

# **VA Greater Los Angeles Healthcare System Volunteer Application**

## **Instructions:**

**\*\* Prior to beginning this Application Packet: Obtain a copy of the Volunteer Handbook from the Voluntary Service Website. You will need to read the handbook prior to completing the volunteer orientation test.**

**1) Please fill in the volunteer application (VA FROM 10-7055).**

**2) Read the Statement of Commitment and Understanding.**

**3) Complete the volunteer orientation test.** (This step is optional at this time. You may print this packet and complete the test by hand at a later time. However, this orientation test should be completed prior to delivering your application packet to Voluntary Service.

**4) Sign and date the Application, Statement of Commitment and Understanding, and Orientation test.**

**5) Deliver this entire packet to the VA Greater Los Angeles hospital where you are applying to volunteer.**

**VA Greater Los Angeles Healthcare System  
11301 Wilshire Blvd  
Los Angeles, CA 90073  
(310) 268-4350**

**Sepulveda Ambulatory Care Center  
16111 Plummer Street  
North Hills, CA 91343  
(818) 891-7711**

**Los Angeles Ambulatory Care Center  
351 E. Temple Street  
Los Angeles, CA 90012  
(213) 253-2677**

**Please call the campus you are applying to and schedule an appointment.**

 <b>Department of Veterans Affairs</b>		<b>APPLICATION FOR VOLUNTARY SERVICE</b>	
<p><b>The Paperwork Reduction Act of 1995</b> requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of veteran patients in all VA facilities.</p> <p><b>PRIVACY ACT INFORMATION:</b> The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.</p>			
NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)	DATE
Telephone Number	Email Address (Optional)		Date of Birth
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES	
		1. [ ]	2. [ ] 3. [ ]
SEX <input type="checkbox"/> M <input type="checkbox"/> F			
EXPERIENCE AND TRAINING (special skills/abilities)			
RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)		AVAILABILITY (Days and times)	
IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)			
<p>Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.</p>			
Volunteer's Signature		Date	
I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.			
		VAVS Program Manager - Appointing Official Signature	
		Date	
<b>OFFICE USE ONLY</b>			
1. SUPERVISOR	[ ]	2. SUPERVISOR PHONE NUMBER	[ ]
3. ORIENTATIONS	[ ]	4. UNIFORM	[ ]
COMMENTS	NAME AND TITLE OF REVIEWER		DATE

**NOTE TO STUDENTS AND PARENTS:** The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, patients and volunteers as that care is provided.

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of this VA health care facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

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

**PARENT/GUARDIAN:** The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

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

NOTE: Completion of this application does not guarantee acceptance into this program.

# VOLUNTARY ORIENTATION CHECKLIST

NAME \_\_\_\_\_ Assignment \_\_\_\_\_

TOPICS	DATE OF COMPLETION	TRAINER INITIALS
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(Please write NA where not appropriate task or skill for the specific service assignment)

Voluntary Program Handbook	_____	_____
Introduction to the Department of Veterans Affairs	_____	_____
VA Greater LA Healthcare System	_____	_____
Department Mission, Goals and Objectives	_____	_____
Customer Service	_____	_____
Fire; Safety, Use of Equipment/ Disaster Plan	_____	_____
Infection/Exposure Control	_____	_____
Departmental Response to emergency Codes	_____	_____
Department Policies and Procedures Harassment	_____	_____
Accident and Injury	_____	_____
Discuss sign-in procedure	_____	_____
Reporting Hours	_____	_____
Dress Code	_____	_____
Assignment Description Title	_____	_____
Scheduling and Staffing Procedures	_____	_____
Volunteer Duties and Responsibilities	_____	_____
VA Volunteer Application	_____	_____
Confidentiality	_____	_____
Copy of Photo I.D.	_____	_____
T.B. Testing	_____	_____
I.D. Badge, parking, and Vehicle Registration	_____	_____

Volunteer Signature \_\_\_\_\_

Completed Date \_\_\_\_\_

## **Statement of Commitment and Understanding**

**As a volunteer of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.**

**To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans, their families, VA employees and applicants.**

**I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal for violation of applicable confidentiality and security statutes, regulations and policies.**

