



CHRISTIANA CARE CORPORATION

CONFIDENTIALITY AND SECURITY AGREEMENT

Important:

This agreement is required to be read and signed by individuals who are approved and granted access to or may have incidental contact with Christiana Care confidential information. Please read all sections; if you have any questions, please ask your supervisor prior to signing or acknowledging that you have read this agreement.

As an employee, resident, member of the Medical-Dental staff, other healthcare provider, student, volunteer, member of the Junior Board, temporary agency or contract person, or a non-Christiana Care employee approved and granted access to Christiana Care information, you may have access to confidential information. Confidential information includes patients' protected health information (PHI), employee information, physician information, and corporate information which may appear in verbal, written, or electronic form. Confidential information is valuable and sensitive and is protected by law and by strict confidentiality policies.

The purpose of this agreement is to inform you of your personal obligation regarding confidential information.

Agreement

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will only access confidential information, including patients' protected health information (PHI), in accordance with Christiana Care's policies and as necessary to perform my job responsibilities.
2. I agree that, if I access patient information, I am involved in the care of the patient or am required to access information in conjunction with my job responsibilities.
3. Except as directed by Christiana Care policies or legal process, I will not at any time during or after my employment/affiliation with Christiana Care:
 - Disclose any such information to any unauthorized person,
 - Permit any unauthorized person to examine or make copies of any reports or other information prepared by me, coming into my possession or control, or which I have access,
 - Attempt to access or use any such information for my or another individual's personal gain.
4. I will not alter or destroy any confidential information, including patients' protected health information (PHI).
5. I accept responsibility for activities occurring under my computer account(s) and my badge access to specified Christiana Care areas/locations. I will not utilize another person's computer account or badge to access facilities. I will not intentionally share, nor allow anyone else to utilize my computer account or badge to access facilities, unless a confirmed request has been made by Information Technology Department or the Department of Public Safety and I am able to confirm the legitimacy of the request and the requestors.
6. If I observe or have knowledge of unauthorized access or disclosure of confidential information, including protected health information (PHI), I will report it immediately to my supervisor or to the Christiana Care Privacy Officer.

7. I understand that all information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it is moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of Christiana Care and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also understand that all electronic communication is monitored and subject to internal and external audit.
8. I understand that discussions (person-to-person, via cell phones, etc) regarding patient and/or protected health information shall not occur in public places where the presence of persons not entitled to such confidential information may be present and discussions may be overheard. Examples include but are not limited to elevators, lobbies, off premises.
9. I agree to abide by all rules and regulations as specified in the Christiana Care's Privacy and Security policies unless specifically altered by a separate contractual agreement. These policies are available and maintained on the Christiana Care Intranet (INet). If I do not have access to the Christiana Care INet, I can request that a copy of these policies be provided to me.

I acknowledge and agree to comply with the obligations and conditions outlined in this agreement. I am also acknowledging that Christiana Care has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure (intentional or unintentional) of information can result in penalties including disciplinary action, disablement of computer access, refusal of access to premises, termination of employment and/or loss of clinical privileges, or legal action.

PRINTED NAME

SIGNATURE (Typed name acts as legal signature)

DATE



VOLUNTEER AGREEMENT

I understand that **before** I can volunteer at Christiana Care, I will need to meet the following requirements:

- To test negative on a tuberculosis (TB) test;
- To obtain any required immunizations;
- To submit to and have an acceptable report on a criminal background check; and,
- To submit to and have a clear background check (child and adult abuse registry) in compliance with Delaware law.

I certify that the information given by me on the application is true and correct without omissions in all respects. I agree that if the information given is to be found false in any way, it shall be cause to terminate my ability to volunteer. I authorize Christiana Care to use any information in this application to verify my statements and I authorize any persons to provide information concerning my ability, character, reputation, and ability. I release all such persons from any liability or damages on my account for having furnished such information.

If accepted as a Christiana Care Health System volunteer, I agree that:

1. I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors, or personnel and not seek to obtain confidential information from a patient.
2. As a volunteer, I understand and agree that I shall abide by the policies of Christiana Care that relate to the Drug Free Workplace Act of 1988. I also understand that Christiana Care is a totally smoke free work environment and agree to abide by that requirement.
3. I understand and agree that I will abide by all Christiana Care policies and rules. I understand that Christiana Care may revise or revoke or institute new policies or procedures at any time.
4. My services are donated to the hospital without contemplation of compensation of future employment and given with humanitarian or charitable reasons.
5. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions or religious material on hospital premises unless I receive the express authorizations of the hospital executive director to engage in these activities.
6. I shall, if requested, submit to examinations which may include chest x-rays, skill tests, appropriate laboratory tests, and/or immunizations that may be necessary as part of my service.
7. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
8. I shall attempt to resolve my problems related to my volunteer activities with the staff of Volunteer Services or my immediate supervisor.
9. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
10. I shall at all times uphold the philosophy and standards of the hospital.
11. I understand that I have the right to terminate my service at Christiana Care at any time and that Christiana Care has the same right as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; (d) any other circumstances which, in the judgment of Christiana Care would make my continued service contrary to the best interests of the hospital.

