



**Baptist Health**

# Volunteer Services





# Who We Are

## Belief

Baptist Health is more than a business; it is a healing ministry. Our healing ministry is based on the revelation of God through creation, the Bible and Jesus Christ. At Baptist Health, care of the whole person – body, mind, and spirit – is an expression of Christian faith. We are instruments of God’s restorative power and are responsible for giving compassionate care.

## Mission

Baptist Health exists to provide the quality patient centered services, promote and protect the voluntary non-profit healthcare system, provide quality health education and respond to the changing health needs of the citizens of Arkansas with Christian compassion and personal concern, consistent with our charitable purpose.

## Vision

Baptist Health will improve the health of Arkansans by changing the way healthcare is delivered.

## Values

In fulfilling our mission, we place special emphasis on the values of service, honesty, respect, stewardship, and performance.

## Service

Quality service is the foundation of any successful business, and is even more essential in the provision of healthcare. Our success is dependent on each employee’s desire and commitment to serve others.

## Honesty

Adherence to the moral values of fairness, integrity and honor in all relationships is a major priority.

## Respect

All people are to be treated as individuals, with courtesy and thoughtfulness. Respect for each person’s dignity and worth is essential. Patients are to be treated with concern and compassion.

## Stewardship

We prudently commit our resources, using our talents and strengths in an effective and efficient manner. Our facilities and equipment are maintained with pride.

## Performance

Desired characteristics of volunteers include initiative, dedication, talent, and knowledge tempered by common sense. The highest possible performance from all is expected.

# General Information

## BACKGROUND CHECK

All prospective volunteers, 18 years of age and older, must successfully complete a background check with our Security Office.

## VACCINATION

All prospective volunteers must have current Flu Vaccination and COVID-19 Vaccination.

## ATTENDANCE

Please plan other activities around your volunteer schedule. We are counting on you! Please contact your assigned area supervisor and e-mail your volunteer coordinator when you must be absent.

## PLACEMENT

Volunteers must not reassign themselves to another placement or area. Please contact your volunteer coordinator if you need additional hours, need to change your schedule, or placement.

## LOGGING HOURS

Please log your hours on your personal log sheet each time you serve.

## PROFESSIONAL APPEARANCE

All volunteers must dress and maintain a personal appearance that is appropriate and professional.

- Identification Badge — Must be worn at all times. It is to be worn on the shoulder area with the picture facing out. No lanyards. Badges are provided by our Security office.
- Jewelry — Jewelry should be small enough and of an appearance not to interfere with equipment or job duties. No more than two pierced earrings per ear and no other pierced jewelry on any other visible part of the body is allowed.
- Hair — Neat, clean, and well groomed.
- Nails — Clean, short, and not artificial.
- Cologne/Perfume — No scented cologne/perfumes or lotion to be worn by volunteers in direct patient care areas.
- Tattoos — Must not be visible while at work and on duty.
- Shoes — Closed Toed. No sandals or flip flops.
- Uniforms — Please coordinate with your volunteer coordinator and area supervisor.

## PARKING

Free parking is provided in designated areas. Please do not park in spaces reserved for visitors or (unless you qualify) disabled persons.

## MEALS

A meal (up to a \$7.00 value) is provided to volunteers in our hospital cafeteria when displaying their ID badge. To qualify, they must work a minimum of 4 hours per shift. This is a one-time transaction per day.

## **GRATUITIES**

Volunteers may not accept gratuities (or tips) at any time at a Baptist Health facility.

## **SMOKING**

By law, Baptist Health is a smoke free environment. Smoking is not permitted on any Baptist Health campus.

## **OCCURRENCE REPORT**

An Occurrence Report should be filed immediately following incidents causing even a potential injury to you or others. Your supervisor, a security officer, or your volunteer coordinator can complete the form on your behalf.

## **SOLICITATION & DISTRIBUTION**

Please do not solicit (sell) or distribute anything at our hospitals at any time.

## **CELL PHONES**

When on duty, please limit telephone usage to emergent calls and keep your cell phone out of public view. There is rarely a need for the use of a cell phone on duty.

# HIPAA & Confidentiality

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

The HIPAA legislation sets a national standard to protect an individual's personal health information and requires us to take responsible precautions to protect against unauthorized uses or disclosures of a patient's personal health information. Any information that could be traced to or identified with a particular patient could be construed as a personal health information violation.

Personal health information may be found on such items as: medical charts, prescriptions, identification bracelets, and meal descriptions.

Special care must be taken to protect and where necessary destroy anything that identifies a patient's name, address, social security number, date of birth, age, medical history, diagnosis, and lab results.

Under HIPAA, healthcare facilities must give patients a written notice of their privacy practices and patient's privacy rights.

Wrongful disclosure of personal health information and non-compliance with requirements can result in fines, termination, and/or imprisonment.

Medical records are confidential and protected by law. Even the fact that a patient is hospitalized may itself be confidential information. Records may include information about a patient, family member, a healthcare professional or items of a sensitive nature. Volunteers are held to the same standard as employees and must agree to never discuss any patient's condition, reveal, copy, fax or in any manner disclose the contents of the medical record of any patient who has, is or will receive healthcare services through Baptist Health. Breach of this trust is grounds for immediate and irrevocable dismissal.

# Rules & Regulations

## INFECTION CONTROL GUIDELINES

- Volunteers are required to have a Flu Vaccination and COVID-19 Vaccination.
- Volunteers must not serve if they are sick.
- Volunteers must wash their hands often.
- Volunteers must not enter a room of an Isolation, Burn, Transplant, or active TB patient.
- Volunteers must not handle blood or body substances.
- If a volunteer is exposed to blood, body substances or active tuberculosis, they should report immediately to Employee Health Services.

