



Volunteer Agreement

Introduction

Thank you for choosing LLUMC- Murrieta to volunteer your time. Included are the basics that you will need to begin your service.

After reading through this agreement, you'll be able to:

- Discuss expectations for professional behavior
- Discuss the expected knowledge and skill
- Increase your awareness of safety and security
- Explain the importance of keeping patients' information secure and confidential

If you have any questions, please speak with your immediate supervisor, or the Volunteer Services office at (951) 290-4000 ex 1355. We are delighted to help and want to do everything we can to make your experience as a volunteer a rewarding and successful one.

Emergency Codes & Protocols

Emergency Codes are used to quickly alert staff to various emergency situations, with a minimum of misunderstanding to staff, while preventing stress or panic among visitors to the hospital facility. Emergency codes are often color coded, denoting different events. Call Security Control Center at ext. 1788/1787 if you notice anything or anyone that is suspicious. In the event of serious emergency, please call 2222 (see below).

Emergency Codes

CODE RED: Fire	CODE SILVER: Hostage/Armed Assailant
CODE BLUE: ADULT : Medical Emergency	CODE PINK: Infant Abduction
CODE-WHITE: Pediatric : Medical Emergency	CODE PURPLE: Child Abduction
CODE YELLOW: Bomb Threat	CODE ORANGE: Hazardous Material Spill
CODE GREY: Combative Person	CODE GREEN: Patient elopement

Important Phone Numbers

Emergencies – fire, disaster, threats of violence, etc.....	Dial 2222/911
Security Control Center – suspicious behavior and all other non-emergency needs.....	Dial 1788/1787
Code Blue Adult codes	Dial 2222
Peds codes -.....	Dial 2222
Corporate Compliance/HIPAA – unethical behavior, confidentiality breaches	Dial 4005
Hospital Epidemiology – for questions/concerns about infection control	Dial 1723
Environmental Health & Safety.....	Dial 4629
Radiation Safety.....	Dial 1352
Utility/Electrical Safety	Dial 4124/4126

Professional Expectations

- **Attire:** Volunteers must wear the uniform tops provided by Volunteer Services. Light khaki slacks are to be purchased by the volunteer. All attire must be modest, clean and pressed, and comfortable shoes with closed toes are required. No midribs or underwear may be showing either at the waist of the garment or through the garment material, and deep necklines are not permitted. No visible tattoos are permitted. The use of bandages to cover tattoos is not acceptable. If volunteering on a patient care unit, long hair must be pulled back and secured.
- **Nails:** Natural fingernails should be kept short, i.e., not extending beyond the tips of the fingers. Artificial and acrylic nails or gel manicure are prohibited for those who are volunteering on patient care units, and those who have direct contact with materials that will routinely be used in direct contact with patients.
- **Identification:** The photo I.D. badge must be easily visible on the top one-third of the volunteer uniform. The badge must be worn at all times when volunteering. The photo I.D. badge must be returned to the Volunteer Services office upon resignation or termination of the volunteer.
- **Obtaining a Volunteer Badge:** A volunteer must successfully complete the background investigation and onboarding process before securing a badge. In the event of damaged, lost or stolen ID badges, a new badge may be requested and purchased through the Talent Services Department which is located 28078 Baxter Road #240 Murrieta CA 92563. The office is open Monday – Thursday 8AM – 4PM, and Friday 8AM – 2PM. They are closed weekends and holidays. To verify holiday hours, please call 951.290.4000 and ask to speak with the Talent Services Department.
- **Food/Drink:** Please ask the assigned contact person in the department/unit where you volunteer if and where food and drink are allowed within that department/unit.
- **Weapons:** Weapons, including personal protection weapons of any kind, are not allowed in any of our facilities.
- **Smoking:** Smoking and tobacco use is prohibited in all areas on campus and in our facilities including entrances, balconies, porches, patios, parking lots, dayrooms, patient or public bathrooms, or beds.
- **Drug-free Workplace:** The illegal manufacturing, distribution, dispensation, purchases, possession, sale or use of drugs is prohibited. Failure to comply will result in immediate dismissal.
- **Discrimination:** We do not tolerate any discriminatory practices that violate applicable laws, including sexual harassment.
- **Cell Phone Use:** Cell phone use is to be limited to emergencies only and all cell phones must be set to vibrate or turned off during your shift. Cell phones are not to be used in patient areas or allowed to interfere with the duties of volunteer assignment. There is to be no picture taking or video recording with cell phones in patient or business areas of the facilities to ensure patient privacy and confidentiality.
- **Computer Use:** Use of hospital computers is only permitted during, and for, the care of, patients/clients and only with authorization. Personal or school use is not permitted; the use of personal computers is not permitted for any reason while volunteering.
- **Time Records:** All volunteers are required to record their hours using the hospital provided time clock system.
- **Absences:** Volunteers are asked to notify the contact person in their assigned area, as well as Volunteer Services (please refer to attached Request for Time Off Protocol), if they are unable to fulfill their scheduled volunteer time slot. For the protection of yourself and patients, please call if you are not feeling well and return only when you are free of any illness.
- **Volunteer Compliance:** Every volunteer is required to have a yearly TB screening, flu vaccine, yearly evaluation, and compliance training. Dates will be announced via email communication.
- **Documents and Forms:** All forms, documentation, or written materials of any kind are not to be copied, reproduced, scanned, or photographed by any methods, nor are they to be faxed, mailed or removed in any way from any of the facilities.

