



# BAPTIST HEALTH

## VOLUNTEER SERVICES

Lexington

### **VolunTeen Forms Packet Instructions**

- 1) Volunteer Confidentiality Agreement
    - All students must complete this form.
    - Write your name in blank space at the top of page 1.
    - Sign, print name and date on page 2; lower left hand corner.
  - 2) Baptist Healthcare System, Inc HIPAA Security Form
    - All students must complete this form.
    - Print your name in first blank and sign/date form.
  - 3) Medical Awareness Form
    - Please complete this form accordingly. It's for your safety in the event of an emergency and will be kept confidential.
  - 4) Consent to Treatment of Minor
    - All students under the age of 18 must have a parent complete and sign this form.
  - 5) Confidential High School Recommendation
    - This form is not required however strongly recommended. All students should obtain a parent's signature first on this form.
    - After parent has signed, student will give it to a high school counselor/teacher for completion.
    - It is the student's responsibility to ensure the counselor/teacher routes to Baptist Health Lexington based on the form's instructions before their interview.
  - 6) Immunization Schedule
    - All students must bring a copy of their immunization schedule to their interview. You can request a copy from your pediatrician.
- (Note: **Accepted** students will be required to bring their 2019 TB results done within the last 30 days to the orientation.)*
- 7) VolunTeen Handbook
    - Please read and bring with you to orientation.

**All forms must be completed and brought to your interview. There will be no exceptions. Thank you.**

# BAPTIST HEALTH LEXINGTON

## VOLUNTEER CONFIDENTIALITY AGREEMENT

**THIS CONFIDENTIALITY AGREEMENT** is between **BAPTIST HEALTHCARE SYSTEM, INC. d/b/a/ BAPTIST HEALTH LEXINGTON** (“Baptist Health Lexington”) and \_\_\_\_\_, Volunteer Services (“Volunteer”).

In consideration of Baptist Health Lexington’s relationship with Volunteer Services continuation of such relationship, as the case may be, and for other valuable consideration, the parties agree as follows:

1. **PURPOSE OF AGREEMENT.** Baptist Health Lexington recognizes the importance of protecting confidential information concerning parties, their families, medical staff members, employees, and volunteers in the operation of the hospital as well as the importance of protecting the proprietary information of the hospital. Each Volunteer, in the performance of his or her duties as a volunteer at Baptist Health Lexington may have access to confidential patient information, confidential medical staff information, confidential employee information or proprietary hospital information. The purpose of this agreement is to document the understanding and agreement of Baptist Health Lexington Volunteers to maintain the confidentiality of such information at all times, both at the hospital and outside the hospital. More specifically, patient information should only be relayed to those persons involved with the patient’s treatment; persons designated by Baptist Health Lexington who are responsible for quality improvement; or as requested by Risk Management, BHS Legal Department and/or the hospital’s defense firm as necessary for Risk and Claims Management activities. Furthermore, this Agreement is to obtain acknowledgement of the Volunteer that he or she may be given a security code in order to access from authorized terminals a variety of confidential information and that such security code must be maintained by the Volunteer as confidential information.
2. **STATUS OF VOLUNTEER.** Volunteer has an at will relationship with Baptist Health Lexington and the execution of this Agreement does not change that status or create any contractual relationship or employment agreement between Volunteer and Baptist Health Lexington. Volunteer acknowledges that he/she is executing this Agreement, not as an employment agreement, but as a condition of and in consideration of Volunteer’s relationship with Baptist Health Lexington.
3. **SCOPE OF AGREEMENT.** Volunteer agrees to follow all policies and procedures, rules and regulations of Baptist Health Lexington including, but not limited to the following:
  - a. Volunteer will protect the confidentiality of patient, medical staff, employee, volunteer and proprietary hospital information as well as any privileged or confidential information obtained during the course of investigation of a hospital incident, claim or lawsuit. The Volunteer will not release such confidential information to any unauthorized source.
  - b. Volunteer understands and agrees not to access or attempt to access information unless Volunteer has authorized access and access to the information is needed to perform his or her volunteer duties.
  - c. Volunteer agrees not to disclose any security code he or she may be given by Baptist Health Lexington for access to computer information to anyone, including any other employee or volunteer of Baptist Health Lexington.
  - d. Volunteer agrees not to use any security code of any other person.
  - e. Volunteer agrees not to write down passwords or security codes that would make them accessible to other individuals.

