

Free Clinic of Meridian
Medical Volunteer Application

Name (Please Print) _____ Date of Birth _____
Social Security # _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____
Email _____
Employer _____ Employer Phone _____
Professional Designation (e.g., MD,RN,CNM,FNP) _____ Specialty Training _____
Date of last credentialing _____ Date of last privileging _____
Person and organization conducting credentialing/privileging _____
Any medical malpractice claims in the past ten years? ___ Yes ___ No
If yes, please explain _____
Do you speak any languages other than English? ___ Yes ___ No If yes, please list _____
Are you fluent in sign language? ___ Yes ___ No
Please indicate availability: ___ Monday ___ Tuesday Evening ___ Wednesday ___ Thursday Evening
Have you had HIPPA training? ___ Yes ___ No

I understand that the Free Clinic of Meridian may request a Background Check through the Lauderdale County Sheriff's Department and/or the Meridian Police Department, and I give my permission for this to occur.

Signature _____ Date _____

Clinic Operations/Back Office Flow

The goal of clinic flow is to adequately assess the needs of patients presenting themselves for care, obtaining accurate and adequate assessment of the patient, and serving the patients' needs as best and efficiently as possible. The triage team will assess the patient and determine what available services can best meet the needs of the patient.

It is not the intention of The Free Clinic of Meridian to treat conditions better treated in the emergency room, for example: acute cardiac or stroke conditions, broken bones, trauma situations, or other situations deemed emergent. Such cases will be referred immediately to a local emergency room.

Back Office Flow

1. Check the patient's temperature; if it is over 100.4, check the oral temperature. If the patient's temperature is still over 100.4, do not allow the patient inside the check-up room, instead notify the provider.
2. Obtain the patient's weight.
3. Get the patient in a room and check their name and date of birth
4. Obtain the patient's vital signs. (ALL NEW PATIENT'S AND DIABETICS GET BGL)
*If any reading is abnormally high or low, repeat the measurement. If the reading is still abnormal, notify the provider.
5. Review the medication list with the patient's bottles. (If the patient does not bring their bottles, not that in their chart.)
6. Put the vital signs in the EMR and update the medications – Take short-term antibiotics and steroids **OFF** the medication list!!
7. Report the information to the provider; make sure they know why the patient is being seen and report any abnormal vital signs.
8. If the medication is given from the clinic, please write down the name and date of birth of the patient, the date the medicine was given, the name of the medication, the quantity of the dose, and the provider's name on the "Dispensed from the Clinic" list.
9. **LABS** – Make sure **ALL** specimen are labeled properly; this includes Patient Name, Date of Birth, Provider Name, Date and Time Acquired, and Your Initials.
Red Gels – you can write down the Name and Date of Birth on the tube, these have to be spun down and transferred to another tube. Make sure a label is made for each tube!
10. Labs will be drawn in the patient's room and urine will be obtained in the waiting room bathroom!
11. Assist the provider as needed.
12. Complete the check-out sheet. List any new medications and make sure that you mark where their medicines were sent to, also make sure to write when their follow-up appointment is. (Ex. Follow-up in 2 months) Don't forget to add any additional instructions to the sheet that the provider states!
13. Escort the patient to the waiting room and tell them to bring their papers to the front window to set up a follow-up appointment.

FREE CLINIC OF MERIDIAN

MEDICAL STAFF / VOLUNTEERS COVID-19 PROCEDURES

Clinic Days

1. The door handles to the front door, bathroom door (if used), and door to the back **MUST** be cleaned between patients. (front office volunteers will wipe the door handles after the patient enters the clinic, medical staff/volunteers will wipe the door handles after the patient leaves the clinic)
2. Once the patient is checked in, the paperwork will be brought to the back. The staff/volunteer will bring the paperwork to one of the designated rooms and then go to the front door and take the patient's temperature outside (this will be when a mask is given to the patient if they do not have one). If the patient's temperature is above 100.2, the appointment will need to be rescheduled. Inform the front desk and complete a triage form for the provider.
3. If the patient is afebrile, the patient will be weighed and then brought directly to one of the designated patient rooms and the door will be closed. The patient will be informed to stay inside the room for the duration of their appointment. The patient will be given the necessary paperwork to complete in the room.
4. Vital signs will be taken in the room and medications will be reviewed.
5. Labs will be drawn in the patient room (if a urine sample is needed, it will be collected before the patient leaves in the waiting room bathroom).
6. Once the appointment is completed, the provider will place the patient in check-out status and the patient will return their paperwork to the front desk in the lobby and obtain their next appointment at that time.
7. The door handles will be cleaned and the waiting room bathroom wiped down if the patient used it to give a urine sample.
8. The patient rooms will be **THOROUGHLY** cleaned between patients and room placements will be staggered so that there is always an empty room between patients (Ex. Rooms 1&3 used and then 2&4).
9. Vital sign machines must also be removed from the room and cleaned thoroughly after vital signs are obtained on each patient.

