

85 HOPE Volunteer Application

Name _____ Today's Date: _____

Address _____

Home phone # _____ Work phone # _____

Cell phone # _____ Email address _____

Preferred way to be contacted _____

Employer (if applicable): _____

Church/Organization Affiliation (if applicable): _____

Any education or licensing that you think would be helpful:

Any special abilities or experiences you would think would be helpful at 85 HOPE:

Work preference: clerical/medical/intakes (circle all you are interested in)

Preferred time to work (please circle): Days –Tuesday: 1-5pm; Thursday: 1-5pm
Clinic Night –Thursday: 4:30-8pm

If professionally licensed, is your license current? Yes No

Has your professional license ever been suspended or sanctioned? Yes No

If yes, please explain: _____

Please return application to 85 HOPE, PO Box 27, Wabash, IN 46992
Questions? Contact us at 260-274-0011 or 85 HOPE.org

(85 HOPE Volunteer Application, Continued)

Name: _____

References:

Name _____

Address _____

Phone # or Email address _____

Name _____

Address _____

Phone # or Email address _____

Name _____

Address _____

Phone # or Email address _____

Please include a copy of your current Driver's License for the Criminal History Report. If it is not possible to make a copy, the Clinic will do that for you.

Criminal History Release Form

I, _____, hereby
(print first name) (print middle name) (print last name)

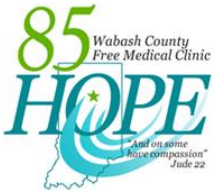
Request the Wabash County Sheriff's Department to release any criminal/traffic information on file to 85 HOPE, c/o Laura Helm, PO Box 27, Wabash, IN 46992. I hereby release the Wabash, County Sheriff Department from all liability for damages whatsoever upon the release of this information.

Signed _____

D.O.B. _____ S.S.N. _____

Today's Date _____

Phone No. _____



85 HOPE Confidentiality

Source: 85 HOPE Policy Committee

Effective Date: October 12, 2011

Purpose:

Confidentiality is the right of every client. Health professionals maintain that client right and acknowledge the responsibility addressing each client's privacy needs.

Policy:

1. Client information will be kept in strict confidence and will be used only for assisting with that client's care.
2. Information will only be discussed with the client or those caregivers already privy to that information. The disclosure of client identity and information to medical personnel, support services or other key persons will take place only with the knowledge and agreement of the client.
3. Referrals to other support services within the community are made after written client agreement. Documentation will indicate their interest in receiving additional services.
4. All records initiated and maintained by the 85 HOPE Clinic shall be considered confidential and will be kept in a secure location at the clinic and available with a key only to the designated staff people.

Print Name

Signature

Date

85 HOPE

Universal Precautions

Source: 85 HOPE Policy Committee

Effective Date: October 12, 2011

Purpose:

- A. To limit the occupational exposure of our volunteer/ employees to blood and other potentially infectious pathogens via controls, work practices and personal protective equipment.
- B. To provide guidelines for training, the use of protective equipment, vaccine, Post exposure plan, etc.
- C. To provide education that shall result in knowledge of the plan provisions.
- D. To provide prompt appropriate follow-up and counseling in the event of a high-risk exposure.

Policy:

85 HOPE is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA standard 29 CFR 1920.1030, "Occupational Exposure to Blood-borne Pathogens."

I. Review of Plan

A. Risk

1. Employees and volunteers in designated job classifications are at risk of occupational exposure to blood and other potentially infectious materials (O.P.I.M.).
 - a. Occupational exposure may be defined as reasonable anticipated skin, eye, mucous membrane, non-intact skin or parenteral contact with blood or O.P.I.M. that may result during the performance of the employee's responsibilities.
 - b. Risk is defined by job classification or task identification.
2. Independent contractors, contracted temporaries and affiliated students will be provided personal protective equipment and standard (universal) precautions training as appropriate.

