

Volunteer Services

Processing Instructions



This packet may be **completed electronically**. Please download and save a copy of this document, then complete the following 5 items to move forward with your onboarding process.

1. Drug/Alcohol Screen:

- a. Go to <http://www.questdiagnostics.com> to schedule an appointment or call (702) 733-7866. Attached is a list of some of the Quest locations. It is better to schedule the appointment online if you can.
- b. Please email volunteerservices@umcsn.com to let us know the day and time of your appointment so we can create an order for you. Please give us as much notice as possible—sometimes we don't check messages until the end of the day.
- c. Check your email for the order confirmation **emailed directly to you from Quest Labs**. Be sure to check your junk mail as sometimes this message goes to junk/spam. **Take the confirmation with you,** as sometimes the order does not show up immediately in Quest's system.

*** IMPORTANT ***

This testing must be done within **48 hours** of being ordered. If you cannot complete it in this timeframe please notify us via volunteerservices@umcsn.com. There is no cost associated with this testing, and we will be automatically notified of the results.

2. Background check from MyCertiphi:

If you are over 18, complete the background check that will be emailed directly to you from MyCertiphi. Be sure to also check your junk/spam mail for it. Do this in a timely manner. There is no cost associated with this and we will be automatically notified of the results.

3. TB Testing and Health Screening

Please call Enterprise Employee Health Clinic at (702) 383-3660. You can view or print a map and facility information in the *Helpful Information* Section. You will need to bring your immunization records and any recent TB information you may have. Depending on the time of the year you will also be required to receive the flu vaccine, refuse the flu vaccine, or demonstrate proof that you have recently received it. There is no cost associated with this screening. However, **this must be done in a timely manner** as this process can take about two weeks.

4. Associates Orientation Packet and Presentation

Please complete the following forms and view the [Associates Orientation Presentation](#). Please make sure to print the certificate of completion that is generated at the end of the presentation. The presentation should take approximately 1 hour and 15 minutes.

- a. **Associate Orientation Checklist:** complete and sign
 - b. **Confidentiality Agreement:** read and sign
 - c. **Fair Employment Law Acknowledgement:** read and sign
 - d. **Meal Memo:** read and sign
 - e. **Role Description:** read and sign
 - f. [Volunteer Presentation](#): read and review
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5. Report to Department

Once you have completed the above 4 tasks, contact Volunteer Services to set up a date/time to come in for duty specific orientation and badging. Please do not forget to bring with you all of the forms listed in Step 4.

Let us know if you have any questions or difficulties with your processing.

Contact person: Eve Olivero - 702-383- 2388.

You will receive a faster response through emailing us at volunteerservices@uncsn.com

Thank you for choosing UMC.

We are grateful and excited to have you on our team!



* Please complete and electronically sign this checklist after you have completed the on-line Associates Orientation presentation.

Print Name: _____ Program _____

Check one of the following:

Resident/Student/Instructor

School Name: _____

Contractor/Vendor

Company Name: _____

Volunteer

Are you a current UMC employee?

Yes

No

Information Covered:

Policies and Procedures

Code of Ethics, Patients Relations, Dress Code, Health Care Advanced Directives, Exposure Prevention and Exposure Protocol, Abuse Policies, other policies that may apply

National Patient Safety Goals

Mandatory Education

- HIPAA
- Corporate Compliance
- Confidentiality Agreement
- Diversity, Communication and Teambuilding
- Fair Employment Law Review
- Stroke Signs and Symptoms

- Emergency Management and Emergency Preparedness
- Fire/Electric Power Safety
- Exposure Protocol/Blood Borne Pathogens
- Infection Prevention/Special Isolations
- General Safety and Hazardous Materials

This is to verify that I have been trained and/or received training materials on the topics listed above. I am also responsible for the training and the materials discussed and/or handed out by UMC during this training.

SIGNATURE: _____ Date _____



Confidentiality Agreement

NAME: (PLEASE PRINT) _____

DEPARTMENT or AFFILIATION: _____ TITLE: _____

During the course of your activity at the University Medical Center of Southern Nevada (UMC) and its affiliates, you may have access to information which is confidential and/or proprietary. This information may not be accessed, used, or disclosed except as permitted or required by law and in accordance with UMC's policies and procedures. In order for UMC to properly care for patients, certain information must remain confidential. Improper access, use, or disclosure of confidential and/or proprietary information can cause irreparable damage to UMC, its patients and workforce members. Confidential and/or proprietary information that must be safeguarded from improper access, use, or disclosure includes, but is not limited to:

1. Any personally identifiable information relating the past or present provision of healthcare to an individual, eligibility of an individual for healthcare, or payment for the provision of healthcare to an individual.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Financial and statistical records, strategic plans, internal reports, contracts, memorandums, peer review information, communications, computer programs, technology, source code, third-party information, client or vendor information, etc.
5. Other information protected by regulatory or legal requirements.