**I certify that I fully understand all that is outlined above and I am committed to safeguarding personal information regarding veterans, their families, VA employees and applicants.**

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Printed Name

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Volunteer Signature

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Date

**Confidentiality  
Veterans Affairs  
Greater Los Angeles Healthcare System  
(GLANS)  
West Los Angeles Healthcare Center**

This organization acknowledges both a legal and ethical responsibility to protect the privacy of patients and employees. Consequently, the indiscriminate or unauthorized review, use, or disclosure of personal information, medical or otherwise, regarding any patient or employee is expressly prohibited.

All information concerning patients is CONFIDENTIAL and should not be released for publication or discussed with anyone except medical staff personnel. Release of information for publication is the responsibility of the facility's Director and/or Chief Executive Officer.

Except when required in the regular course of business, the disclosure of patient information is strictly forbidden.

Individuals who have access to employee's information or business information designated as confidential by administrators or managers are expected to respect and treat the confidentiality of such information in the same manner as that of patient information.

A single violation of the policy will result in immediate discipline, up to and including discharge from the volunteer program.

This is to certify that I have read, understand and acknowledge the significance of this policy.

Print Name: \_\_\_\_\_

Social  
Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Statement of Completion**  
**For VHA Volunteers**  
**VHA Privacy Policy Training Record**

I hereby state that I have received training on VHA Privacy Policies.

Please (1) print your name on the first line, (2) fill in the date, (3) fill in the last four digits of your Social Security Number, (4) check the training option you completed, and (5) return the form to Voluntary Service.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last four digits of Social Security Number

Condensed Training  
PowerPoint, Full Version  
PowerPoint, Highlights

Course Number 03.MN.AS.HIP.A

Please return this form to your local Voluntary Service Office.

Thank you.

# **Condensed VHA Privacy Policy Training for Certain Volunteers**

**Eligibility:** This training may be used **ONLY** for those volunteers who have little or no contact with patients and do not have access to paper or electronic patient records.

## **Background and Purpose**

The Veterans Health Administration (VHA) is committed to protecting the privacy and confidentiality of patient information. Since it is the responsibility of the entire VHA workforce to protect patient information, all (VHA) employees, **including volunteers**, medical residents, students, and contractors are required to complete Privacy policy training, even if you may not have direct patient contact responsibilities. The purpose of this Condensed training is to provide the participants with the required knowledge of the VHA Privacy Policies. This training must be completed by April 11, 2003.

## **As a VA Volunteer, What Do I Need to Do to Complete This Training?**

Volunteers simply need to read this information and then complete the form provided: **Statement of Completion for VHA Volunteers**. A more detailed print-out on VHA Privacy Policies is available from the VA Learning Catalog, if you would like additional information. Please print your name, date the form, fill in the last four digits of your Social Security Number, indicate the training option you completed, and then return the form to your local Voluntary Service Office.

## **VHA Privacy Policy**

VHA has established policies and procedures that grant the veteran certain rights regarding his/her health information and provide guidance on the use and disclosure of Protected Health Information,

Protected Health Information (PHI) consists of the following:

- Individually Identifiable Information (i.e. Social Security number, health information, etc.)
- Demographic Information (i.e. address, phone, age, gender, etc.)
- This information can be in any form (verbal, written, electronic)

The Privacy Act, HIPAA Privacy Rule, and VHA Privacy Policy provide the veteran with the right to:

- Receive a copy of the VA Notice of Privacy Practices
- Receive a copy of his/her own protected health information
- Request an amendment to his/her personal records
- Request a listing of disclosures of health information from his/her personal records
- Request and receive communications confidentially
- Request a restriction on the use or disclosure of his/her health information.

VHA also has established policies and procedures providing guidance on how PHI may be used within VHA and disclosed to organizations outside of VHA.

VHA workforce members including volunteers may use PHI only when the information is needed to perform

their official VHA duties for the purpose of treatment, payment, and health care operations. Use of PHI for any other purpose requires the written permission of the patient.