B. Job Classification at Risk (candidates for vaccine).

1. All staff with direct contact with potential body fluids.
2. All staff with any risk within the work place.

II. Methods of Compliance

A. Standard Precautions (S.P.)

1. Definitions:

- a. Blood: Includes plasma, platelets, serous fluid (i.e., exudates from wounds).
- b. Other potentially infectious materials (O.P.I.M.):
The following body fluids:
Vaginal secretions Pleural fluids
Body fluids continued Syliva in dental procedures

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Peritoneal fluid	Semen
Synovial fluid	Cerebral spinal fluid
Amniotic Fluid	Pericardial fluid
Breast Milk	

All body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood

Any “unfixed” tissues or organs

Any body fluid from an undetermined source

c. See glossary for additional definitions

B. Work Practice Controls

1. Input on work practice control selections will be solicited from non-managerial employees/volunteers responsible for direct patient care who are potentially exposed to injuries from contaminated sharps. New medical devices which ensure sharp safety are continuously in process of evaluation and trial.
2. Engineering Controls examples (equipment and devices) available to employees:
 - a. Puncture proof sharps containers
 - b. Plastic capillary tubes and safety-retractable lancets
 - c. Functioning and appropriately located hand-washing facilities
 - d. BD blood transfer for device
 - e. Safety needles for syringes
3. Nurses will be responsible for monitoring and maintaining a safe work environment
4. Work Practice Controls examples (behaviors):
 - a. Eating, drinking, make-up application, handling of contact lenses is not allowed where occupational exposure to infectious agents could occur
 - b. Food and beverages will not be stored in refrigerators or other Areas where infectious material may be present
 - c. Caution will be taken during procedures or events that could result in splash, spray, or generation of droplets

C. Personal Protective Equipment (P.P.E.)

1. Nurses are responsible for the availability of necessary barriers and PPE
 - a. Evaluation of barrier devices will be ongoing to insure personal Protection
2. 85 HOPE will insure that employees/volunteers will use appropriate barrier protection

D. Housekeeping

1. All receptacles for linen or trash will be cleaned and disinfected on a regular basis
2. All contaminated broken glassware will be removed by mechanical Means, i.e. broom and dust pan, and not by hand
3. Contaminated sharps—needles, lancets, etc., on the floor are to be retrieved by a mechanical means, i.e. forceps, broom and dust pan, and not by hand
4. Used sharps containers will be stored at designated sites in each Department and then transported by appropriate channels

E. Regulated Waste (Infectious) Handling and Disposal

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Questions? Contact us at 260-274-0011 or 85 HOPE.org

1. Will be separated from other trash while in storage and transport
2. Plan for disposal
 - a. Hauled off site by reputable company for incineration
3. Storage areas will be biohazard labeled

III. Hepatitis B Vaccine

- A. Candidates
 1. All individuals identified as being at risk
- B. Vaccine Policy
 1. Available to all 85 HOPE volunteer staff who are at risk
- C. Record Maintenance
 1. Hepatitis B vaccine status to be kept in WCH (The Work Place)
- D. Vaccine to be offered and first dose administered to new volunteers during their orientation

IV. Post Exposure Confidential Evaluation and Follow-up

- A. Blood/OPIM Exposure Procedure
 1. Immediately wash or irrigate the site exposed
 2. The Work Place is to be used during regular business hours (8:00 a.m. to 4:30 p.m., Monday through Friday). The Work Place supervisor of WCH should be contacted at all times. After hours, use WCH Emergency Room.
 3. Employee blood will be preserved for 90 days in the Work Place and processed if requested by employee/volunteer at a later date.
 4. Measures that would avert similar exposure in the future will be discussed
 5. Evaluating healthcare professional is provided with
 - a. A copy of the Standard (universal precautions policy)
 - b. A description of the exposed employee's duties as they relate to the exposure incident. There should be information about the following:
 1. Work controls in use at the time
 2. Work practices followed
 3. Description of the device in use
 4. Protective equipment in use at time of exposure incident
 5. Procedure being performed
 6. Employee's training
 - c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred
 - d. Results of the source individual's blood testing, if available
 - e. All medical records relevant to treatment of the employee, including vaccination status
 - f. Required incidents are recorded in the OSHA 200 Log

Required Signatures for Universal Precautions Policy:

Print Name

Signature

Date

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