I understand, acknowledge and agree that:

1. It is my responsibility to use confidential and/or proprietary information as minimally necessary to perform my legitimate job duties at UMC.
2. I will not access any UMC electronic or other record relating to myself, any family member, friend, or acquaintance unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC, and only with written permission from my manager.
3. It is not permitted for me to obtain copies of records for myself, or anyone else, without submitting to the Health Information Management Department (HIMD) a valid authorization or other sufficient legal documentation demonstrating my authority.
4. I will not access any UMC electronic or other record relating to a public figure (including but not limited to entertainers, athletes, or prominent businesspersons, etc.) unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC.
5. If I am required to access non-UMC records or data to carry out my duties, I will not access this information without a legitimate need to know for the purposes of executing my assigned job duties at UMC.
6. I understand that moving or copying confidential and/or proprietary information from its secure source requires written permission from the data owner. Examples would include copying patient data to my workstation's hard drive, email account, or a USB storage drive. If approved, IT Security must be contacted to assist with securing the movement of the information.
7. I am obligated to hold confidential and/or proprietary information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of UMC, or with state or federal law.

8. I am obligated to immediately report any known or potential inappropriate access, use and/or disclosure of confidential and/or proprietary information to UMC in accordance with UMC policies and procedures.
9. I am obligated to comply with safeguards designed to protect the privacy and security of UMC's confidential and/or proprietary information consistent with applicable policies and procedures of UMC, and state and federal law.
10. I am obligated to ensure hard copies of confidential and/or proprietary information are securely stored in their designated location at all times, and are shredded or disposed of in designated shredder containers when no longer needed.
11. I am obligated to ensure printed or electronic confidential and/or proprietary information is never left unattended or exposed to unauthorized persons.
12. If I am issued a unique user code, it is my responsibility to maintain this code in a confidential manner. This user code is my signature for accessing computer systems. If I believe my unique user code is compromised I will immediately report that to UMC's Information Security Officer.
13. My access and use of all hospital computer systems and other sources of confidential and/or proprietary information is subject to routine, random, and undisclosed surveillance by the hospital.
14. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment or affiliation with UMC in accordance with UMC's standard policies for workforce sanctions for privacy and security violations.
15. Impermissible access, use or disclosure of confidential and/or proprietary information about a person may result in legal action being taken against me by or on behalf of that person.
16. I understand that licensed health care providers are subject to sanctions for impermissible access, use, or disclosure of confidential and/or proprietary information, including license revocation, suspension, probation and public reprimand.
17. Any intellectual property or idea developed by me at the direction of UMC, in furtherance of UMC business interests, and / or on UMC time, or any intellectual property or any idea derived there from, belongs exclusively to UMC.
18. My confidentiality obligation shall continue indefinitely, including at all times after the termination of my employment or association with UMC and its affiliates.

I have read and understand this Confidentiality Agreement, have had my questions fully addressed, and have had an opportunity to have a copy made for my permanent personal records.

Signature

Date



Fair Employment Law Review Acknowledgement

I acknowledge that I have read and reviewed the information on the Fair Employment Law Review. I also understand that I am required to observe and abide by all rules, policies, procedures and standards associated with fair employment laws as they pertain to my job duties and/or presence at UMC, including any that may be given to me in writing or orally in the future. I understand that while I am an employee, agent, or consultant of UMC, or engaged by UMC in any other capacity, I may report any suspected fair employment law violation to UMC's Equal Opportunity Program Manager. I am also aware that I may file a complaint at any time with the Equal Employment Opportunity Commission or the Nevada Equal Rights Commission.

My signature below confirms my acknowledgement and understanding of the information contained in the Fair Employment Law Review.

Employee Name (Print)

School

Employee Signature

Date



Volunteer Services Meal Program

Thank you for your interest in volunteering at UMC. We appreciate your commitment to supporting the mission of UMC. Contributing your time helps us serve the community by providing patient-centered care in a fiscally responsible and learning-focused environment.

In appreciation, UMC provides a complimentary meal voucher for volunteers donating at least four (4) hours per shift. A \$6.00 meal voucher is offered to purchase food items from Café UMC (only on the day of your shift). An additional \$6.00 meal voucher can be used if a volunteer donates ten (10) or more hours per shift. A volunteer will need to get prior approval from the Volunteer Office to exceed an eight (8) hour shift, not to exceed 12 hours per day. Any items exceeding the \$6.00 voucher will be the responsibility of the volunteer.

