



Volunteer Program Annual Orientation Quiz

NAME: _____ **Date:** _____

Complete this form and bring to the Volunteer Office.

1. Who do you call if you will be late or absent?

2. What is the volunteer uniform and dress code?

3. Explain HIPAA as it relates to you as a volunteer?

4. What is considered identifiable Protected Health Information (PHI)?

5. What is Confidentiality and Privacy?

6. What is the single most effective way to protect against infection?

7. What is an INCIDENT and what do you do if it occurs while you are volunteering?

8. What do you do if an accident or anything unusual occurs while volunteering?

9. How many absences can you have over a three-month period?

10. Where can you find the **emergency codes** and **manual** in the event of an emergency?

11. What does **CODE RED** represent and **R-A-C-E** stand for?

12. **P-A-S-S** refers to pulling a fire extinguisher in the event of a fire. It represents: **Pull - Aim - Squeeze - Sweep.**

True False

13. How do you maintain sensitivity to Cultural Diversity?

14. Under what circumstances and how do you contact security?

15. What is the **MSDS manual** and when is it used?

16. Under rules for volunteers, what are some of the things you should do or not do to avoid crossing boundaries with patients & their families?

17. What do the following codes mean:

- a. Code Blue: _____
- b. Code 36: _____
- c. Code Lindbergh: _____
- d. Code 13: _____

The Joint Commission (TJC) on accreditation of healthcare organizations has been accrediting healthcare organizations for more than 50 years. The Joint Commission evaluates the quality and safety of care for more than 15,000 healthcare organizations. TJC requires all hospital staff and volunteers to know the above information. You can be questioned at any time by a TJC representative while volunteering. Thank you.

MY SIGNATURE MEANS I HAVE READ AND KNOW ALL THE INFORMATION IN THE VOLUNTEER ORIENTATION HANDBOOK.

VOLUNTEER SIGNATURE: _____ **DATE:** _____



**MIAMI
CHILDREN'S
HOSPITAL**

We're here for the children **Volunteer ANNUAL Orientation Checklist**

Instructions: Initial each item as you learn the information or procedures required.

NAME: _____

- I will sign-in at the Touch Screen when I ARRIVE on campus, and sign-out right before I LEAVE campus.
- Meal ticket procedures. - Volunteers are eligible for a Meal Ticket after 3 or more hours of service has been provided on the scheduled day.
- I must always wear my Volunteer Uniform and Volunteer I.D. Badge and look neat and professional.
- NO Shorts, Blue Jeans (unless RL Volunteer) or Torn Clothing.
- I know my Volunteer Schedule and agree to be reliable and dependable. I agree to be consistent with no more than 2 absences during any 3 month period of time.
- If I cannot come in on my Scheduled Day, I will call the Community and Volunteer Resources Office before that day (786)624-4431 and my supervisor.
- I will consult with the community & Volunteer Resources Staff if I need a schedule change.
- I know the Infection Control Guidelines. I understand the importance of Hand Washing. I will not volunteer when I am sick.
- I have read and recognize all Emergency procedures.
- I agree to all the Safety Guidelines in the Volunteer Handbook.
- Park in the Visitor Parking Garage.
- I agree to report any unusual events immediately to my supervisor. I understand this is for an Incident Report.
- HIPAA (Health Insurance Portability and Accountability Act) I acknowledge that unauthorized use, dissemination or distribution of protected health information created or received by Miami Children's Hospital (MCH) or MCH off-site entities is a violation of the HIPAA privacy regulations.
- I agree to NOT handle personal or professional business while volunteering, including NO cell phone use and texting information while on duty as a volunteer.
- I agree to NOT EXCHANGE phone numbers, email or other social networking information with patients and families.
- I agree to NEVER take pictures using my camera or cell phone while on duty as a volunteer.
- I agree to abide by all the Confidentiality and Privacy Guidelines.
- I have attended a New Volunteer Orientation Presentation. I have read all the information in the Volunteer Handbook and the Hand-outs. I agree to abide by all these guidelines, rules and regulations, as well as the policies and procedures established by the Community & Volunteer Resources Department and the hospital. Any volunteer who knowingly disregards the rules will be subject to disciplinary measures, such as suspension or dismissal.

VOLUNTEER SIGNATURE: _____ DATE: _____