abbreviations

ACU	Ambulatory Care Unit
ASU	Ambulatory Surgery Unit
AMB	Ambulatory Surgery Department
BSSF	Bon Secours St. Francis Hospital
C Diff	Clostridium Difficile
CAO	Chief Administrative Officer
CEO	Chief Executive Officer
CNO	Chief Nursing Officer
CNS	Clinical Nurse Specialist
CPO	Chest Pain Observation
CRH	Cardiac Rehab
CT	Computed Tomography (Scan)
DTC	Diabetic Training Center
ECH	Echocardiogram
ED	Emergency Department
EEG	Electroencephalogram
EHO	Employee Health Office
EKG	Electrocardiogram
EMR	Electronic Medical Record
END	Endoscopy
EVS	Environmental Services
HBO	Hyperbaric Oxygen Therapy
HIPAA	Health Insurance Portability and Accountability Act (Privacy Act)
HR	Human Resources
ICU	Intensive Care Unit
IS	Information Services
IT	Information Technology
JIOR	James Island Surgery Center
L & D	Labor & Delivery
LCSC	Lowcountry Senior Center
MOB	Medical Office Building
MPH	Mount Pleasant Hospital
MRI	Magnetic Resonance Imaging
NP	Nurse Practitioner
OB	Obstetrics
OPR	Outpatient Registration
OT	Occupational Therapy
OR	Operating Room
PA	Physician's Assistant
PACU	Post Anesthesia Care Unit
PASS	Pull Pin; Aim; Squeeze; Spray (Fire extinguisher)
PCT	Patient Care Technician
PCU	Progressive Care Unit
PPD	Purified Protein Derivative (TB test)
PT	Physical Therapy
RACE	Rescue; Alarm; Contain; Extinguish/Evacuate (Fire)
RNC	Registered Nurse Certified
RSFH	Roper St. Francis Healthcare
RT	Respiratory Therapy
SPCU	Surgical Progressive Care Unit
SPH	Speech Therapy
TB	Tuberculosis
WACC	West Ashley Cancer Center
WIC	Women's, Infants & Children

We use a lot of abbreviations in healthcare. You do *not* need to learn them all but may find this reference of commonly used abbreviations at Roper St. Francis Healthcare helpful.

Volunteer & Student Application

Thank you for your interest in the programs sponsored by the Roper St. Francis Volunteer Department. Contact the Volunteer Manager in the facility of interest regarding available positions and an interview **before** completing application paperwork. **PLEASE PRINT CLEARLY.**

Full Name: _____ Date of Birth: _____

Home Address: _____ (include zip code)

Phone: _____ E-mail: _____ (print clearly)

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Are you currently employed? ☐ Yes ☐ No If yes, where? _____

Do you have friends or relatives working for Roper St. Francis Healthcare? ☐ Yes ☐ No

If "Yes" give their name, relationship and department: _____

Have you worked as a volunteer before? ☐ Yes ☐ No

If yes, where? _____

Other current volunteer activities: _____

Do you anticipate being available to volunteer on a regular basis for a minimum of six months?

☐ Yes ☐ No

Special skills or talents you have to offer as a volunteer (typing, computer skills, languages etc.)

_____

Availability: Interests and time preferences: _____

Is there anything we need to consider in placing you in a volunteer assignment? _____

Have you ever been convicted, plead guilty, plead nolo contendere, or forfeited bond to a violation of any federal, state, county or municipal law, regulation or ordinance other than motor traffic violations? ☐ Yes ☐ No

Honesty is important. If "yes" please list the date and place of offense, the charges and disposition. (The existence of a criminal record does not constitute an automatic bar to volunteer placement):

_____

Note: *Adult volunteers require a National Background check done for security purposes.*

Are you a citizen of the U.S.A.? ☐ Yes ☐ No

If the answer is "No" are you legally permitted to work in the U.S.A.? ☐ Yes ☐ No

I understand that Roper St. Francis Healthcare reserves the right to accept or reject my application in its sole discretion and that the above statements made in this application are true. I understand that my service will be in accordance with the general personnel policies and guidelines of Roper St. Francis Healthcare. I understand that I may quit at any time with or without cause and should the Volunteer Manager feel that the interests of the hospital are best served by relieving me of my assignment or transferring me to another service, I agree to accept his/her decision as final.