To use your voucher, simply show your UMC ID badge to the cashier at the time of purchase. Your ID badge will be scanned and the purchase registered to your account. Volunteer hours and meal vouchers are monitored and any abuse of the Volunteer Services Meal Program will result in privileges being revoked and termination from the volunteer program. If you have any problems with the meal voucher or have additional questions, please contact Volunteer Services at 383-2388 or via email at volunteerservices@umcsn.com.

I acknowledge receipt and my understanding of the contents of this memorandum.

Print Name

Signature

Date



Volunteer Program

Volunteer Role Description

Position: Volunteer

Department: Patient Relations

Reports to: Eve Olivero, Volunteer Services

General Description:

Welcome patients, family members and visitors as they arrive. Provide accurate information and direct people throughout the complex using resources provided. Will interact with both staff and patients have a thorough understanding of HIPAA privacy rules as well as maintain a caring and professional demeanor.

Distinguishing Characteristics:

Volunteer is a non-compensated position. Volunteer **will not**: provide direct clinical patient care, medical advice to families or visitors; discuss research studies, patient information outside the department; communicate with outside sources (i.e. the press); question the judgment or decision of any physician or nurse in the presence of the patient or family; share stories of other hospital experiences; assume additional duties without the approval of the Department Manager.

Competencies & Requirements

Volunteer Handler

- Ability to respect individual and family difference in style, temperament, culture, religion, beliefs, parenting practices
- Ability to exhibit warmth, patience, tact, maturity and good judgment and have the ability to establish comfortable and appropriate relationships with patients and families
- Demonstrate the ability to interact with all age groups; able to relate with age appropriate responses

Time Commitment:

Volunteers are asked to commit to a minimum of 4 hours per week as well as any additional hours as needed to meet the needs of assigned department/area. Additional hours may occur when a project or assignment needs additional attention from paid hospital staff, or if volunteer have accepted the role of Preceptor/Trainer.

Requirements

1. Must complete all phases of volunteer intake and orientation.
2. Must be 16 or older
3. Ability to maintain patient confidentiality and privacy.
4. Knowledge of proper hand washing procedure.
5. Ability to interact with all people in a professional manner
6. Ability to take direction from staff and to ask for help when needed.



Volunteer Program

7. Ability to communicate with diverse population and public
8. Ability to meet organization and department appearance standards including a Volunteer badge/dress code
9. Ability to respect and follow hospital policies and procedures.
10. Strong customer service skills.
11. Ability to stand on your feet.

Interpersonal Skills

1. Demonstrate strong inter-personal skills.
2. Demonstrate ability to recognize boundaries between volunteers, patients, families, and staff.
3. Demonstrate flexibility and the ability to adapt to the changing needs and conditions of patients and their families.
4. Ability to accept responsibility, work independently and take initiative.
5. Ability to remain calm under pressure.
6. Ability to respect individual and family difference in style, temperament, culture, religion, beliefs.
7. Ability to exhibit warmth, patience, tact, maturity and good judgment and have the ability to establish comfortable and appropriate relationships with subjects.
8. Demonstrate the ability to interact with all age groups; able to relate with age appropriate responses.

Duties and Responsibilities:

1. Follow all UMC Policies and Procedures
2. Give accurate information and directions to patients, visitors and family members using the resources provided.
3. Retrieve patient census from the IS department daily for information desk
4. Escort visitors and patients to their destination as needed.
5. Transport patients and visitors in wheelchairs as necessary.

Dress Code:

1. Dress code as established by UMC Policies and Procedure
2. Closed toe shoes.
3. ID Badge worn appropriately
4. No dangling jewelry as outlined by policy
5. Good hygiene.

Benefits:

1. Experience working/service in a public hospital.
2. Personal satisfaction conducting community service
3. The opportunity to interact with Medical and Nursing staff as well as patients in a clinical setting.
4. The ability to help visitors find their loved ones easily within UMC



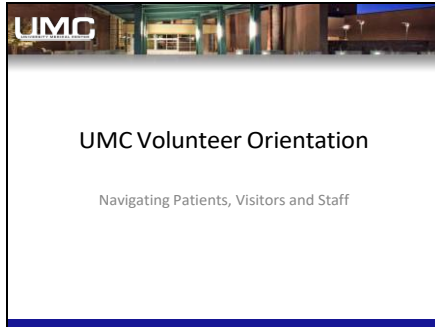
Volunteer Program

I acknowledge and understand the duties assigned to me and agree to follow them as outlined