I have read each of the conditions and I agree to be bound by them.

PRINTED NAME

SIGNATURE (Typed name acts as legal signature)

DATE

COMMUNICABLE DISEASE VERIFICATION AND IMMUNIZATION RECORD

VOLUNTEER NAME: _____

A. IMMUNIZATIONS – PLEASE CHECK THE APPROPRIATE BOXES BELOW.

I certify that I have had the following or have had the immunization or titer for the following and can provide documentation if requested:

- Measles, Mumps and Rubella (German measles) (MMR).
- Varicella or Chicken pox

VOLUNTEER SIGNATURE (typed name acts as legal signature)

DATE

B. TUBERCULOSIS (PPD) STATUS – PLEASE CHECK ONE OF THE FOLLOWING BOXES.

- I will obtain a PPD test (*free of charge*) at Christiana Care Employee Health (*if I test positive, I will go to my healthcare provider for further evaluation which may include a blood test and/or a chest X-ray*).

NOTE: Depending on the results, your health care provider may clear you to volunteer or refer you to the Department of Public Health (DPH) for specialty consultation and treatment recommendation.

- I have had a negative PPD test within the last six (6) months and have attached a copy of the dated certificate and/or test results.
- I have a history of positive skin test (PPD). I will have my health care provider verify status below and sign the form.

TO BE COMPLETED BY HEALTH CARE PROVIDER (only needed if you have a positive PPD)

I verify the following for the above named patient regarding their history of positive PPD.

Symptom Review – Asymptomatic: Yes No Date _____

Chest X-Ray – Active disease: Yes No Date _____

Candidate is cleared to volunteer at Christiana Care Health System. Yes No

CLINICIAN NAME

OFFICE STAMP IF APPLICABLE

CLINICIAN SIGNATURE

DATE

Do not fax to the State! Please email or fax to the Volunteer Office.



**Delaware Health and Social Services
Division of Long Term Care Residents Protection
Adult Abuse Registry
3 Mill Road, Suite 308
Wilmington, DE 19806
Phone: 302-577-6661 Fax: 302-577-6672**

**AUTHORIZATION TO
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION**

Employer: Christiana Care Health System

Address: 4755 Ogletown-Stanton Road

Newark, DE 19718

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

APPLICANT

PRINTED NAME

SOCIAL SECURITY NUMBER

SIGNATURE (Typed name acts as legal signature)

DATE

Name:

Date:

Score:

1. As a volunteer, the first and last thing you are required to do upon arriving to your assignment and departing from your assignment is to sign in and out. If you are at the Christiana or Wilmington hospitals, the Cancer Center, or the Middletown Emergency Department, you must sign in at one of the online touch screen computer located at these locations. If you are at an off-site location, what is the correct procedure?
 - Keep a log of your hours and email them to the volunteer office.
 - Call 302-733-1284, Option # 2 and provide Name, PIN Number, Date/Time you are calling, and Location/Assignment and follow the same process when you leave.
 - Keep a log of your hours and provide them to the supervisor at your assignment.
 - All of the above.

2. In 1996 federal legislation enacted the Health Insurance Portability and Accountability Act to protect the privacy of an individuals' protected health information (PHI) and provides individuals the following rights.
 - Right to inspect their PHI.
 - Right to amend their PHI.
 - Right to a list of the releases of their PHI.
 - All of the above.

3. Christiana Care has established an in-house communication center to handle emergency calls (911) at all of the following facilities except which one. *Please note: Dial 911 from an in-house phone when at these facilities.*
 - Middletown Rehabilitation Center
 - PMRI
 - Middletown Emergency Department
 - Christiana and Wilmington campuses

4. While Christiana Care volunteers are not expected to extinguish fires while volunteering, with proper training, you are permitted to use a portable fire extinguisher if the fire is small, contained and you feel comfortable using one. The PASS acronym will remind you how to properly operate a portable fire extinguisher. What is the P-A-S-S procedure?
 - Pull, Aim, Sweep, Squeeze
 - Push, Alarm, Sweep, Squeeze
 - Pull, Aim, Squeeze, Sweep
 - Pull, Alarm, Squeeze, Sweep

5. Coded phrases are used in healthcare to alert staff of an emergency without causing panic to patients or visitors. What coded phrase does Christiana Care use during a mass casualty incident that requires more resources than are currently available?
 - Code Red
 - Code Delta
 - Code Orange
 - Code Blue