Believing that the hospital has a real need of my services as a volunteer worker who serves without pay, I will uphold the Standards of Behavior and Mission of Roper St. Francis Healthcare.

Signature: _____ Date: _____

Students applying for Shadowing or Mentoring Programs fill in this section:

☐ Mentoring ☐ PT/OT Shadowing ☐ Coding Externship ☐ MHA

All students: What school do you attend?: _____ Educational level: _____

Career Interests: _____ # Hours you anticipate observing/serving? _____

Where do you hope to continue your chosen career? (Schools, university): _____

What year do you anticipate starting? _____

Comments: _____

Note: RSFH will not be responsible for any injuries to students which are not directly the result of RSFH negligence. Be advised thar, in the past, students have fainted while observing medical procedures. Students will participate in the program at their own risk. Any injuries or medical bills will be borne by the student or student's guardian.

Minors: Students 15 – 18 should fill in this section:

Why would you like to volunteer? (Mention hours needed for community service, required observation hours, etc.):

_____

Parent's Consent: My daughter/son has my permission to work as a student volunteer at Roper St. Francis Healthcare. I believe that he/she is physically able and mature enough to fulfill the duties to which he/she has been assigned and abide by the schedule, safety, infection control policies and privacy standards as outlined in the Orientation Handbook. Documentation of service hours and transportation is the student's responsibility. I understand that my signature is required for the necessary TB health screening and will provide documentation of childhood immunizations.

Parent or Guardian Signature: _____ **Date:** _____

Bring completed application with your paperwork to your orientation appointment:

Roper Hospital: Volunteer Office, 316 Calhoun St., Charleston, SC 29401	(843) 724-2080
Bon Secours St. Francis Hospital: Volunteer Office, 2095 Henry Tecklenburg Dr., Charleston, SC 29414	(843) 402-1156
RSF Mount Pleasant Hospital: 3500 Hwy 17 North, Mt. Pleasant, SC 29466	(843) 606-7694
RSF Berkeley Hospital: Volunteer Office 100 Callen Blvd., Summerville, SC 29486	(854) 529-3059

ROPER ST. FRANCIS HEALTHCARE

Personal Reference Request

Instructions: Give this form to someone who knows you well (not an immediate family member) to write a character reference for you. The completed form may be mailed, e-mailed or brought to your Volunteer Manager in a sealed envelope (see addresses on next page).

To whom it may concern: You have been asked to serve as a reference by the following applicant who is being considered for a volunteer or student observer position at Roper St. Francis Healthcare.

Applicant's Name: _____ **Facility**: _____

A prompt reply on this form will be appreciated and allow us to complete our evaluation. All information will be considered confidential. We are looking for people who are kind, honorable, honest and respectful of our patients. The signed recommendation letter may be placed in a sealed envelope or mailed or emailed to the appropriate facility. The letter may also be written on your letterhead.

How long have you known this individual? _____

In what capacity, have you known this individual? _____

_____

How would you describe the individual's character and reputation? _____

_____

_____

Additional information concerning this individual's reliability, initiative, and abilities: _____

_____

_____

Signature: _____ **Date**: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please mail or e-mail your personal reference request to one of the following addresses where the volunteer/student will be volunteering/shadowing:

- **Bon Secours St. Francis Hospital:**
  Volunteer Office, 2097 Henry Tecklenburg Dr., Charleston, SC 29414 or Volunteerstfrancis@rsfh.com
- **Roper Hospital:** Volunteer Office, 316 Calhoun St., Charleston, SC 29401 or Volunteerroper@rsfh.com
- **RSF Mount Pleasant Hospital**: Volunteer Office, 3500 Hwy 17 North, Mt. Pleasant, SC 29466 or VolunteerMPH@rsfh.com
- **RSF Berkeley Hospital**: Volunteer Office, 100 Callen Blvd, Summerville, SC or VolunteerBerkeley@rsfh.com