VHA may disclose PHI only if prior written permission from the patient has been obtained or other legal authority permits the disclosure.

As a volunteer, you are required to keep all PHI that you may discover in the course of your assigned volunteer duties strictly confidential. Here are some requirements:

- No talking in public areas about Protected Health Information as listed above  
Keep PHI out of public areas (i.e. elevators, stairways, open areas, etc.)
- Secure any records you may be working with before walking away
- No discussing with anyone, inside or outside the hospital, any PHI you may learn while carrying out your assigned duties as a volunteer.

### **Possible Outcomes for Not Complying with VHA Privacy Policy**

Unlawful release of Protected Health Information could result in:

Organization-specific sanctions (i.e. lawsuits, not receiving accreditation) Filing of a complaint by a victim of a Privacy Policy violation

- Civil and criminal penalties for VHA Privacy Policy violators  
Fines up to \$50,000 and/or imprisonment

### **Summary**

All volunteers must be responsible for safeguarding Protected Health Information (PHI): `As a volunteer in our hospital, you have a responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI discovered in the course of your assignment with anyone. Remember that you would want your personal information and health records treated in the same confidential, professional manner. -

As a volunteer, take pride and ownership in the fact that your organization is concerned about privacy and recognizes its importance in providing quality healthcare.

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*If a local facility is distributing this training, the following information may be provided to Volunteers: **Hospital***

### **Privacy Officer**

Jenelda Happy is our Facility Privacy Officer, and their phone number is 310-478-3711 x41513.

Volunteers with any questions should first contact the Voluntary Service Office (*Phone Number*) 310268-4350 as we can most likely provide any additional information you need to know.

**A more detailed print-out can be provided from the VA Learning Catalog if you need additional information on VHA Privacy Policy Training.**

**Department of Veterans Affairs  
Greater Los Angeles Healthcare System  
VOLUNTARY PROGRAM**

**SEXUAL HARASSMENT IS AGAINST THE LAW**

Sexual harassment is illegal and will not be tolerated. It is a demeaning form of behavior that is totally unacceptable. Immediate disciplinary or adverse action will be taken against anyone found to have sexually harassed another person.

If you observe and/or are subjected to what you feel is sexual harassment, report this immediately to your supervisor, Voluntary Program Staff and Voluntary Program Chief.

SEXUAL HARASSMENT is deliberate or repeated unsolicited verbal comments, gestures, or physical conduct of sexual nature which is unwelcome.

It can be:

PHYSICAL — such as touching, holding, grabbing, hugging, kissing, pinching, touching oneself, brushing the body, cornering, "accidental" collisions, other unwanted physical contact, and in worse case, physical assault and rape.

VERBAL — such as offensive humor/jokes about sex or gender-specific traits, suggestive remarks, sexual innuendos, sexual propositions, insults, offensive language, threats, comments, or suggestions of a sexual nature.

NON-VERBAL — such as suggestive or insulting sounds, leering or ogling, whistling, obscene gestures, staring at a person's body, leaning over someone at a desk, offensive gestures or motions, obscene/graphic materials, circulating letters or cartoons, and other sexually oriented behavior.

If you think you are being sexually harassed — **TELL**

**THE HARASSER TO STOP**

**Report the incident(s) as soon as possible**

You must understand that Sexual Harassment will not be tolerated in the work place! Please sign and date below and turn this sheet in with your application.

## ***Acknowledgement of Sexual Harassment Training***

I acknowledge that on \_\_\_\_\_, I attended sexual harassment training entitled ***Sexual Harassment: It Can Happen Here***.

I understand my organization's policy on sexual harassment. I

also understand that:

1. I have a right -to work in an environment free from sexual harassment.
2. I have the responsibility not to engage in behaviors that constitute sexual harassment.
3. If I feel I am being harassed, I have the right and responsibility to communicate this directly to the appropriate party:

If I observe, or am made aware of, sexual harassment behavior in our organization, I have a responsibility to take immediate appropriate action to ensure the behavior stops.

Print Name \_\_\_\_\_

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

## ***Post training Assessment***

### **Instructions:**

Consider the following questions based on the video, ***Sexual Harassment: It Can Happen Here***, and write your answers in the space provided.

