



1. **Procedures for volunteers**

A. Confidential Information.

All information about patients or staff is confidential! Repeating, revealing, or sharing confidential patient or hospital information to unauthorized individuals constitutes grounds for immediate dismissal. Never ask a patient about his/her illness.

B. Parking.

All volunteers should park at the south end of the building or in the lower lot. Upper lot parking is reserved for patients only.

C. Dress and Appearance.

Volunteers should dress in a casual professional manner. Your volunteer badge should be visible and worn at all times when in the hospital. No jeans, t-shirts with inappropriate material, or revealing clothing is permitted. Shoes should be comfortable and sensible for the environment in which the volunteer will work. No flip-flops (shower shoes) may be worn in the hospital at any time.

D. Arrival/Departure

Volunteers must sign-in and sign-out at the Patient Access Desk between the hours of 9-5, Monday through Friday. If volunteering at other times, please sign-in and sign-out at the Patient Access Desk at the registration area. If you are off-campus, follow the volunteer sign-in and sign-out procedures at the facility.

E. Attendance.

If you are scheduled to volunteer and must miss your scheduled time, contact the Volunteer Coordinator at (304) 329-1400 x 366 AND the department in which you are volunteering.

F. Personal Belongings.

You should ask the supervisor of the department in which you are volunteering where to leave your personal belongings. If you bring valuables to the hospital, you do so at your own risk.

G. Tobacco Use.

PMH is a smoke-free campus. If you choose to use tobacco, you must do so at the designated areas OFF the campus of PMH.

H. Phone Use.

Hospital telephones are to be used for hospital business only. PLEASE note that cell phones are to be used at a minimum and NEVER in patient care areas.

I. Tips and Gratuities.

Volunteers are NEVER allowed to accept tips or presents from patients, their families, or friends.

J. Solicitation.

PMH has a strict no solicitation policy. If you would like to know if your cause is accepted under this policy, contact the Human Resources department to clarify.

K. Accidents.

Volunteers must report all injuries, regardless of how minor they may seem. Tell your immediate supervisor for an incident report to be completed. Treatment for injuries received while volunteering will be treated in the Emergency Department at NO CHARGE to the volunteer if reported immediately.

L. Termination.

Volunteers must notify the Volunteer Coordinator when they plan to terminate an on-going volunteer placement. An exit interview will be required and the information gained will be confidential and used for improvement purposes within the hospital. Return volunteer badges and any other property of PMH that you have borrowed while a volunteer.

2. Volunteer benefits.

A. Meals.

Volunteers are eligible for one free meal (value of \$4.00) after four (4) hours of volunteer service. You may choose either lunch, or dinner. One meal per day is allowed.

B. Awards.

Volunteers will receive recognition for time donated to the hospital at a yearly banquet held in April.

Junior Volunteers will receive a pin after 25 hours of service. After 100 hours of service, a gold star pin will be received. For every 100 hours thereafter, a gold star pin will be received.

All other volunteers will receive a pin after 25 hours of service. Gold bar pins will be received for increments of 100, 500, 1000 hours. After 5 years, volunteers will receive a 5 year bar pin. Gold bar pins will be received at increments of 5 years thereafter. After 25 years of volunteer service, a Life Member pin will be received.

Students who are receiving course credit or fulfilling academic requirements will not receive pins for service unless the service hours exceed the requirements for academic programs.

C. Fitness Centers.

After 25 hours of volunteer service during a 12 month period, a FREE membership may be obtained to visit any of the three (3) fitness centers. Locations are Kingwood, Reedsville, and Bruceton Mills. PMPT will verify hours with the Volunteer Coordinator before granting the membership.

3. Guidelines and regulations.

A. Behavioral expectations.

Volunteers are expected to conduct themselves in a professional manner. Knock before entering areas, speak quietly in patient care areas, and be friendly, approachable, and kind. While in the hospital, you are representing yourself AND the hospital because we have selected you to volunteer here.