Volunteer Department Core Competency Quiz

Name: _____ Date: _____

Mission:

1. What is the Mission of Roper St. Francis Healthcare?

_____

General Policies & Dress Code:

2. It is important to be identified to your role and always record your hours while on duty.
   ☐ **True** ☐ **False**
3. You are expected to be polite, pleasant, and cooperative even in times of stress.
   ☐ **True** ☐ **False**

Health Services:

4. If you are injured on the job, you should:
   ☐ a) Report the incident to your supervisor and the Volunteer Manager.
   ☐ b) Seek medical attention in the Emergency Department if indicated.
   ☐ c) a & b
5. Flu shots are required annually while you are an active student/volunteer.
   ☐ **True** ☐ **False**

Confidentiality & HIPAA:

6. Should you give out any information concerning a patient's admission or medical condition?
   ☐ **Yes** ☐ **No**
7. Should you tell your neighbor's wife that her husband has just been brought to the hospital?
   ☐ **Yes.** You would want to know in the same situation.
   ☐ **No.** Tell the nursing staff that you know the patient's wife and offer to help if they need to find her.
8. Should you stop by your close friend's husband's room?
   ☐ **Yes.** You have known him for years and he would love to see you.
   ☐ **No.** If you only learned of his stay by looking at a hospital report you shouldn't go into the room unless your job takes you there.
9. What should you do with patient information you are finished with?
   ☐ a) Throw it in the trash.
   ☐ b) Make sure it gets shredded.
10. When are you allowed to repeat protected health information that you hear on the job?
    ☐ a) After you no longer work at the hospital.
    ☐ b) After the patient dies
    ☐ c) Only if you know the patient won't mind.
    ☐ d) Only when it is necessary to do your job.

Safety:

11. The main emergency number inside the hospital is: _____ (four-digit number)
12. Can you use an elevator during a fire alarm? ☐ **Yes** ☐ **No**
13. If you discovered a fire, after activating the alarm by calling 2911 or pulling a fire handle, your role is to await direction from the staff? ☐ **Yes** ☐ **No**
14. Match the following by placing the letter next to the correct Alert:

a) Mass Casualty Incident. Please prepare your departments.	___ Facility Alert
b) A fire alarm has been activated + location	___ Security Alert
c) Security assistance is needed + location. Avoid the area	___ Medical Alert
d) Code Blue + location	___ Medical Alert

Infection Control:

15. What is the most crucial factor in preventing the spread of infection? _____
16. You should avoid contact with blood and body fluids. ☐ **Yes** ☐ **No**

Population Specific Care:

17. In caring for elderly patients, it is important to:
    - ☐ a) Keep the environment safe
    - ☐ b) Raise the side rails on the beds
    - ☐ c) Keep the bed in a low position
    - ☐ d) All the above.

Body Mechanics:

18. When lifting an object, it is important to:
    - ☐ a) Ask for assistance with heavy work
    - ☐ b) Push heavy objects rather than pull them
    - ☐ c) Keep heavy objects close to your body
    - ☐ d) All the above
19. I received and reviewed the Volunteer/Student Orientation Handbook and have been given an opportunity to ask questions. ☐ **Yes** ☐ **No**
20. **Photographs:** Pictures of volunteers and students in action and at events are often used in our newsletter and RSF system publications. Photos may be sent to area publications. May we include photographs in which you are included? ☐ **Yes** ☐ **No**
21. I have read and understand that my continued service under the Volunteer Department depends on compliance with the RSFH **Standards of Behavior**. ☐ **Yes** ☐ **No**

I understand and agree:

Meal Allowance: Consider that the hospital is contributing up to $10 ***towards*** one visit/meal consisting of cafeteria prepared (not bar coded) food for service volunteers.