f. Volunteer will report breaches of this Confidentiality Agreement by others to the Leader of Volunteer Services. Volunteer understands that failure to report breaches may subject Volunteer to a discontinuation of relationship with the hospital.

g. Volunteer understands that any security codes he or she may be given by Baptist Health Lexington to obtain access to patient medical records is his or her electronic signature on such medical records.

**4. BREACH OF AGREEMENT.** Volunteer understands that breach of any provision of this Agreement may result in immediate termination of relationship, at the option of Baptist Health Lexington, in addition to any other rights and remedies available at law, which Baptist Health Lexington may pursue.

**5. SEVERABILITY.** If a court of competent jurisdiction holds any provision of this Agreement invalid such invalidity shall not affect the enforceability of any other provisions contained in the Agreement and the remaining portions of this Agreement shall continue in full force and effect. The obligations in Section 3 of this Agreement shall survive termination of relationship.

**6. JURISDICTION.** Volunteer agrees to be subject to the jurisdiction of the courts of Fayette County in the Commonwealth of Kentucky in connection with the performance and enforcement of this Agreement and further agrees that the provisions of this Agreement shall be governed by, interpreted and construed in accordance with the laws of the Commonwealth of Kentucky.

#### ACKNOWLEDGMENT

VOLUNTEER HAS READ AND AGREED TO ADHERE TO THE CONDITIONS OF THIS CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGES THAT ANY VIOLATION OF THE AGREEMENT CAN RESULT IN IMMEDIATE TERMINATION OF RELATIONSHIP.

IN WITNESS WHEREOF, the parties have set their hands effective as of the day and year first set forth hereinabove.

#### **VOLUNTEER:**

**Signature** \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Date: \_\_\_\_\_

BAPTIST HEALTHCARE SYSTEM, INC  
HIPAA SECURITY

I, \_\_\_\_\_ (please print) acknowledge and agree to abide by the Baptist Healthcare System, Inc. HIPAA Security policies and procedures and the specifications within the above and attached documents whereas they pertain to HIPAA Security. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential medical information and electronic protected health information.

VolunTeen Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ***MEDICAL AWARENESS LIST***

This form is for your safety in the event of an emergency and is confidential.

<b>Medical Condition</b>	<b>Medication if Needed</b>	<b>Dosage</b>
<i>Asthma</i>		
<i>Blood Pressure</i>		
<i>Diabetes</i>		
<i>Epilepsy</i>		
<i>Headaches</i>		
<i>Respiratory</i>		
<i>Seizures</i>		
<i>Other:</i>		
<b>Note:</b>		

***PLEASE LIST ANY KNOWN DRUG ALLERGIES***


**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# BAPTIST HEALTH

VOLUNTEER SERVICES

Lexington

## CONSENT TO TREATMENT OF MINOR

I, the undersigned, being the parent or legal guardian having care and custody of \_\_\_\_\_ a minor and a VolunTeen at Baptist Health Lexington, in order to induce Baptist Health Lexington to provide said minor with medical or surgical procedures when necessary in case of illness, of or injury to, said minor do hereby authorize and consent to the performance of the staff of the hospital of the procedures and treatment deemed necessary, in its judgment, for the preservation and general welfare of said minor's life, health, and well being.

No guarantee, promise or representation has been made by the Baptist Health Lexington as to the results that may be obtained by the procedures and treatment hereby authorized.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

If covered by Health or Accident Insurance

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

If parent can not be reached, list other person (s) to notify in case of an emergency:

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_



# BAPTIST HEALTH

## VOLUNTEER SERVICES

Lexington

### Volunteer Services Department Confidential High School Recommendation

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parental Consent:** I authorize the release of information from my son/daughter's school records to the Volunteer Services Department of Baptist Health Lexington.