6. Emergency response to a fire requires quick action. The RACE acronym directs staff to perform which emergency actions during a fire?
 - Rescue, Alarm, Contain, Extinguish
 - Rescue, Advise, Control, Exit
 - Release, Activate, Control, Exit
 - Release, Alarm, Close, Extinguish

7. How far should you stand from a fire when attempting to extinguish it with a portable fire extinguisher?
 - Up to 5 feet
 - 8 to 10 feet
 - 10 to 15 feet
 - Over 15 feet

Name:

Date:

Score:

8. While volunteering at Christiana, you hear Code Grey announced on the overhead system. You immediately know ...
- A child or infant has possibly been abducted.
 - There is a fire nearby.
 - Someone has called in a bomb threat.
 - A patient has arrived who is being transported directly to the Heart and Vascular Interventional Services (HVIS)
9. Volunteer action may be required for these codes:
- Code Yellow, Code Grey, Code Red, Code Delta
 - Code Yellow, Code Grey, Code Red, Code Blue
 - STEMI Code, Code Grey, Code Red, Code Delta
 - All of the above
10. Identify the ways that infectious diseases may be transmitted:
- Contact
 - Droplet
 - Vectors
 - All of the above
11. The fingernail policy at Christiana Care allows artificial enhancements as long as nails are filed and kept clean at all times:
- True
 - False
12. When wearing disposable gloves, handwashing is not necessary since your hands are protected by the gloves.
- True
 - False
13. If you are accidentally stuck with a needle, you need to:
- Call Volunteer Services staff and notify your supervisor in the area immediately.
 - Tell the nurses what happened.
 - Ignore it.
 - Go to the Emergency Department.
14. Volunteers are NEVER permitted to enter Precaution/Isolation rooms at any time, for any reason.
- True
 - False
15. Christiana Care strives to promote a diverse culture that empowers their patients, families and staff. All of the following statements are representative of our diverse culture except:
- Treat every patient, co-worker, visitor, vendor, etc. with equal respect and dignity regardless of culture, ethnicity, race, social status or any other diversity dimension.
 - Contact Language Services if a patient needs an interpreter.
 - Inquire for understanding ... don't assume.
 - Never ask a patient about their personal customs, values, and health beliefs as this is intrusive and violates HIPAA regulations.
16. Which of these are important to remember when operating a wheelchair?
- Set the brakes before anyone sits down or exits the chair.
 - Don't lean on the wheelchair. It violates the personal space of the patient or guest.
 - When entering an elevator, back the chair in.
 - All of the above

Name:

Date:

Score:

17. The Christiana Care Way defines who we are as an organization and is our promise to our patients, our neighbors, our community, and our staff:
- True
 - False
18. The patient experience is defined as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.
- True
 - False
19. Christiana Care Values are:
- Love and Exceptional Experience
 - Love and Communication
 - Excellence and Love
 - Excellence and Positive Patient Experience
20. AIDET stands for
- Always, Introduce, Daily, Explain, Thank
 - Acknowledge, Introduce, Duration, Explain, Thank
 - Acknowledge, Introduce, Deliver, Excited, Thank
 - None of the above
21. While we strive to provide an exceptional experience for our patients and families during every encounter, we may sometimes fall short. When this happens, we must perform Service Recovery. Our framework to ensure rapid service recovery is HEAT. What does the HEAT acronym stand for:
- Hear, Empathize, Apologize, Take Charge
 - Hear, Empathize, Acknowledge, Take Charge
 - Hear, Excel, Apologize, Take Charge
 - Hear, Empathize, Apologize, Thank patient
22. All of the following statements are true about The No Pass Zone except:
- Only clinical staff should answer patient call bells.
 - If it is something you can help with, please help. Let a staff member know you answered the call bell and met the patient's need.
 - Always wash your hands before entering and exiting the patient's room.
 - Always use AIDET when entering a patient's room.
23. Volunteers **are not permitted** to perform any of the following tasks except:
- Enter Precaution/isolation rooms.
 - Engage in medical conversations with patients and their families.
 - Help a patient make a phone call.
 - Have physical contact with patients such as lifting a patient.
24. Volunteers **are permitted** to perform all of the following tasks except:
- Get blankets, pillows, tissues, towels for a patient.
 - Assist patients with personal hygiene.
 - Adjust room temperature.
 - Provide food/drink with nurse's permission.
25. Volunteers positively impact our patients and families every day, in many ways. The most important function of your volunteer role is:
- Assist with the medical needs of our patients.
 - Assist patients in isolation rooms as they need extra care and attention.
 - Be sure to take your 30-minute lunch break to refresh yourself.
 - Provide personal interaction with our patients and families.