Initial Understanding: _____

Mandatory Flu Shot: I understand flu shots are a mandatory requirement during flu season. I will get my flu shot each year before 12/1 and/or provide documentation.

Initial Understanding: _____

HIPAA: It is against the law to share private and health information about our patients.

Initial Understanding: _____

Confidentiality Reminder

Volunteers and students may have access to confidential information. You may be subject to inquiries from other volunteers, students or personnel from outside the hospital, but you must not divulge confidential information to anyone unless such information is normally communicated as part of your volunteer work assignment according to hospital policy. I understand that the release of confidential information to unauthorized individuals is grounds for dismissal from the program.

Initial Understanding: _____

I attest that I have answered the above questions in all honesty and to the best of my ability.

Signature: _____ *Date:* _____

Training Review

Initial & date each topic to confirm review and understanding of the topic as you proceed through training. Ask any questions to clarify. Sign and date bottom.

Position Description: **General Duty/Clerical Volunteer**	Competency: **Reviewed requirements in Volunteer Handbook; discussion including expectations/responsibilities. Given opportunity to ask questions.**
Department: **Volunteer**	
Reports To: **Area Department Volunteer Contact**	
Facility: **RSFH System**	

*Initial & date **each** topic to confirm review and understanding:*

Handbook Review	**Initial**	**Date**
• Standards of Behavior/Mission • The Right Thing To Do • Dress Code • On-the-Job Injury • Privacy/HIPAA • Parking • Cafeteria/Meals • Signing in/out • Aware to notify manager of any change in activity, status or role		
Safety • Fire/Safety Codes • Body Mechanics • Infection Prevention/Hand Hygiene		
Equipment • Telephone use • Wheelchair Safety		
Closure/End of Service • Aware that the manager must be notified and ID badge returned at end of service		
Health Screening • Aware to follow-up with Employee Health Office for 2nd TB if required • Annual Flu shot		

Note: General Duty Volunteers do not offer direct patient care. General duty/clerical volunteers offer general support to staff and patients. Acceptance pending cleared background results.

Complete and sign here:

Signature: _____ Date: _____

Manager's Notes:

Orientation & Processing: ☐ Individual ☐ Group ☐ HIPAA Video
☐ Facility Tour (restrooms, lockers, parking, cafeteria guidelines)

Comments:

Volunteer Manager Signature: _____ Date: _____

Position Description

Position Description: **General Duty/Clerical Volunteer**	Department: **Volunteer**
Reports To: **Area Department Volunteer Contact**	Facility: **RSFH System**

Job Summary: Assisting staff with clerical work and errands and visitors with non-medical support.

Time Commitment: 3-4 hour shifts on a minimum of once a week schedule. Student volunteers/ minors over the age of 15 may serve 2-4 hours as needed and scheduled.

General Duties may include:

- Sign in and out in the Volunteer office
- Notify staff of arrival and departure
- Record hours as instructed with the Volunteer Office
- Answer phones in a professional manner and relay messages accurately
- Assist with filing, faxing and photocopying as requested and instructed
- Give directions accurately and escort when able
- Pick up and deliver mail to mailroom
- Do not enter the rooms of patients under Isolation Precautions
- Assist with non-medical wheelchair transportation
- Be familiar with department locations
- Follow proper hand hygiene practices
- Plan for absences
- Notify manager of any change in status or role
- Welcome, direct and escort visitors when able
- Notify manager of any change in status or role
- Completion of service: Notify Volunteer Office and return ID badge

Knowledge/Skills:

- Must possess basic knowledge of all relative safety codes, i.e. OSHA, Infection Control, HIPAA regulations and know how to contact emergency help.
- Requires the ability to work well with all levels of patients, the public and other health care professionals. Knowledge of floor plan and location of departments.

Other:

- Neat appearance and the ability to maintain confidentiality.

Contacts:

- Constant interaction with employees, physicians, patients and family members.
- General duty volunteers do not offer direct patient care.

