
Volunteer Confirmation of Lestonnac Resource Manual Review

I have read and understand the following sections of the Lestonnac Resource Manual.

1. Injury and Illness Prevention Program
2. Hazardous Materials Communication Plan
3. Hepatitis B Vaccination Plan
4. Exposure Control Plan

Addendum

I have read and understand the following documents.

5. Elder Abuse
6. Fire Safety
7. Patient Confidentiality
8. Workplace Violence

Volunteer Name

Volunteer Signature

Date

Witness Name

Witness Signature

Date

Hepatitis B Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Volunteer Name Volunteer Signature Date

Witness Name Witness Signature Date

Elder Abuse Reporting Process

In accordance with California Welfare and Institutions code Section 15610-15610.65, our Health Practitioners are required to observe and note signs of abuse in its different forms when encountering the elderly (aged 65 and above,) and forming a 'reasonable suspicion' of abuse.

'Reasonable suspicion" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

Appropriate activity will be undertaken to determine the validity of this suspicion, notifying the Director and / Assistant Director of the need for an investigation.

Depending on the outcome of the investigation, documentation will be included in the patient's chart and, if warranted, notification will be made to local law enforcement agency: City of Orange Police Department (714) 744-7444 and/or elder Abuse Hotline, (877) 565-2020.

The entire process will be resolved in a minimum amount of time due to its high priority nature.

The code elaborates the types of abuse and provides resources for relief of harmful situations.

I have read and understand the Elder Abuse Reporting Process.

Volunteer Name

Volunteer Signature

Date

Fire Safety and Prevention/Emergencies

To ensure a safe workplace, employees are advised to report any damaged or malfunctioning structures and/or equipment to Management for timely repairs.

In accordance with our policy, we post exit floor plans in all examining rooms and hallways, detailing location of fire fighting equipment, evacuation routes and exits.

Employees are advised to call 911 for fire and other emergency assistance.

I have read and understand the Fire Safety and Prevention/Emergencies Process.

Volunteer Name

Volunteer Signature

Date

Patient Confidentiality and Privacy

Medical records have a tradition of “keeping confidences.” Record keeping in medicine now resembles other massive record-keeping systems, however, rules of confidentiality and privacy must persist.

Individuals have the right to examine and correct information and, under most circumstances, prevent its release without their knowledge or consent. Patients may permit release of medical information by signing an “Authorization to Release Medical Records”.

To protect the Confidentiality Privilege, all employees must refrain from discussion of patients in public areas. Furthermore, employees must retain all written communications, documents and medical records in a secure environment. Unnecessary documents identifying patients will be shredded prior to removal by Management.

I, _____, agree to keep confidential all information pertaining to the patients of the Lestonnac Free Clinic.

I agree not to remove any files from the premises or divulge any information obtained as a result of my association with the Lestonnac Free Clinic.

I further agree not to publish or otherwise make public any information regarding the clinic participants, doctors, or patients in such a way that the person would be identifiable.

I recognize that unauthorized release of information will result in termination of my association with Lestonnac Free Clinic and may result in court action.

Volunteer Name

Volunteer Signature

Workplace Violence Reporting Process

Lestonnac Free Clinic responds to Employee/Volunteer Safety through Employee/Volunteer awareness, communication, physical safety restraints, e.g. security cameras, locks, lights, etc. and Management's commitment to safeguarding the integrity of the organization. We do this by providing a safe and nurturing facility for our Staff and Patients.

Should any situation arise that includes 'perceived' threat, escalation of threatening and/or inappropriate behavior, breach of safety barriers; employees are advised to notify supervisory personnel, call "911" for emergency contact personnel and evacuate staff to a safe area.

The incident must be documented for review by Management for information and further action, if necessary.

See "Workplace Security. UPDATING WHAT WE KNOW ABOUT WORKPLACE VIOLENCE" found in Resource Manual.

I have read and understand the Workplace Violence Reporting Process.

Volunteer Name

Volunteer Signature

Date



Bloodborne Pathogen Quiz

1. Bloodborne pathogens can enter your system through open sores, cuts, abrasions, acne and damaged or broken skin such as a sunburn or blister.

T or F

2. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.

T or F

3. You should never eat, drink, or smoke in a laboratory or other areas where there may be potential exposure to bloodborne pathogens.

T or F



4. Uncontaminated sharps may be disposed in regular trash bags.

T or F



5. Accidental puncture from contaminated needles can result in transmission of bloodborne pathogens.

T or F

6. It is acceptable to use gloves directly from the box without checking for damage.

T or F



7. If you wear gloves when cleaning up a spill, it is not necessary to wash your hand afterwards.

T or F



8. Biohazard warning labels may be any color and biohazard waste does not need to be bagged if the material poses no health threat.

T or F

9. If you are exposed to potentially infectious materials on the job, you can request a vaccine for Hepatitis B.

T or F

10. Three types of personal protective materials (PPE) that can help protect you from potentially infectious materials include gloves, goggles, and a face shield.

T or F



Volunteer Name

Volunteer Signature

Date

Score

Office Medical Emergency Protocol

In Case of An Emergency:

Front Office: Call 911 or ambulance (as directed by Provider)

Back Office: Bring emergency kit/equipment, i.e. oxygen.
Bring supplies as requested by Provider.
Keep a written record of all medications (with time) given to the patient.

Licensed Staff: Stay with the patient.

Location of Emergency Kit: Next to Nurses Station

Location of Oxygen Tank: Next to Nurses Station

EMERGENCY NUMBERS

Poison Control: 1 (800) 876-4766

Child Abuse Hotline: 1 (800) 827-8724

Elder Abuse Hotline: 1 (877) 565-2020