B. What NOT to do.

- Volunteers should never sign for anything in the hospital. This includes deliveries, medication, or any other form that is used for professional hospital business.
- Volunteers should never ask a doctor or nurse for professional advice without going through the proper channels.
- Volunteers should never perform tasks that you are unclear of or are untrained to do.
- Volunteers should never handle patient charts, unless the department requires it.
- Volunteers should never do anything that could cause harm to anyone in the facility, including themselves.

C. Fire plan.

In case of a fire, remember RACE. Ask your supervisor for specific directions about how to conduct yourself in case of fire. Know where exits are and where extinguishers are located throughout the building. ASK YOUR SUPERVISOR FOR DETAILS FOR EACH DEPARTMENT.

D. Disasters.

If you are a registered disaster volunteer with the hospital, you will be called and specific directions will be provided depending on the emergency situation.

E. Mandatory volunteer responsibilities, regardless of department.

Be dependable. Be listening. Be learning. Be a team player. Be fair.
Be professional. Be open to supervision.



HIPAA Information

Health Insurance Portability and Accountability Act requires that hospitals and health professionals follow specific guidelines. You should know the following:

- Protected Health Information (PHI) is identifying information. It is confidential and protected. It includes forms, conversations, email, and fax correspondences. Specific identifiers are items such as: names, addresses, birthdates, social security numbers, photos, insurance numbers, license numbers.
- PHI can be obtained without authorization under certain circumstances. These include: when required by law, public health activities, abuse/neglect/domestic violence, health oversight, judicial procedures, law enforcement purposes, deceased individuals, special government purposes, and worker's compensation.
- How to protect patient information.
Close curtains when speaking with patients. Keep your voice down.
Avoid discussions with other people about patients' information.
Do not leave information unattended.
Log off computers when finished.
Never throw private information in a regular trash container.



Infection Control Information

1. Volunteers must follow good personal hygiene habits.

Handwashing is the single most effective way to prevent infections. Wash hands before and after duty, before eating, after lavatory visits, between patients and at any other time during which the hands may be soiled.

2. Volunteers are required to have PPD, Rubella, and other contagious disease tests as determined necessary, initially and annually. Volunteers with any form of communicable disease, (respiratory infections, diarrhea, boils, etc), should NOT report for duty until recovered. They are to call their assigned department manager as well as the Volunteer Coordinator to report their absence. Volunteers with colds or fevers cannot have patient contact.

3. Special Precautions

It is not always possible to tell which patients have infections. Body substances from ANY OR ALL patients are to be considered infectious and special care must be taken at ALL times.

- a. Wear disposable gloves any time in contact with blood or other body fluids occurs; for example, when handling items or coming in contact with surfaces soiled by blood or body fluids or when touching mucous membranes or broken skin. DO NOT REUSE DISPOSABLE GLOVES.
- b. Wear a gown or apron to protect your clothing from blood or body fluids. Masks and eye protection devices are available from the hospital. See your department supervisor to obtain such items.
- c. Wash hands and other skin surfaces immediately after contacting blood or body fluids and removal of gown or gloves.
- d. DO NOT HANDLE SOILED LINEN.
- e. Never reach into a waste container or basket.
- f. If exposed to blood or body fluids, wash immediately and quickly report the exposure to the nearest supervisor.

NEVER ENTER AN ISOLATION ROOM.



Preston Memorial Hospital Codes to Know

Overhead paging codes are used when there is an emergency. Please note the following codes:

CODE AMBER:	Infant/Child Abduction
CODE BLACK:	Bomb Threat
CODE BLUE:	Code Team, Cardiopulmonary Arrest
CODE GRAY:	Security Issue
CODE ORANGE:	Hazardous Material
CODE RED:	Fire
CODE TRAUMA:	Full Trauma Team Activation/Response
CODE TRIAGE:	Standby or Activate or Cancel
CODE WALKER:	Missing Adult Patient
CODE WEATHER:	Inclement Weather
CODE WHITE:	Helicopter Expected

During a code white, volunteers should never go to the heliport or get in the way of the patient transport team.



