

2023 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 homeowner's association know so they could send her a card.

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 **before leaving the premises** OR **the next day**.

6. Emergency Color Codes: Draw line to correct color.

Code RED

Code BLUE

Code PINK

Code SILVER

Infant Abduction

Active Shooter

Cardiopulmonary Arrest

Fire

7. Always verify you have the correct patient by checking their ID Bracelet and confirming _____ 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. **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. **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:

iPad Ubi DUO TTY/TDD Picture Cards In Person Language Interpreter All of the above

15. It is acceptable to shout, speak in a raised voice in public or make derogatory remarks in a public or private setting.
True or False.

16. Jokes, gestures, language or inappropriate comments which appear to target an individual or group of individuals are acceptable in a hospital setting. **True or False.**

17. Harassment caused by unwelcomed behavior that is based on race, color, religion, sex, national origin, age, disability and genetic information is not allowed at BayCare. **True or False.**

18. OSHA / Occupational Safety and Health Administration's main goal is to promote safe work practices in an effort to minimize incidence of illness and _____.

19. _____ 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.

20. For security purposes, should you terminate from your volunteer position, you will be required to turn in your volunteer badge and parking decal. **True or False.**

21. BayCare Health System consists of _____ hospitals.

22. Identify the following colored armbands/bracelets:

GREEN Bracelet = _____ YELLOW Bracelet = _____

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

24. HIPAA allows us to share patient information for TPO purposes.

T _____ P _____ O _____

25. If you witness an accident, you should:

- 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.**

26. Five warning signs of a stroke include:

1. _____ 3. _____ 5. _____
2. _____ 4. _____

27. Artificial nails have been found to contribute to the spread of infection. **True or False.**

28. In relation to COVID-19, masks are required to be worn by volunteers regardless of service area when our area is deemed in the Zone GREEN category. **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: _____