## RELIGION

Baptist Health is a Christian organization, yet we serve people of many faiths. Here are our guidelines regarding issues of faith in our diverse community.

If a patient wants to discuss spiritual matters or faith issues, remember these key points:

- Be a good listener and demonstrate sensitivity to the patient's perspective.
- Never argue; show respect for the patients' point of view.
- Affirm them in their concern about religion or faith.
- Offer the services of Pastoral Care.
- Encourage them to utilize their own faith resources in the healing process.

# Emergency Codes

## MISSING CHILD

A possible baby abduction is in progress. Volunteers should stand at hospital entrances and exits, in front of elevators, at stairwells, or any location where an abductor might exit the hospital premises. This should be done until "Missing Child is Clear" is announced over the hospital public address system.

## FIRE ALARM ACTIVATION

A fire and its location is announced over the public address system as "Fire Alarm Activation." When with a patient, their safety is the top priority. Please do not use an elevator or go through the closed fire doors. Always use the stairs during this code. When the fire alert is over, the operator will announce "Fire Alarm Clear."

Remember R.A.C.E.

**RESCUE** the patient  
**ACTIVATE** the alarm  
**CONTAIN** the fire  
**EXTINGUISH** the fire

## BOMB THREAT

The hospital has received a bomb threat. Stay calm. Follow your supervisor's instructions.

## CARDIAC ARREST

A potentially life-threatening situation and its location is announced as "Cardiac Arrest." Please do not congregate in the location and keep the path clear for emergency personnel.

# Disaster Preparation

**TORNADO WATCH** — The county has been placed in a “Tornado Watch” status in areas near our hospital.

**TORNADO WARNING** — A tornado has been spotted moving in the direction of the hospital.

**POSSIBLE PATIENT SURGE** — The hospitals may receive a sudden influx of emergency patients.

## Volunteer Dismissal

A volunteer may be dismissed for:

- Dishonesty or theft
- Excessive absence or tardiness
- Breach of HIPAA or confidentiality standards
- Failure to accept supervision from professional staff
- Accepting gratuities
- Being under the influence of alcohol or drugs
- Inappropriate language
- Lack of motivation
- Insubordination
- Failure to remain in assigned work area
- Sexual harassment
- Bringing a weapon on the campus
- Failure to follow departmental policies and guidelines
- Actions that cast a bad reflection on Baptist Health

## Things to Remember

- ✓ SMILE, be pleasant and maintain a positive, cooperative attitude with others.
- ✓ SHOW RESPECT to everyone with whom you come in contact.
- ✓ LEAVE personal and healthcare related problems at home.
- ✓ LISTEN effectively.
- ✓ WALK AND TALK quietly in the hallways of our facilities.
- ✓ FOLLOW instructions and accept supervision graciously from staff members.
- ✓ MODEL our values – Service, Honesty, Respect, Stewardship, and Performance.

*Giving All Our Best* means presenting a professional appearance and conducting oneself with clarity, competence, and compassion at all times.

Thank you for your time, dedication, and compassion you have shown to our Baptist Health patients, families, and staff.

Please complete all forms and return to: Volunteer Service Coordinator at the Baptist Health Medical Center of choice  
Visit [www.baptist-health.com/volunteer](http://www.baptist-health.com/volunteer) for a complete list

# Volunteer Application

Mr./Ms./Mrs.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
(MM/DD/YYYY)

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Type of Volunteer Service Preferred:  Inpatient Units  Surgery Center  Foundation Office  
 Main Information Desk  Emergency Department  Foundation Events  
 Critical Care Unit  Neonatal Intensive Care Unit

Hospital Location:  BH-Little Rock  BH-Conway  BH-North Little Rock

Days and Times Available: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly explain why you want to volunteer at Baptist Health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

# Volunteer Quiz

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

Write the word "True" or "False" to give the correct answer in front of the statement.

1. \_\_\_\_\_ Volunteers should exhibit a professional manner at all times, modeling the Baptist Health Values of Service, Honesty, Respect, Stewardship and Performance.
2. \_\_\_\_\_ Volunteers are required to have a current Flu Vaccination and COVID-19 vaccination.
3. \_\_\_\_\_ Volunteers must wash their hands often.
4. \_\_\_\_\_ Volunteers may not accept gratuities or tips from patients or their family members for providing outstanding service.
5. \_\_\_\_\_ Volunteers should avoid the use of cell phones and headset listening devices when on duty.
6. \_\_\_\_\_ A volunteer cannot be dismissed from service for breaking patient confidentiality.

My Score: \_\_\_\_\_

My Percentage: \_\_\_\_\_%



# Volunteer HIPAA Confidentiality Agreement

I have been made aware and agree to comply with all Baptist Health policies regarding the Health Insurance Portability and Accountability Act of 1996 and other confidentiality guidelines adhered to by the hospitals.

I realize that all items contained in a medical record are protected by law and the fact a person is hospitalized may itself be considered confidential information.

As a hospital volunteer or one participating in the capacity of an observer, I further pledge to keep all information that I may learn about or personally observe regarding individual patients and their families as confidential and that I will not, in any manner, reveal this information to or discuss it with any unauthorized person(s).

Volunteer's NAME (PLEASE PRINT) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

As a volunteer, my signature below verifies that I have read the entire Volunteer handbook. I have been duly informed, fully understand and agree to comply with Baptist Health's guidelines on each of the following:

- Baptist Health Values
- HIPAA
- Confidentiality
- Dress Code and Grooming
- Infection Control
- Religion
- Volunteer Dismissal

Volunteer's NAME (PLEASE PRINT) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_