



Faith Regional Health Services / Volunteer Services Annual Continuing Education Quiz

Please read the Volunteer Manual and then complete this Continuing Education Quiz and return to the Volunteer Services Office. Retain the handbook for future reference. Competency allows only two (2) questions to be answered incorrectly.

1. True or False—You must have name badge, health screening/TB and paper work completed before you can start volunteering.
2. True or False— All volunteers must record the type/or area of volunteering and the number of hours.
3. True or False—The best way to prevent spreading infection is proper hand washing.
4. What is the minimum length of time that you must wash your hands under warm water? _____ (seconds)
5. True or False—As a volunteer I may handle items that contain blood and/or body fluids or needles.
6. True or False—Confidentiality is part of my responsibility even when I'm not at FRHS.
7. Match the Code

| | |
|--|----------------------------|
| Fire Alarm + Location | Patient needing CPR |
| Code Blue + Location | Fire |
| Security Alert: Bomb Threat + Location | Armed Intruder |
| Security Alert: Armed Intruder + Location | Bomb |
| Security Alert: Disruptive Person + Location | Rapid Response Team |
| Missing Person + Location | Missing patient |
| Rapid Response Team +Location | Violent/abusive person |
| Rapid Response Team Stroke +Location | Rapid Response Team Stroke |

8. True or False—Under normal conditions volunteers can push patients or visitors in wheelchairs.
9. _____ is the emergency number for all West Campus in-hospital codes.
10. _____ is the number I dial to get a phone line outside of FRHS.
11. True or False—I must receive the influenza vaccination annually or I am required to wear a face mask when I am volunteering at FRHS.

12. Procedure for actual fire/smoke conditions:

R= _____

A= _____

C= _____

E= _____

13. Know the signs and symptoms of a stroke:

B= _____

E= _____

F= _____

A= _____

S= _____

T= _____

14. I am allowed only _____ unexcused tardies/absences in one year's time before I am considered inactive.
15. True or False— Blood borne pathogens are transmitted through casual contact.

16. What is the significance of the hospital's HCAHPS:
17. The _____ is the body which surveys healthcare organizations and grants accreditation.
18. True or False— It is my responsibility to report perceived patient abuse, neglect or exploitation.
19. True or False—The code "Trauma Alert" is when a critical trauma patient is en-route to the hospital.
20. Please explain, in your own words, what the FRHS Mission Statement means to you.

I have reviewed and understand the training materials provided. I know that if I have any further questions concerning these topics, they can be addressed by calling Volunteer Services.

Printed Name

Signature

Date

Faith Regional Health Services / Volunteer Services Understanding of Hospital Confidentiality

Please read and sign the Understanding of Hospital Confidentiality Agreement and return to the Volunteer Services Office

I understand that I have the responsibility for maintain strict confidentiality of information shared with me or acquired by me as part of my duties with Faith Regional Health Services. Any patient information; confidential information about employees, physicians, or management; or financial information regarding Faith Regional Health Services that is made available to me as a volunteer of Faith Regional Health Services is for my professional use only. I understand that such information may be discussed only as needed to properly perform the duties of my position.

Confidential information may not be shared with outside sources without the specific permission of the Chief Executive Officer. Violation of any confidential information may be cause for correction action, including immediate release from duties.

Printed Name

Signature

Date

PLEASE RETURN TO: FRHS Volunteer Services
2700 W. Norfolk Ave
Norfolk, NE 68701