Hospital Safety Information

FOR ADMINISTRATIVE AND OFFICE AREAS

1. Do not lift or move computers, printers, typewriters, bulk supplies, or any other heavy pieces of equipment without help. Call Maintenance to request the moving of file cabinets, desks and similar large and/or heavy items of furniture.
2. Do not stand on chairs with wheels or on folding chairs at any time.
3. Keep all drawers and chairs pushed in under the desks and tables so as not to create stumbling hazards.
4. All electrical power cords should be taped out of the way and not allowed to lay in the aisles or other areas where people walk.
5. Drawers should be kept closed at all times when not actually in use.
6. Do not open more than one file cabinet drawer at a time.
7. Keep aisles clear of debris - papers, paper clips, pencils, and other tripping hazards.
8. Keep stored items orderly. Nothing should be permitted within eighteen (18) inches of a ceiling in order to insure proper operation of the fire sprinkler heads.
9. Notify your supervisor of all safety hazards so that they can be corrected.
10. Report all equipment which you think may be defective to your supervisor.

GENERAL SAFETY RULES FOR ALL AREAS

1. **The use of extension cords and multiple outlet adapters is prohibited throughout the hospital except for temporary installations.**
2. All spilled liquids must immediately be cleaned up by the person who created the spill. If circumstances do not permit this, then Housekeeping Department personnel will be promptly called to clean up the area. Under either circumstance, the person who created the spill is responsible for the clean up. A "Wet Floor" sign is to be used.
3. Beverages may not be removed from the cafeteria or vending area unless the container is tightly covered with a lid.
4. Open doors slowly. There may be somebody on the other side.
5. Walk down the center of corridors passing oncoming traffic by moving to the right.
6. Promptly notify your supervisor of defective equipment and other safety hazards.
7. All aisles and corridors are to be kept free of obstructions in order to provide clear and safe exits in case of an emergency.
8. All hospital staff are responsible for knowing his/her responsibility in the event of a fire or disaster alert.

9. All fires and/or presence of smoke must be immediately reported (Emergency Preparedness Manual, "Fire Internal Disaster").
10. Do not run in the hospital or employee's specific department.
11. Do not sit in wheelchairs or on stretchers.
12. Do not ride on carts or any other hospital equipment.

GENERAL PATIENT SAFETY

1. Upper SIDE RAILS must be available on patient beds and should be up at all times.
2. GURNEYS must have safety rails in the up position whenever transporting patients.
3. When indicated, use a restraint while transporting patients in WHEELCHAIRS **as per physician's order.**
4. Observe the hospital no smoking policy.
5. Visitors are to observe safety precautions particularly when oxygen is in use.
6. Patient supplied electrical devices and those in critical care areas must be safety checked by the Facilities Services Department prior to allowing them into the patient's room. The Facilities Services Department will place a safety inspection decal on the inspected devices.

The following items are prohibited under any circumstances:

- Electric Blankets
 - Electric Heating Pads
 - Communication Transmission Devices (i.e., radio, cellphone).
7. HANGING PLANTS are NOT permitted in patient rooms.
 8. INFECTION CONTROL POLICIES must be strictly enforced. Refer to the Infection Control Manual.



**PRESTON HEALTH CARE CORPORATION
SECURITY AND CONFIDENTIALITY AGREEMENT**

As a volunteer, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
2. I will treat all information received in the course of my volunteering as confidential and privileged information.
3. I will not access patient information unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding patients to any person or entity, other than as necessary to perform my job, and as permitted under the HIPAA policies.
5. I will not log on to any of the computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off the computer as soon as I have finished using it.
9. I will not use e-mail to transmit patient information unless I am instructed to do so by the Privacy Officer.
10. I will not take patient information from the premises in paper or electronic form without first receiving permission from the Privacy Officer.
11. Upon cessation of my volunteering, I agree to continue to maintain the confidentiality of any information I learned while a volunteer and agree to turn over any keys, access cards, or any other device that would provide access to the hospital or its information.