**Parent/Guardian Signature:** \_\_\_\_\_

**Dear Counselor or Teacher:**

High School Students who apply for volunteer service should have a recommendation from their school. We would appreciate your evaluation and comments to help us ensure that your students benefit from the VolunTeen Summer Program at Baptist Health Lexington. The information you provide will be kept confidential. Please return the completed form to:

Baptist Health Lexington  
Attn: VolunTeen Program  
Fax to 859-260-4418 **OR**  
Email: Volunteen@bhsi.com

Please evaluate the student identified above of attendance, courtesy, overall academic and professional dependability, overall social and academic initiative, and the perceived willingness to participate as a volunteer team member in a hospital setting.

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>
<b>Attendance</b>				
<b>Courtesy</b>				
<b>Dependability</b>				
<b>Initiative</b>				
<b>Scholastic Record</b>				
<b>Teamwork</b>				

**Additional Comments:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**BAPTIST HEALTH**

VOLUNTEER SERVICES

Lexington

**VOLUNTEEN  
HANDBOOK**



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*This handbook is designed to provide you with volunteering guidelines that will assist in your performance as a VolunTeen. Please take time to familiarize yourself with the contents and keep the handbook as a reference guide.*

## **VolunTeen Purpose Statement**

The purpose of VolunTeens at Baptist Health Lexington is to give young people the opportunity to develop an understanding and appreciation of hospital careers and to supplement the services provided by the hospital.

*You will be given on the job training in each area that you are assigned to work. Be sure that you know exactly what you are requested to do. Do not hesitate to ask questions. It is better to ask questions than make a mistake!*

### ***Student Volunteer Coordinator***

DeeAnna Carmack

Phone – 859-639-8144

Email – [deeanna.carmack@bhsi.com](mailto:deeanna.carmack@bhsi.com)

## **Welcome from Baptist Health Lexington President/CEO**

Dear VolunTeen:

Welcome to the Volunteer Services at Baptist Health Lexington. VolunTeens fill important roles for the Volunteer Services Department. As a VolunTeen, you will assist the hospital in continuing its tradition of being a source of healing in our community. You will have the opportunity to meet people in a variety of healthcare careers and to encounter people who are experiencing the spectrum of emotions.

The hospital is very pleased to offer you the opportunity to spend your summer in this learning environment, but it is up to you to make the most of the opportunity. Only you can make this your most memorable and valuable summer yet.

Thanks again for spending your summer in service to others as a VolunTeen.

A handwritten signature in black ink, appearing to read "W. S. Soren", written in a cursive style.

President/CEO  
Baptist Health Lexington

## **The Mission of Baptist Health Lexington**

To enhance the physical and spiritual health of the people we serve by providing quality and compassionate health services consistent with our Christian values.

### **The Guiding Values That Support the Hospital's Mission**

HOSPITALITY – Demonstrating to others that we respect their innate value as creations of God.

PARTNERSHIP – Working with others to provide quality healthcare in this community.

STEWARDSHIP – Utilizing financial and human resources in the most responsible way possible.

EXCELLENCE – Striving to go beyond the expected and to set standards in quality service throughout the hospital.

INTEGRITY – Backing up our words with our actions.

## **VOLUNTEEN GUIDELINES**

1. Sign in and out daily.
2. Upon arrival, report to the person in charge of your designated area.
3. Do NOT sit or ride in wheelchairs or on stretchers!
4. Wear your uniform in the hospital only on days that you are scheduled to work.
5. Do NOT invite friends to the hospital to visit you while you are on duty.
6. ALWAYS inform the person in charge whenever you must leave your assigned area and when you leave at the end of your assigned shift.
7. Leave the hospital as quickly as possible when your shift is completed.
8. Do NOT leave the hospital at any time while you are on duty.
9. Cell phones are put up and out of sight while students are volunteering at Baptist Health Lexington.
10. Enter only those areas of the hospital to which you are assigned or instructed to go.
11. Do not chew gum while in the hospital.
12. Keep food and drink confined to the cafeteria and break areas.