1. **True or False.** All touching in the workplace is illegal.
2. **True or False.** A man asking a woman for repeated dates after she has made it clear that she doesn't want to date is an example of hostile work environment.
3. **True or False.** Humor in the workplace is acceptable as long as it is used appropriately and not hurting or offending anyone.
4. **True or False.** Once you have been harassed, there is no way you would ever harass someone else.
5. **True or False.** Unwelcome sexual behavior when it becomes a condition of employment or career advancement is sexual harassment. This type of harassment is called quid pro quo.
6. **True or False.** Everyone has a right to work in an environment free from sexual harassment.
7. **True or False.** If you are a manager and someone comes to you with a sexual harassment claim, it is acceptable to let the person work the situation out for him or herself.
8. **True or False.** As a supervisor, you must also inform the employee what actions may occur as a result of the inquiry.
9. **True or False.** Sexual harassment prevention is strictly a manager's responsibility.

## **KNOW WHAT TO DO IN CASE OF FIRE**

Everyone must know how to report a fire, recognize an alarm, what route to take out of the building, understand patient evacuation procedures, where to go, and who to report to once outside. We follow the **RACE** and **PASS** procedures when there is a fire.

Remember to follow **RACE**

**R**escue anyone in immediate danger of the fire.

**A**ctivate the nearest fire alarm pull station and call 6-Fire on campus phone.

**C**onfine the fire by closing door (do not lock) and windows.

**E**vacuate to an area of refuge.

If you do fight a fire remember the word **PASS**

**P**ull the pin, release a lock latch, or press a puncture lever.

**A**im the extinguisher nozzle or hose at the base of the fire.

**S**queeze the handle of the fire extinguisher.

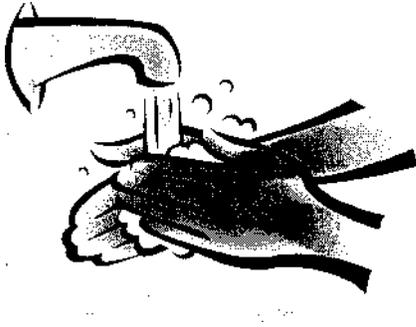
**S**weep the extinguisher from side to side.

You should know:

The location of alarm boxes and the nearest emergency exit.

The location of fire extinguishers and their use.

The name and number of the building you are in.



# Handwashing for Good Health

Under normal conditions we carry a large number of germs on our hands. Many of these germs ( bacteria or viruses) can cause a variety of illnesses like colds, diarrhea, or sometimes a more serious illness. When we forget to wash our hands, or wash our hands incorrectly, these germs can be spread to others.

## ❖ **Effective handwashing:**

- ✓ Use soap and warm, running water
- ✓ Washing all parts of your hands from your finger tips to your wrists. Make sure you wash between your fingers and under your fingernails.
- ✓ Rub your hands together for at least 10 to 15 seconds.
- ✓ Dry with a disposable paper towel or use air dryers.

## ❖ **Handwashing should be done before:**

- ✓ Preparing or eating food
- ✓ Inserting or adjusting contact lenses
- ✓ Washing or bandaging wounds

## ❖ **Handwashing should be done after:**

- ✓ Using the bathroom
- ✓ Handling uncooked meat, poultry or fish
- ✓ Changing diapers
- ✓ After coughing, sneezing or blowing your nose
- ✓ Handling pets (reptiles, turtles, chicks)
- ✓ Handling trash
- ✓ Tending to a sick person

# Bloodborne Pathogens Fact Sheet

A needlestick or cut from a contaminated scalpel can lead to infection from Hepatitis B (HBV), HIV (the virus that causes AIDS) or Hepatitis C (HCV). You can be considered at risk for exposure to these bloodborne pathogens because you are employed in a healthcare setting. Your level of risk will be increased if you are involved in specific healthcare or patient care activities.

## Hepatitis B

Hepatitis B is a virus that can cause inflammation of the liver. Many people infected with HBV never feel sick, while others can experience a mild flu-like illness. Others may get jaundice (yellowing of the eyes and skin) dark urine, nausea, abdominal pain, fatigue, or loss of appetite. These symptoms can last up to six months.