I understand that violation of this agreement could result in disciplinary actions, with includes dismissal and may result in civil and/or criminal proceedings.

Name (Print)

Date

Name (Signature)

Supervisor/Privacy Officer



Photo/Video/Interview Release

Authorization for Disclosure of Information to the Media

I, _____, authorize Preston Memorial Hospital, Preston Memorial Medical Group, and/or Preston Memorial Foundation to use or disclose the following information, including photographs, videos or other images.

- I agree to be interviewed.
- I agree to be photographed or videotaped.

I authorize Preston Memorial Hospital, Preston Memorial Medical Group, and/or Preston Memorial Foundation to receive this information for the following purposes:

- News story or advertisements (TV, radio, newspapers, magazines).
- Health care communications and other stories that will be seen or read by the public.
Examples: billboards, bulletin boards, displays, newsletters, programs, etc. _____
- Other: _____

I (check one) _____ do/_____ do not wish to be identified by name.

Please identify any other restrictions: _____

NOTICE

Preston Memorial Hospital, Preston Memorial Medical Group, Preston Memorial Foundation and other individuals and organizations, such as physicians and health plans, are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS

Your authorization to use or disclose your health information is voluntary. Your treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing or refusing to sign this Authorization. You may revoke this Authorization at any time. The revocation must be in writing, signed by you, and delivered to Preston Memorial Hospital, telephone number 304-329-1400 ext. 742. The revocation will take effect when Preston Memorial Hospital, Preston Memorial Medical Group, or Preston Memorial Foundation receives it.

EXPIRATION

Unless otherwise revoked, this Authorization shall expire on _____ (insert date or event). If no date or event is indicated, this Authorization shall expire 12 months after the date of signing this form.

SIGNATURE

Signature (Patient or Signature of Legal Representative) /Relationship

Date

Printed Name

Birth date

Phone Number

Address

Witness or Interpreter



Name: _____ Phone: () _____ Position: _____

Last First MI

Date of Birth: _____

Past Medical History

Have you ever had any of the following? Circle all that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Muscular Disease | <input type="checkbox"/> Kidney Disease/Stones |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Back or spine injury/pain | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Lung problems | <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Stomach ulcers | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Gastro-intestinal problems | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Hernia/Rupture | <input type="checkbox"/> Hepatitis/ Jaundice | <input type="checkbox"/> Addiction to Drugs |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Vision problems | <input type="checkbox"/> Addiction to Alcohol |
| <input type="checkbox"/> Chest pain / Palpitations | <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Malignant hyperthermia | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Reaction to latex | | | <input type="checkbox"/> Other _____ |

Are you currently taking any medications or under treatment for any disorder? Please list medications:

Do you have any drug allergies? Please List: _____

Other Allergies? Please list: _____

Indicate the dates when you received the following immunizations:

Hepatitis B series _____ Tetanus _____

Last TB skin test _____ Have you ever had a positive TB skin test? ____ Yes ____ No

The above information is correct to the best of my knowledge and I withheld nothing that would, if disclosed, affect this history unfavorably. I understand that misrepresentation or omission of facts on this history is cause for removal of volunteer status. I give the staff of Preston Memorial Hospital permission to administer all vaccinations and perform/order tests as needed, as directed by the Medical Director of Employee Health.

Volunteer signature: _____ Date: _____
 (Junior Volunteers must obtain PARENT/GUARDIAN signature for health screening.)

Parent/Guardian signature: _____ Date: _____



Orientation Verification Signature Page

By providing my signature below, I verify that I have read, understand, and will follow the volunteer regulations provided to me by Preston Memorial Hospital. If I have questions, I understand that I should contact the Volunteer Coordinator or my direct supervisor in the department in which I am volunteering.

I completed my orientation online. _____

I completed my orientation in person at PMH. _____

Name _____

Date _____