## **DRESS CODE**

1. The uniform consists of the designated shirt and white or khaki pants (or knee-length skirts for young ladies) and must be worn at all times while volunteering.
2. Soft soled, flat shoes are to be worn at all times. Shoes must be tied, and sandals are not permitted.
3. A name badge will be provided to you by the hospital and must be worn while volunteering. If your name badge is lost, the replacement cost is \$20.
4. Hair must be neat and clean. Long hair should be tied back.
5. Makeup and jewelry should be minimal.
6. Avoid cologne or other fragrance while volunteering.
7. Personal cleanliness is a must. Clean hands, fingernails, and the use of deodorant are all necessary.
8. The Director of Volunteer Services reserves the right to dismiss for the day anyone who reports to volunteer in inappropriate dress.
9. Always strive to maintain a professional appearance because your appearance and attitude are reflections on you and the hospital you serve.

## **NURSING SERVICES PROCEDURES**

The responsibility of the VolunTeens assigned to nursing units is to assist the nursing staff in caring for the patients.

### **Basic Guidelines**

1. It is the responsibility of all members of a nursing unit, including VolunTeens, to prevent the spread of disease. The most important guard against disease spreading is frequent and thorough hand washing. It is imperative that volunteers wash their hands upon entering the nursing unit, before and after lunch, and just prior to going home. Also, hands should be washed between patient contacts (i.e. going between rooms, etc.). VolunTeens should avoid touching their eyes and nose with their hands while in the nursing unit.
2. VolunTeens should not feed patients food, water, or other beverages.
3. Patients expect and deserve privacy. VolunTeens should never discuss medical problems or names of patients with anyone.
4. VolunTeens should conduct themselves in a businesslike manner. They should speak in quiet tones to keep from disturbing the work concentration of others around the nursing station.
5. VolunTeens should be aware of the need for patients to maintain their dignity and modesty. Knock on doors before entering. When assisting a patient into a wheelchair, close the room door or draw the privacy drape. Place a cover over the patient's knees when transporting the patient by wheelchair.

## **NURSING SERVICES PROCEDURES (Continued)**

6. VolunTeens should not attempt to do more than they are able. VolunTeens are not nurses or nurses' aides. If the patient is too weak to stand alone, Do NOT attempt to help a patient into or out of a wheelchair without assistance from the nursing staff. Be very careful to prevent patients from falling.
7. VolunTeens do NOT transport specimen, empty bedpans, clean up beds after accidents, bathe patients, provide any medical service or advice, or have ANY direct contact with blood or other bodily fluids.

### **Specific Nursing Floor Expectations**

1. Pick up medication from pharmacy.
2. Transport patients to test areas of the hospital such as EEG or echocardiogram.
3. Transport patients and their belongings to pick-up area when they are being discharged. Be certain the patient is safely seated in the car before returning to the nursing unit.
4. Pick up supplies at materials management.
5. Deliver snacks to patients' rooms.
6. Assist in making beds.
7. Fill ice water pitchers.
8. Run errands for the nursing staff such as carrying records to other units, delivering x-rays, or escorting family members to



- the surgery waiting room. Ask the nursing staff if there is any thing they would like you to do.
9. Assist patients by getting softer pillows, extra blankets, and newspapers, combing their hair, or adjusting the television. Ask patients if there is anything they need because they may be reluctant to ask the busy nurses for small favors.
  10. Perform other tasks as requested by the nursing staff.
  11. Remember to smile and be pleasant to the patients, their families, visitors, and the medical staff.