Illness & Injury

If you become ill or injured, or you are exposed to a hazardous material of any kind while you are here, you must do the following:

If the injury involves a needle stick, you must immediately wash the site, and then go to the LLUMC-Murrieta Emergency Department (ED) for follow up. Please be sure to tell the ED staff that you are a volunteer. In addition,

please notify your departmental contact person and the Volunteer Services office. The hospital does not assume responsibility for any accidents or injuries while on volunteer duty. Your personal health insurance is the primary responder in case of an accident or injury. As a volunteer, you are not covered under LLUMC-Murrieta's worker's compensation program.

Hand Hygiene Requirements

Washing with water is required when hands are dirty or contaminated with blood or body fluids. In most other situations, alcohol-based hand cleaners are better than washing when hands are free of blood or body fluids.

Hand hygiene should be performed:

- Before and after direct contact with patients, blood or body fluids, mucous membranes, non-intact skin, and objects that are likely to be contaminated
- Before invasive procedures, e.g., IV insertion, bronchoscopy
- Before eating or drinking, after using the rest room, after coughing or sneezing
- When caring for patients who are immunosuppressed
- When caring for patients with multiple drug-resistant organisms
- After handling garbage
- After removing gloves

Fire Safety

Our basic fire response plan is called "R.A.C.E." or "the RACE Fire Plan." The four main steps you must take when you discover a fire are:

R – Rescue: Remove anyone who is in immediate danger, including yourself. Tuck towels or sheets under the door and around the sides to help keep the smoke from spreading.

A – Alarm: Pull the nearest fire alarm to get the Fire Department to respond and alert others in the building. Then, use a phone (away from the fire) and dial 911 to report the fire to the Security Control Center. Tell them information about the fire and where it is located.

C – Contain: Close the rest of the doors in the area to keep the fire and smoke confined.

E - Extinguish or Evacuate: If it is safe to do so, fight the fire with an extinguisher. Use the correct extinguisher for the class of fire and follow the PASS (Pull, Aim, Squeeze, Sweep) method for using the extinguisher. Fire extinguishers that are labeled "ABC" (dry chemical) are multi-purpose and are good for all three classes of fire:

Class A-Combustibles; Class B -Liquids; Class C-Electrical.

Patient Privacy and Confidentiality

HIPAA stands for **Health Insurance Portability and Accountability Act** of 1996, also referred to as the Kennedy-Kassebaum Act. This statute called for the Department of Health and Human Services (DHHS) to adopt standards for **electronic data interchange (EDI)** and codes sets, uniform health care identifiers, and standards for the protection of privacy and security of patient data.

HIPAA has 3 main objectives:

1. Insurance portability
2. Fraud enforcement (accountability)
3. Administrative simplification (reduction of healthcare costs)

Essentially, anyone who receives health care can apply their patient rights under HIPAA. Applying these patient rights will help control how an institution can use or share information called **Protected Health Information (PHI)**

Information and PHI

PHI is any health information that:

- Directly or indirectly identifies a patient
- Pertains to the past, present and future condition of the patient
- Is transmitted verbally, in writing, or electronically

Examples of PHI are:

- Name of patient and relatives, birth date, full face photos
- Certificates/license numbers, marital status, comparable images
- Vehicle identifiers and serial numbers, address, electronic mail

- Insurance/medical record numbers, finger and voice prints, addresses, URLs
- Telephone and fax numbers, social security numbers

Education and Employment Records are not considered PHI and so are not covered under HIPAA regulations.