Most infected people completely recover, however a small number of individuals can carry the virus for a long time without symptoms. These chronic carriers are infectious and can potentially spread HBV to others. Carriers are at increased risk for developing liver diseases like cancer and h e p a t i t i s .

**How spread:** Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal secretions and saliva (bites) or other infected body fluids (breast milk, tears, urine, synovial fluid)

**Risk after exposure:** Your chance of infection after an exposure from an infected needle is between 7-30%

**Viral survival:** Hepatitis is very hardy and can live outside the body-for up to 7 days in dried blood, longer in moist blood

**Vaccine:** Hepatitis B vaccine is available through employee health services

## HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. HIV destroys your body's ability to protect itself from a number of diseases and infectious illnesses. A person with HIV infection can have the virus for years without feeling sick. They are not sick, they are infectious and can still spread the infection to others. As of 1996 there were 49 confirmed cases of HIV transmission in healthcare workers as a result of their job. Twenty-two of these people have developed AIDS.

**How spread:** Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal secretions or other infected body fluids (breast milk, tears, urine, synovial fluid).

**Risk after exposure:** Your chance of infection after an exposure from an infected needle is between 0.3% (3-5 infections per 1,000 needlesticks) **Viral survival:** Several hours after drying

**Vaccine:** None available, but some promising in research and development

## Hepatitis C

Hepatitis C is a virus that can cause inflammation of the liver. It is the most common cause of non-alcoholic liver disease in the U.S. and Canada. Hepatitis C is responsible for 90% of cases of transfusion-associated Hepatitis. Acute illness with Hepatitis is usually less severe than that with Hepatitis B with 75% of HCV cases having no signs/symptoms.

**How spread:** Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal

secretions or other infected body fluids (breast milk, tears, urine, synovial fluid)

**Risk after exposure:** Your chance of infection after an exposure from an infected needle is around 3%

**Viral survival:** Several days after drying .

**Vaccine:** None available, but some promising in research and development

## Prevention

The best way to prevent cuts and sticks is to minimize contact with sharps. The GLAVA supports the use of needlesafe products to reduce the possibility of needlestick injuries. All needlesafe devices are to be used wherever available. Follow the Bloodborne Pathogens Exposure Control Plan located in the Infection Control Manual for prevention of exposures to blood and body fluids.

Proper disposal of medical waste is an important responsibility in health care environments. It is also California law. Bulk wet waste body fluids are always to be discarded in red bag infectious waste trash. Place soiled dressings in a wax or foil-lined bag and discard in the regular trash. The Isolyser LTS (liquid treatment system) is available to solidify fluid waste and render it non-infectious. Sharps instruments and items are always placed in rigid sharps containers located throughout clinical areas.

## Environmental Surfaces

Clean all environmental surfaces and equipment with an approved germicide immediately when soiled with blood or body fluids. All reusable medical equipment is to be cleaned routinely and covered when not in use.

## Key Points:

1. Treat **all** blood and body fluids as if they were infectious
2. Use **Standard Precautions** for the care of all patients
3. Request vaccination for Hepatitis B
4. Do not recap, bend, or shear any needle or improperly disposed of sharp.
5. Report all sharps containers that are over 3/4 full to EMS. Containers must have the biohazard emblem. Employees must properly dispose of all sharps.
6. Specimens must be transported using a labeled "biohazard" plastic bag
7. Eating, drinking, applying lip balm or manipulating contact lenses in patient care areas (exam, treatment, procedure rooms, nursing stations, labs).
8. Personal protective equipment (gowns, gloves, masks, face shields, respirators) are worn at all times where contact with blood or body fluids can be anticipated.
9. All blood or body fluids are cleaned up immediately using our approved disinfectant (CAVICIDE). All reusable medical equipment is cleaned between patients or when visible soiling occurs.
10. Sharps or glass are never picked up by hand, even if you are wearing gloves.
11. Report all blood or body fluid exposures to your supervisor, and go immediately to your employee health service. Complete all necessary forms.

