

2018 Volunteer Training Quiz

Orientation and Annual Education

Print Volunteer Name _____

Volunteer # _____

1. The values of BayCare are **T** _____, **R** _____ and **D** _____ and reflect our **R** _____ to achieve health care **E** _____ for our communities.
2. During a volunteer visit, a patient shared her excitement about planning her daughter's wedding. During the conversation, the volunteer told her that she owned a catering business and gave the patient one of her business cards. Business solicitation is considered a _____ of _____.
3. What is the 10/4 rule for friendliness?
10 feet away: make _____ **contact and** _____
4 feet away: say _____
4. While volunteering I learned that one of my neighbors is a patient. I called to let the president of our homeowners association know so they could send her a card. Check correct answer.
 Thoughtful gesture? **HIPAA violation?**
5. If a volunteer has an accident or is injured on duty, you must inform the Volunteer Manager or Coordinator as soon as possible. An Event Report form must be completed.
(Circle correct answer) **before leaving the premises** OR **the next day**
6. Emergency **Color** Codes: Draw line to correct color.

Code RED	Infant Abduction
Code BLUE	Active Shooter
Code PINK	Cardiopulmonary Arrest
Code SILVER	Fire
7. Always verify you have the correct patient by checking their ID Bracelet and confirming their
(Fill in the blank.) _____ and _____.
8. Everyone has a responsibility to report HIPAA violations. Contact your Volunteer Manager or Coordinator or you can call the anonymous hotline at () _____.
9. Volunteers do not lift patients or heavy objects as part of their volunteer service. (Circle your answer)
True or **False**
10. What is the best way to protect yourself from infection? _____.
11. Every volunteer can enter an isolation room if they wear a mask. (Circle your answer.) **True** or **False**?
12. Volunteers must follow proper dress code and wear their _____ and _____ at all times.
13. Wheelchair Safety: #1 safety measure when using a wheelchair is to make certain the _____ are applied before a patient gets into or out of a chair.



14. Resources for the deaf and hard of hearing vary by facility but may include:
Please circle correct answer(s):

Ipads UbiDUO TTY/TDD Picture Cards In Person Language Interpreter
All of the above

15. Proof of flu vaccination is required by November 30 of each year for Volunteers and Team Members. Flu stickers will be provided upon receipt of approved documentation and placed on the BayCare Health System ID/Volunteer badge above their picture. Those who do not provide proof of vaccination OR decline the flu vaccination for any reason will be required to wear a surgical mask between _____ and _____.

16. OSHA / Occupational Safety and Health Administration's main goal is to promote safe work practices in an effort to minimize incidence of illness and _____. (Fill in the blank.)

17. _____ is one of the organizations BayCare Health System uses for accreditation. Surveys are conducted on an unannounced basis, at least once in a three year period.

18. For security purposes, should you terminate from your volunteer position you will be required to turn in your volunteer badge and parking decal. (Circle correct answer.) **True or False**

19. BayCare Health System consists of _____ Hospitals.

20. Identify the following colored armbands/bracelets:

GREEN Bracelet = _____

YELLOW Bracelet = _____

21. To assure your safety, volunteers MUST perform duties within the guidelines of their _____.

22. HIPAA allows us to share patient information for TPO purposes. (Fill in the blank.)

T _____ **P** _____ **O** _____

23.

- If you witness an accident use the phone to call for help. **True or False**
- Find a team member to assist immediately. **True or False**
- Try to lift or encourage the injured person to get up on his or her own. **True or False**

24. Five warning signs of a stroke include:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

25. Artificial nails have been found to contribute to the spread of infection.

(Circle answer.) **True or False**

(Please return completed quiz to your volunteer office)

In completing this quiz, I have reviewed the material necessary for general orientation and/or annual education as needed to be an active volunteer.

Volunteer Signature _____

Date _____