Breaches in Privacy

Both individuals and organizations can be held liable for breaches in privacy. Intentionally releasing information would be punishable by a fine of up to \$50,000 and one year in jail. Someone trying to sell information could face a \$250,000 fine and 10 years in prison. Civil penalties of up to \$100 for each unintentional violation, and up to a \$25,000 limit per identical violation could apply.

Summary – Your Role With HIPAA

Share PHI within the Organized Health Care Arrangement (OHCA) for:

- Treatment – forward requests to clinicians with treatment relationship with patient, HIM dept
- Payment – forward requests to billing offices, patient business offices, HIM dept
- Health care operations – forward requests to managers, business offices, decision support
- Do not share PHI with departments within the OHCA for non-treatment, payment or healthcare (TPO) purposes
- Forward all PHI requests for non-TPO purposes to the HIM dept
- For research, forward requests for PHI to the Institutional Review Board (IRB) Administrator for approval

Bottom Line

You shouldn't be passing any information to anyone except as the information is used for your job. Respect the patient's right to privacy, and do everything possible to maintain the confidentiality of their information. As a volunteer, you are **not** permitted to access your own record, or a patient record. For more information on HIPAA, please contact the Volunteer Services office.

Computer/Workstation Rules of Behavior

This section of the Orientation Guide is especially important for those of you who will receive access to our institution computers or workstations while volunteering. Please read the following carefully.

Emails

I understand that:

1. Personal email accounts (e.g., Yahoo, AOL, Hotmail) must not be used to conduct LLUMC-Murrieta (or other LLU entity) business transactions that include protected health information (PHI).
2. Emails (and attached files in emails such as Word and Excel documents) to individuals/parties outside of LLUMC-Murrieta/LLU's Outlook system must not contain protected health information (PHI). If there is an approved

business need to send protected health information (PHI) via email outside of Outlook, I must contact IT dept and obtain approved encryption methodology.

Workstation Security

I understand that:

1. Only organization owned/approved equipment and devices must be used to access PHI contained within information systems/networks unless remote access from a personal computer has been granted through IT.
2. Unless approved in writing by a VP/Department Head/Chair, PHI must not be captured or stored on any portable device or removable media. Portable devices or removable media include, but are not limited to: Blackberry devices, Camcorders, Cellular Telephones, Compact Discs (CDs), Digital Versatile Disc or Digital Video Disc (DVDs), Data Enabled Cell phones, Digital Cameras, Flash Memory Cards, Floppy Diskettes, Jaz or Zip Drives, Laptop Computers, Magnetic Tape, Novelty Storage Devices (e.g., watch or pen for example), Optical Drives, Personal Digital Assistants (PDAs), Personal Electronic Devices (PEDs), Portable Media Players (MP3), Storage Elements (SAN Disk), USB Drives (Stick, Thumb, Flash, Pen) and/or similar devices..
3. The accessing or downloading of PHI through USB ports or via any other mechanism or unauthorized manner and the storage on any medium of PHI obtained in such a manner is strictly prohibited.
4. PHI must not be stored on a computer's hard drive unless files are encrypted via an IT approved methodology. Files with PHI must be saved to a secure server i.e., network drive, secure network storage device.

Reporting

I understand that I must:

1. Report any potential or actual violations or risks to the confidentiality, integrity and security of PHI **immediately** to the IT Department (for computer incidents), the Security Department (for loss or theft) or to the Compliance Department (for policy violations or potential breaches due to process or safeguard concerns).

Related Policies

I understand that I must:

1. Adhere to all policies governing Computer Systems Security (to include password usage) and Use of Computer Internet Services as well as related policies governing the privacy and security of PHI. Additionally, I understand and agree that any breach of confidentiality or security due to failure to abide by the terms herein or as stated in organization policy or applicable law shall be grounds for disciplinary action, which may include immediate termination.

Child/Elder Adult/Dependent Adult Abuse Concerns and Guidelines for Volunteers

Any situation in which adults and children, dependent adults and elder adults interact with others may be subject to issues concerning abuse. Nursing and medical staff at all Loma Linda University facilities are trained to be advocates for the children and adults who are patients here. They are required to act upon situations which threaten or appear to threaten the physical or mental safety of our patients.

All professionals caring for children, dependent adults and elder adults are required by State and Federal law and hospital policy to report any allegations of endangerment to appropriate authorities. Abuse can and does occur everywhere. As a volunteer, your responsibility is to help in providing a caring environment for our patients. If you believe that you have seen or suspect the abuse of a child, dependent adult or elder adult, we would ask that you report this to your supervisor immediately.

DEFINITION: **An elder adult** is a person 65 years or older.