Work Demands/Environment:

- Occasional bending for files, walking and light lifting.
- Requires the ability to see, hear and speak clearly.

Teammate Health - Volunteer

You must be cleared by RSFH Teammate Health before you begin your volunteer service or student/observation experience. Your manger will guide you. Bring the following documents to your appointment:

- **Immunization records** (childhood immunizations – measles, mumps, chickenpox, Hep B etc.) for the nurse to review. **Students must bring their records**. Adults with no access to records may have titers drawn to document immunity. Bring COVID-19 vaccination card.
- **TB tests:** If you had a TB test within the last year, bring those results. If not, the first of two TB skin tests will be done. You must plan to return to have the TB skin test (PPD) read between 48 – 72 hours. If the TB test is not read, it must be repeated. Parent/Guardian signature below and presence required for initial visit for minors (under 16 years of age).
- **Flu:** Bring flu shot documentation during flu season (September-March). Flu shots are mandatory during flu season.
- Call specific location for your appointment but you may use this general email to send any follow up records: employeehealth@rsfh.com
- **Important: Call stating**: "*I am a new volunteer or student/observer coming onboard and need to schedule my health screening.*

Roper Hospital: Roper Medical Office Building Suite 280 Mondays and Wednesdays: 7:30 a.m. – 3 p.m. **Phone:** 843-724-2131	**Mount Pleasant Hospital:** New location inside Medical Records 1-2 Wednesdays per month: 7:30 a.m. – 3 p.m. **Phone:** 843-606-7666
Bon Secours St. Francis Hospital 1st Floor East MOB, Nursing Resources Suite Tuesdays and Fridays: 7:30 a.m. – 3 p.m. **Phone:** 843-402-1155; Fax: 843-402-1388	**Office Park:** 8536 Palmetto Commerce Parkway, Ladson, SC 29456 Monday through Friday 7 - 7:30 a.m. for All Lab Work and PPD also 3 - 3:45 p.m. for PPD's Only **Phone**: 843-203-2255 **Fax**: 843-203-2262

Primary Service Location:

□ Roper Hospital □ Bon Secours St. Francis Hospital □ Mount Pleasant Hospital □ Roper Berkeley □ _____

Status: □ Service Volunteer □ Student/Observer □ Hospice Volunteer

Name:

First: _____ Middle: _____ Last: _____

Street Address: _____(include zip)

Cell Phone: _____ Date of Birth: ___/___/_____ SSN: _____ Email:_____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Tuberculosis Screening			
What was the result of your last (TB) PPD skin test?	□ **Positive**	□ **Negative**	□ **Unsure**
Have you ever been exposed to anyone with TB?	□ **Yes**	□ **No**	□ **Unsure**
Do you have leukemia, lymphoma or another cancer?	□ **Yes**	□ **No**	□ **Unsure**
Have you been told that you have a disease of the immune system?	□ **Yes**	□ **No**	□ **Unsure**
Have you experienced unexplained weight loss?	□ **Yes**	□ **No**	□ **Unsure**
Do you feel fatigued most of the time?	□ **Yes**	□ **No**	□ **Unsure**
Have you had a recent fever?	□ **Yes**	□ **No**	□ **Unsure**
Do you have night sweats?	□ **Yes**	□ **No**	□ **Unsure**
Do you have a persistent cough, (dry, wet or bloody?)	□ **Yes**	□ **No**	□ **Unsure**

Authorization for Treatment:

I hereby voluntary request, authorize and consent to medical care, diagnostic procedure and medical treatments as deemed appropriate by and delivered by RSF medical providers, related to the health problem(s) for which I have sought the services of RSF. I further consent to have all relevant results and records of these diagnostic procedures and treatment forwarded to RSF. I further authorize RSF to obtain my medical records, x-ray reports, physical therapy results, laboratory reports or other health related information deemed necessary to allow the RSF medical provider to appropriated diagnose and/or treat my medical condition (s) and/or assess my ability to work. I understand that I am financially responsible to RSF for charges not covered by my employer. In doing so, I hold harmless RSF and its medical care providers from any liability regarding the release of information to RSF, the insurance company for said company, the cost containment company for said company or carrier, or any other party as required by law. A photocopy or facsimile copy of this release is effective as an original document.