Name: \_\_\_\_\_

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

## New Volunteer Orientation Test

This test is to be taken after you read the Volunteer Handbook. A score of 100% is necessary for appointment as a WOC.

1) The mission of the VA Greater Los Angeles Healthcare System is to NOT put Veterans first:

True       False

2) VA Volunteers bring to patients a part of the outside world and a feeling of belonging, of not being isolated because of hospitalization:

True       False

3) The fire and police emergency telephone numbers are 12, 333:

True       False

4) Safety is everyone's business, practice it daily:

True       False

5) Code Blue refers to a Fire Emergency:

True       False

6) Code Yellow refers to a Missing Patient:

True       False

7) Volunteers are treated as employees for purposes of accidents and injury occurring during official, regularly scheduled volunteer's duties:

True       False

8) Eating, drinking, smoking, applying cosmetics/lip balm, handling contact lenses is permitted where there is a likelihood of exposure to blood/body fluids:

True       False

9) Food and drink shall not be kept in refrigerators, freezers, counter-tops, shelves where blood/body fluids may be present:

True       False

10) Use alcohol based hand rub for routine hand hygiene before and after patient contacts:

True       False

11) Only a few volunteers work under the supervision of a staff member:

True       False

12) As a volunteer you need not sign in every single day you volunteer:

True       False

13) Volunteer uniforms are not required however; all volunteers must wear their VA ID badge:

True       False

14) Should you learn confidential information about a patient, you are allowed to share that information with other patients:

True       False

15) If you feel you have been the object of either verbal/physical harassment you should immediately tell as many volunteers as possible in an effort to protect them:

True       False

16) HIPPA stands for

- Health Information Protection Access and Accountability Act.
- Heath Insurance Provider Alert and Access Act.
- Health Insurance Portability and Accountability Act.
- Health Information Provider Alert and Access Act.

17) Respecting and providing for a patient's privacy is everyone's responsibility:

- True
- False

18) RACE stands for: Rescue, Activate, Confine, and Evacuate:

- True
- False

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**STOP**

The following pages will be completed by VA Staff if you are accepted into this program. Please print this entire packet and deliver to VA Greater Los Angeles Voluntary Service

**Volunteer - Service Description / Position Description**  
**(To be completed by VA Staff/Supervisor)**

**Volunteer Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Service:** \_\_\_\_\_

**Site/Location:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Ext.** \_\_\_\_\_

*Please attach a copy of assigned services and duties or complete the following*

Detailed Description of Assigned Services and Duties:

Volunteer has been accepted into placement for this service, has been provided an orientation to the area and has demonstrated they are capable of providing the above services.

**Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **TB TESTING IS MANDATORY**

For all Volunteers

All Volunteers must be tested for Tuberculosis. The test is available through the employee Health Unit in the basement of Building 304. There is no charge for this service.

**The test is available**

**Monday, Tuesday, Wednesday**

**7:30 AM – 11:00 AM**

**1:00 PM -3:00PM**

**Thursday (No skin Test placement- Reading only)**

Fridays and the day before a Holiday (No QFTB Screening)

Individual are screened on a one on one basis by: Nurse Provider.

Standard screening for Employee Health is by QFTB Blood Test/Unless screened by Nurse or Provider.