### **COMMON MEDICAL TERMINOLOGY**

AM	morning
AMA	against medical advice
ASAP	as soon as possible
@	at
BM	bowel movement
BP	blood pressure
BRP	bathroom privileges
BSC	bedside commode
CABG	coronary artery bypass graft
c	with
cc	cubic centimeter
c/o	complains of
Dx	diagnosis
EKG	electrocardiogram
FBS	fasting blood sugar
GI	gastrointestinal
I&O	intake and output
IV	intravenous NKA
	no known
allergies	
NKDA	no known drug allergies

NPO	nothing by mouth
p	after
per	by
PM	afternoon
Pt	patient
q	every
ROM	range of motion
s	without
STD	sexually transmitted disease
TPR	temperature, pulse, respiration's
UA	urinalysis
VS	vital signs
W/C	wheelchair
x	times

## **WHEELCHAIR PROCEDURES**

1. Before assisting a patient into the wheelchair, check with the nursing staff and check the patient's identification to be sure you are transporting the right patient.
2. Always lock the wheels on the wheelchair, and flip up the footrests before the patient sits down. Hold the handles to prevent the chair from tipping while the patient sits down. After the patient is seated, flip down the foot rests.
3. When moving the patient from the bed to the wheelchair, raise the head of the bed, help the patient to sit on the side of the bed, and check the patient for dizziness before helping him/her into the wheelchair.
4. Do not attempt to help a patient into or out of a wheelchair if the patient is too weak to stand alone. Get help from the nursing staff.
5. Protect the patient's privacy by keeping the patient covered. Have the patient wear his/her robe and slippers. Cover the lap of the patients wearing hospital gowns with a sheet or blanket. Make sure the sheet or blanket is tucked in well to prevent it from catching in the wheels.
6. Ensure that any IV tubing is hanging properly and not likely to get tangled in the wheels.
7. If the alarm sounds when transporting a patient with an Imed pump or controller, get the assistance of a nurse to correct the problem.

## **WHEELCHAIR PROCEDURES (Continued)**

8. Move slowly down the right side of the hall. Do not bump walls or doorframes. When approaching corners or intersections in the halls, watch for other traffic.
9. When using the elevator, have someone press the hold button before entering with the patient. You want to back into the elevator so that the patient faces towards the front of the elevator. Be sure the wheelchair is far enough back to allow the door to close without hitting the chair or the patient. Ensure that the small, pivotal front wheels are straight before exiting the elevator.
10. Lock the wheels, flip up the footrests, and hold the handles firmly before allowing the patient to stand.

## **CONFIDENTIALITY IS A MUST!**

Confidentiality involves keeping patient information to oneself and only discussing the patient with members of the health team directly involved in that patient's care.

What you see here,  
What you hear here,  
When you leave here,  
Let it stay here.

## **EMERGENCY PROCEDURES**

### **Fire Safety**

1. When **CODE RED** is heard overhead, remember **R.A.C.E.**  
  
**R** – Rescue people in harms way.  
**A** – Alarm the hospital by phone (**dial 2633**) or fire pull.  
**C** – Contain the fire by shutting doors and windows.  
**E** – Extinguish the fire, if possible.
2. Do NOT use the elevator during a CODE RED.
3. Know where the fire extinguisher(s) and fire pull(s) are in the area you are volunteering.
4. Know the location of the nearest exit and two routes to escape a fire.

### **Disasters**

1. Internal disasters are events that occur within the hospital, such as power outages or water contamination.
2. External disasters are events that occur outside the hospital, such as a catastrophic tornado or the crash of a plane with numerous injuries or fatalities.
3. If a disaster occurs, report to the Education Center for an assignment.

### **CODE BLUE**

1. When **CODE BLUE** is heard overhead, a patient is in a life-threatening situation. The location will accompany the announcement of the Code Blue.
2. Keep the hallways clear and stay clear of the code team.

## VOLUNTEEN PLEDGE

Because I believe that it is a privilege to be a VolunTeen at Baptist Health Lexington, I pledge that:

1. I will conduct myself with dignity.
2. I will be considerate, conscientious, and courteous at all times.
3. I will be punctual and regular in my attendance.
4. I will endeavor to make my work that of highest quality.
5. I will consider all information concerning patients, doctors, nurses, or any other hospital employee or volunteer as confidential.
6. I will be clean and neat in appearance and orderly in conduct at all times.
7. I will respect the trust placed in me.

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Signature

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Date

# NOTES