Volunteer/Student Signature: _____ Date: _____

Guardian Signature (for minors): _____ Date: _____

ROPER ST. FRANCIS HEALTHCARE

Vaccine Documentation

Administration Record: Seasonal Influenza Vaccine

Please use Legal Name and Print.

☐ Employee

☐ Licensed Independent or Allied Health Practitioner (and non-employee MDs)

☐ Contracted Service/Name of Service _____

☐ Volunteer

Name: Last _____ First _____Middle Initial _____

Cell/Home Phone: _____ **Work Phone:** _____

RSFH Employee # or SS# (required) _____

Date of Birth: _____ /_____ / _____

VACCINE DOCUMENTATION					
Manufacturer:	**Lot #:**	**Exp Date:**	**Dose:**	☐ **Left Deltoid**	☐ **Right Deltoid**

Administered by: _____

Location: _____

Date: _____

Volunteers/Students:

Review all forms and complete this form for your Background Check

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Please list all addresses for the past seven (7) years

PLEASE PRINT CLEARLY OR TYPE

Applicant Name: (First, Middle, Last)	**Current Street Address:** Date on_____ date until_____
Other Name(s) Used: (e.g., Maiden)	**City/State/Zip:**
Social Security Number:	**Former Address: (1)** Date on_____date until_____
Sex: **Race:**	**Former Address City/State/Zip:**
Driver's License No.: **State of Issue:**	**Month / Day / Year of Birth:**
Former Address: (2) Date on_____ date until_____	**Former Address: (3)** Date on_____ date until_____
Former Address: (4) Date on_____ date until_____	**Former Address: (5)** Date on_____ date until_____

Please list the highest level of education achieved: _____

School Attended: _____

School Location (City/State): _____

Name used While Attending School: _____

Date of Graduation/Degree Earned: _____

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT CONSUMER REPORT DISCLOSURE

In connection with your relationship with *Roper St. Francis Healthcare,* we may procure consumer reports about you for employment purposes.

FAIR CREDIT REPORTING ACT INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your application for employment and/or your ongoing employment with *Roper St. Francis Healthcare* (the "Company"), we may obtain "investigative consumer report(s)" that include information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable.

If the Company obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report which may involve personal interviews with sources such as your neighbors, friends, or associates. Upon your written request to the Company, you are entitled to receive additional disclosures regarding the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act (FCRA). You may also obtain a summary of your rights under the FCRA at *https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.docx*.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby authorize *Roper St. Francis Healthcare* (the "Company"), now or at any time while I am in a relationship with the Company, to obtain consumer report(s), or investigative consumer report(s), about me. This authorization does not authorize the release of medical information.

_____ _____

Applicant's Signature Today's Date

_____

Applicant's Name Printed

STATE-SPECIFIC CHOICES, DISCLOSURES AND NOTIFICATIONS

State-specific consumer choices:

- California – If you are a California resident or applying in the State of California, in addition to this disclosure/authorization, please review the "California Disclosure Concerning Investigative Consumer Reports Obtained for Employment Purposes", the California Applicants---Investigative Consumer Report Acknowledgment and Authorization, and, if applicable, disclosures related to obtaining credit reports for employment purposes.

- Minnesota – If you are a Minnesota resident or applying at a location within the State of Minnesota, you have a right to obtain a copy of the consumer report by checking this box. ☐

- Oklahoma – If you are an Oklahoma resident or applying at a location within the State of Oklahoma, you have a right to obtain a copy of the consumer report by checking this box. ☐

Additional Notices Required by State Law (if applicable).

- Maryland – If you are a Maryland resident or applying for employment at a location within the State of Maryland, you have the right to request additional disclosures from the Company regarding the nature and the scope of the requested investigation.