# MANDATORY

## TB TESTING

\_\_\_\_\_, had a TB Test Planted on \_\_\_\_\_  
Print Name

A QFTB Drawn on \_\_\_\_\_

\_\_\_\_\_  
Date

The skin test shows \_\_\_\_\_ mm induration and  
erythema,

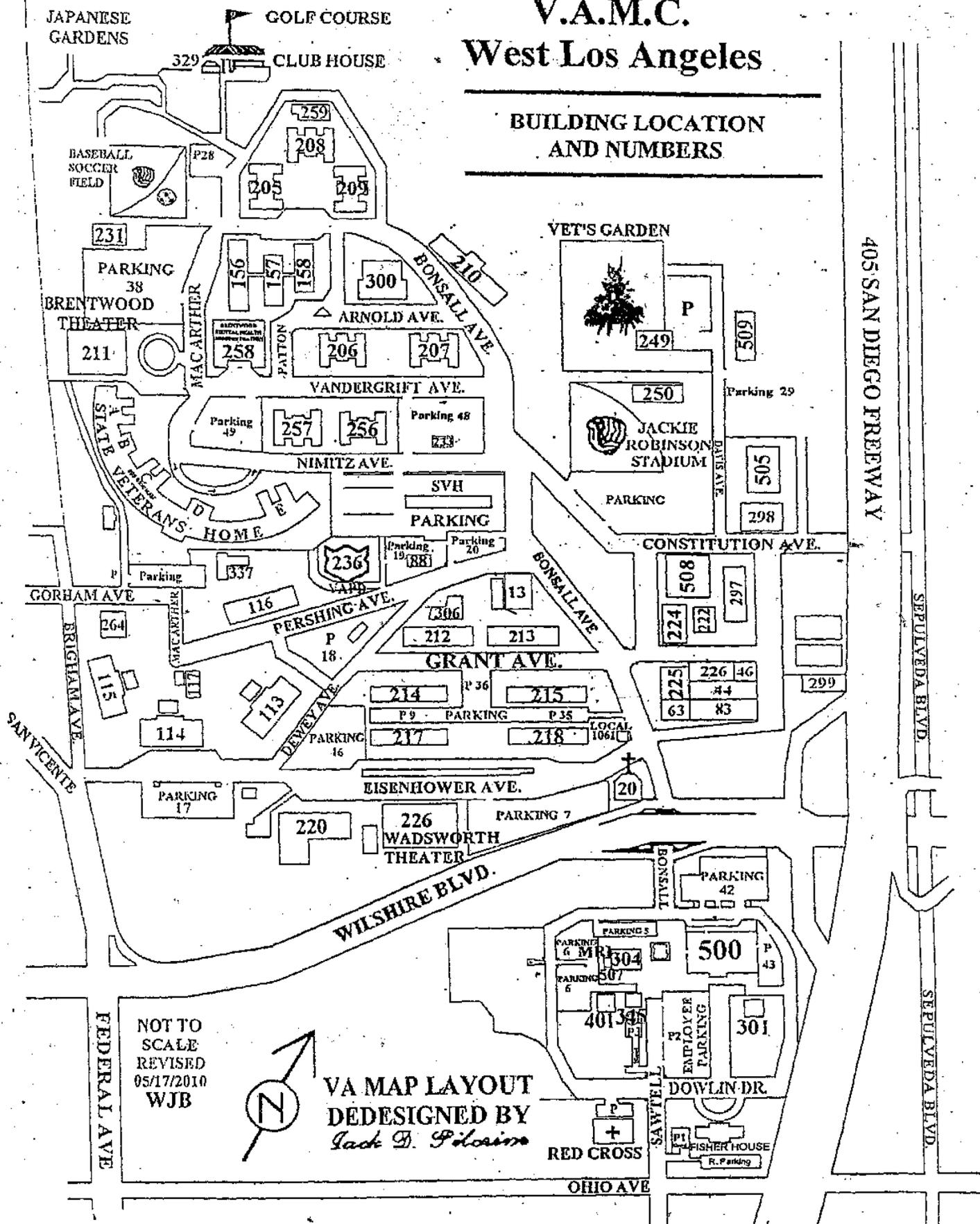
Test completed \_\_\_\_\_  
Date

Employee Health  
WLA VA Bldg 304

Cleared for PPD Screening for  
Volunteer Service (Int) \_\_\_\_\_

# V.A.M.C. West Los Angeles

## BUILDING LOCATION AND NUMBERS



NOT TO  
SCALE  
REVISED  
05/17/2010  
WJB



VA MAP LAYOUT  
DEDESIGNED BY  
*Jack D. Polheim*

# SEPULVEDA

DUTY HOURS - FIRE, CARDIAC ARREST & POLICE DIAL 3 - Chemical Spill, 9721 Radiation Spill 9334

NON DUTY HOURS - CARDIAC ARREST "8" (for outside line) 911 - BOILER PLANT 936