Things to remember

- Masks must be worn at all times.
- One vital sign machine in each patient room. Please remove it and clean it after leaving the room.
- Wash your hands frequently.

Volunteer Name: _____

Handbook Acknowledgment

This handbook describes important information about The Free Clinic of Meridian (TFCM), and I understand that as a volunteer I should consult with the clinic director regarding any questions not answered in the handbook. I acknowledge that either TFCM or I can terminate the volunteer relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the handbook may occur, which may supersede, modify, or eliminate existing policies. TFCM will make every effort to communicate in writing regarding any changes in this handbook of TFCM's policies or procedures, but reserves the right to implement changes without advance notice. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Volunteer Signature: _____ **Date:** _____

Patient Privacy and HIPAA Acknowledgements

As a volunteer at The Free Clinic of Meridian (TFCM), I acknowledge the confidentiality of patient health care information that I may have access to. Patient and volunteer information from any source and in any form, including oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis. Violations of HIPAA policy include, but are not limited to:

- Accessing information that is not within the scope of your job;
- Disclosing, misusing without proper authorization, or altering information;
- Leaving a secured application unattended while logged on; and
- Attempting to access a secured application without proper authorization.

Violations of this policy may constitute grounds for disciplinary action, up to and including termination of volunteer status, as well as fines and jail time in accordance with federal and state laws. I shall maintain the confidentiality of patient and volunteer information, and in doing so shall comply with all applicable state and federal laws and regulations. My agreement to maintain the confidentiality of Confidential

Patient Information shall survive the termination of my volunteer time at (TFCM). I also acknowledge that I have participated in training on this policy.

Volunteer Signature: _____ **Date:** _____

Medical Volunteers Only

Bloodborne Pathogen Acknowledgement

I hereby acknowledge that I have read the Bloodborne Pathogens policy as established by The Free Clinic of Meridian. I also acknowledge that I have received and participated in training on this policy during which various bloodborne pathogens were discussed, along with education on techniques to eliminate or reduce the risk of exposure to bloodborne pathogens. I understand that if I do not use safe techniques, I increase the chance of contracting and/or transmitting bloodborne pathogens.

Volunteer Signature: _____ **Date:** _____

Attire

Medical assistants help promote the health care environment as a safe, clean space by choosing appropriate attire and being well-groomed. Professional attire for medical assistants might include clean scrubs, clean shoes. Keep hair pulled back from the face; avoid excessive jewelry and perfume. Some patients arrive at the doctor's office feeling nervous or worried but seeing a professionally attired medical assistant can provide some visible assurance.

Communication

Workplace professionalism also involves communication for medical assistants. Communication with patients should be courteous and respectful; avoid addressing patients as "honey" or "sweetie" even when you're trying to build rapport. Never attempt to diagnose a patient; this could have legal as well as professional repercussions. Follow directions from physicians and physician assistants with efficiency and tact to set patients at ease.

Examples of Inappropriate Attire:

- Sundresses (spaghetti strap, laced) and miniskirts.

Visible body piercing (to include tongue bars and nasal piercing) other than earrings

- Excessively baggy clothing
- Tattoos and body art should remain as covered as possible. Lewd or explicit markings may not be exposed.
- Unnatural hair colors (i.e., pink, purple, green, etc.)
- Tattered/faded jeans

Nails must be short

LABS

- Labs are drawn:
 - White sheets are put in the specimen bag side pocket
 - Yellow sheets are placed in the accordion file in the nursing area to wait for the
 - ^{faxed results} Labs ~~are spun down~~ sit for 10 minutes then (gel) spun for 10min
- Lab courier picks up: ^{Tues} Mondays, Wednesdays, Thursday
 - Put specimens into lockbox on the back of the door + ice packs
- When the faxed results come in:
 - Check to make sure all results are there
 - *IF THERE ARE RESULTS THAT ARE ABNORMAL- NOTIFY THE PROVIDER that is working, THEN WRITE ON THE LAB SHEET THE PROVIDERS NAME THAT WAS NOTIFIED, AND THE DATE PROVIDER WAS NOTIFIED AND INITIAL ONCE NOTIFIED.
 - If there are any reports still pending- leave the yellow sheet in the file with the labs paper clipped to the back of the sheet.
 - *IF THERE ARE ANY PANIC LABS REPORTED BY RUSH OUTREACH LAB- EITHER NOTIFY ONE OF THE PROVIDERS PRESENT- OR CALL THE ORDERING PROVIDER IF THERE IS NO PROVIDER AVAILIABLE IN THE CLINIC.
- After all of the orders are completed on the yellow sheet and results are paper clipped to the back- make sure you initial and put in the yellow lab/x-ray folder in the “to be scanned” tray in the front office so the labs can be scanned into the patient’s chart.