- Massachusetts – If you are a Massachusetts resident or applying for employment at a location within the State of Massachusetts, you have the right to request a copy of the investigative consumer report from the consumer reporting agency. The requested investigation on you will cover *[insert description of the precise nature and scope of the requested investigation]*. The consumer report obtained as part of this application for employment may contain public record information that is reported to *[name and address of the Company]*.

- Minnesota – If you are a Minnesota resident or applying for employment at a location within the State of Minnesota, you have the right to request additional disclosures from the consumer reporting agency regarding the nature and scope of the consumer report.

- New Jersey – If you are a New Jersey resident or applying for employment at a location within the State of New Jersey, you have the right to request a copy of the report from the consumer reporting agency. The requested investigation on you will cover *[insert description of the precise nature and scope of the requested investigation]*.

- New York – If you are a New York resident or applying for employment at a location within the State of New York, you have the right to send a written reques to the Company for information on whether or not an investigative consumer report was requested, and if such report was requested, the name and address o the consumer reporting agency to whom the request was made.

- Rhode Island – If you are a Rhode Island resident or applying for employment at a location within the State of Rhode Island, the Company may request a credit report from a consumer reporting agency in connection with your application.

- Washington – If you are a Washington resident or applying for employment at a location within the State of Washington, you have the right to request from the Company additional disclosures of the nature and scope of the investigation requested and a written summary of consumer rights prepared under the laws of the State of Washington.

CALIFORNIA DISCLOSURE
CONCERNING INVESTIGATIVE CONSUMER REPORTS OBTAINED FOR EMPLOYMENT PURPOSES

In connection with your application for employment with _____ ("Company"), the Company may obtain an investigative consumer report about you, as defined in the California Investigative Consumer Reporting Agencies Act, Cal. Civ. Code §1786 *et seq.* for employment purposes, which may include information as to your character, general reputation, personal characteristics, and mode of living. The requested investigation on you may include, but not limited to, one or more of the following: Social Security Number trace, civil court records, public records, education history verification, employment history verification, motor vehicle driver license, accident history, professional credentials, residential address history, nationwide wanted person check, and/or sex offender registry check.

The report will be provided by CARCO Group, Inc. also known as Cisive, 5000 Corporate Court, Suite 203, Holtsville, New York 11742, a consumer reporting agency; telephone number 1-800-645-4556; website, www.cisive.com.

Information You May Request If An Investigative Consumer Report Is Obtained (Summary of Cal. Civ. Code § 1786.22)

If the Company obtains an investigative consumer report on you, you may inspect or obtain a copy of your file and certain other information that is maintained by Cisive. In addition to making your file available for your inspection, Cisive will identify the recipients of any investigative consumer report on you that Cisive has furnished for employment, insurance, or any other purpose within the three-year period preceding your request, and the dates, original payees, and amounts of any checks or charges upon which any adverse characterization of you that may be included in your file is based.

During normal business hours and on reasonable notice, Cisive will make your file and other information available to you as follows:

(1) In person, if you appear in person and furnish proper identification. A copy of your file will also be available to you for a fee not to exceed the costs of duplication.

(2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee but, in complying with such a request, Cisive will not be liable for disclosures to third parties that may be caused by mishandling of mail after such mailings leave Cisive.

(3) Cisive will provide a summary of all information contained in your file which Cisive is required to provide to you, by telephone, if, with proper identification, you have made a written request for telephone disclosure, and you have prepaid, or had charged directly to you, any toll charge for the telephone call.

“Proper identification” as used above means that information generally deemed sufficient to identify a person, including documents such as a valid driver’s license, social security account number, military identification card, and credit cards. You may be accompanied by one other person of your choosing who shall furnish reasonable identification. Cisive may require you to furnish a written statement granting Cisive permission to discuss your file in such person’s presence.

Cisive will provide trained personnel to explain to you any information Cisive provides to you, and will provide a written explanation of any coded information contained in your files.