DEFINITION: **A dependent adult** is a person between 18 and 65 who has a physical/mental handicap and is under the care/supervision of another adult/caregiver.

As volunteers, it is also very important that your behavior not be erroneously interpreted as harmful to a patient's physical or mental safety. The following guidelines are for your protection:

- Come to the hospital only when you are assigned to volunteer
- Always sign in upon arrival and sign out when you leave
- Report to your assigned area and departmental contact person who should know where you are at all times
- Always wear your ID badge and uniform
- When assigned to work independently in an area or room with a patient, be certain that you and the patient are visible to staff and/or parents at all times. Avoid drawing shades or curtains, or closing doors, unless directed to do so by the staff
- Note: Consider your actions within the framework of the patient's age and gender, your age and gender, and the circumstances
- Physical contact with patients should be approached cautiously-touching a child on the head or shoulders is not likely to be mistaken as inappropriate behavior; however, assisting a patient with bathing, changing clothes, or with toilet needs, could be misinterpreted; these are not volunteer responsibilities-these are nursing staff responsibilities-**As a volunteer, your responsibilities are psychosocial only**
- Respect the patient's privacy-stay out of the room if the patient's curtain is drawn or if the patient is undressed
- Visiting patients who are not family members or prior personal friends on your own time is not allowed
- Treat patients as equally as possible and avoid showing favoritism

Our patients need YOU - your concern for them is precisely why we wish to protect you from inadvertently placing yourself in a compromising situation. The enjoyment and satisfaction you receive from volunteering is as important to us as it is to you, and we wish to help you continue helping others.

If you have any concerns or questions now or in the future, please feel free to stop by the Volunteer Services office or call 951.705.1355 or 951.704.1319.

Reasons for Suspension, Write Up or Dismissal from the Volunteer Services Program

1. Negligence or inconsiderate treatment in the care of patients.
2. Failure to perform assigned duties.
3. Divulging confidential information.
4. Falsifying records, reports or information of any nature.
5. Theft, misappropriation, or unauthorized possession, or use of property belonging to the hospital, to any patient, visitor, volunteer or employee.
6. Possession of intoxicating beverages on the premises or reporting to work under the influence of intoxicants.
7. Illegal use of narcotics or drugs or use of marijuana while volunteering.
8. Possession of a weapon on the premises.
9. Soliciting tips or services from patients, staff or any other persons while on the premises.
10. Unauthorized vending and sale of service to patients and unauthorized distribution of literature on the premises.
11. Rude, discourteous or uncivil behavior; fighting.
12. Habitual absence or lateness.
13. Entering unauthorized areas at any time.
14. Interfering with work performance of another volunteer or employee; threatening, intimidating or coercing another volunteer or employee.
15. Willfully or carelessly damaging, defacing or mishandling of equipment or property of a patient, visitor, another volunteer or employee.
16. Willful or careless violation of safety, fire prevention and security regulations.
17. Smoking anywhere on the Loma Linda University Health campus.
18. Removing any patient from the premises without written permission from the patient's physician and/or charge nurse.
19. Volunteer Services reserves the right to dismiss any volunteer in the event they engage in activities or demonstrate an overall demeanor that is inconsistent with the goals of Loma Linda University Health.
20. Volunteer Services may immediately disengage a volunteer at any time, with or without notice to the volunteer.



Volunteer Agreement Completion

Before the volunteer experience begins, you are required to read through this agreement and will be held responsible for the information. Please keep this agreement for further reference.

I (print name) _____ agree to all of the following:

- Be punctual and conscientious in the fulfillment of my duties and accept supervision graciously;
- Conduct myself with dignity, courtesy and consideration;
- Consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of personnel, and will not see information in regards to any patient;
- Take any problem, criticism, or suggestions to the Department of Volunteer Services;
- Endeavor to make my work of the highest quality;
- Uphold the Mission, Vision, and Values of Loma Linda University Medical Center-Murrieta and will interpret them to the community at large;
- **Volunteer (at least) the required number of hours (100 per year);**
- Notify the Department of Volunteer Services upon discontinuing service and will return my ID badge;
- Be prompt to assigned shifts and notify Volunteer Services and my immediate department contact person of necessary absences (see Time Off Request Protocol).
- I agree that I will be held responsible for all the information contained in this Volunteer Agreement.
- I understand that as a volunteer I am not covered under LLUH's worker's compensation program.

Signature

Print Name

Date

If Volunteer Under 18 Years of Age:

Parent/Guardian Signature

Print Name

Date