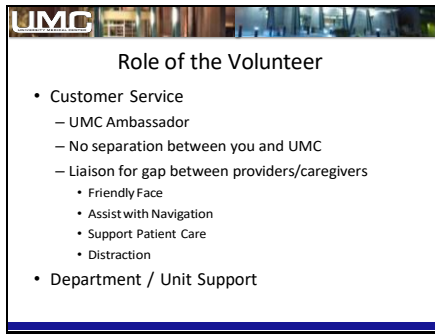
Printed Name: _____

Signature _____ Date _____

Slide 1



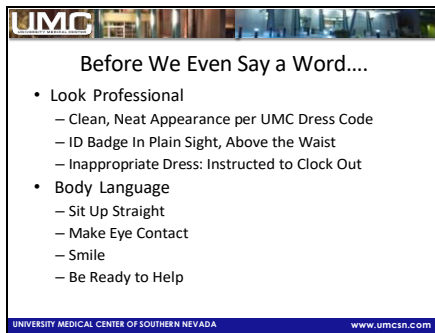
Slide 2



No direct involvement with bedside care.

Be a separate objective encounter from the staff and healthcare team. Stand out as the bright spot in their visit!

Slide 3



Slide 4

UMC

Hospital Environment

Patient & Visitors	UMC Team Members
<ul style="list-style-type: none">• Confusing• Stressful• Frustrating• Unhappy• Angry• Uncertain	<ul style="list-style-type: none">• Normal• Busy• Know Processes• Looking at Next Issue

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Effect of illness on patient AND family. Fatigue, Life Disrupted, Frustration.... Navigating system. Have any of you been patients?

Staff members accustomed to system/process/waiting/what's expected/we're already looking past current issue to what's next

Example: We know biopsy results take time and the process that will start depending on the results: positive or negative. If positive we then: bring in consultants, determine plan of care, need for inpatient v. outpatient.

Patients/Families are outside the process and are: unsure, anxious, want more progress/speed/"emergency now"

Slide 5

UMC

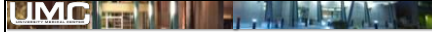
Sample of Job Duties

- Patient Rounding: Comfort, Communication & Courtesy
- Refreshments: Always Check with Staff
- Entertainment: Material, Reading to Patients
- Assisting Patients & Visitors
- Liaison: Provide Info/Updates
- Telemetry Boxes
- Office Support
 - Answering Phones
 - Filing/Assembling Paperwork
- Call Light Response
- Outpatient Transport/Escort: D/C Lounge, Car

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Comfort: Pillows, Blankets, Socks
Communication: Updating Pt
Whiteboard, Checking for any Questions/Concerns
Courtesy: Is there anything else you can do for pt?

Slide 6



Staff Interaction

- Introduce Yourself When Possible
- Check In Upon Arrival
- Immediate Hospital Care Team
 - Office Techs/Unit Secretaries
 - Certified Nurse Assistant (CNA): Support
 - RN: Check prior to food/beverage/restroom
 - Charge RN
- Always see how to be of assistance

Check with staff: Pts may not be able to have any food or drink (NPO), have fluid restrictions, special diets (diabetic/cardiac/low salt/puree). Patients may also be fall risks and require medical assistance to leave bed

Slide 7



Visitor & Patient Interaction

- Emphasis on Good, Friendly Communication
 - Greeting
 - Smile
 - Good Eye Contact
 - How Can You Help
- Patient Room
 - “Knock & Announce”
 - Introduction, Role and Purpose
 - Requests/Needs
 - Close Communication Circle
 - Patient, Staff, Patient
 - If No, Why

Comfort: Pillows, Blankets, Socks
Communication: Updating Pt Whiteboard, Checking for any Questions/Concerns
Courtesy: Is there anything else you can do for pt?

Slide 8




Safety & Protection

- Psychiatric Patients
 - Specific Patient Gown
 - Always with Staff Member **and** DPS Officer
 - Dial ext 2777 if necessary
- Difficult Patients or Visitors
 - Remain Positive
 - Exit v. Escalate
 - Update Staff
- Emergency Codes with ID Badge

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Adult/Teen Psychiatric Patients = Solid Dark Green Gown. Escorted throughout facility with staff and/DPS or solely DPS. X2777 calls directly into DPS radios so officers can talk to you w/o delay. Also use to report issues re: people w/weapons, disasters/emergencies. Will be found with badge ID

Slide 9



Volunteer Benefits

- Free annual flu vaccine
- Free annual TB Screening (PPD)
- Complimentary meal for min of 4 hours of service
- 20% discount at Gift Shop
- Letter of reference upon request (upon 100 hrs of service)

Slide 10



Contact Volunteer Services

- Issues with Staff/Program
- Absences: Also Unit CN/Dept Manager
- Leave of Absence Notifications
- Time Reports

Slide 11

