**JEFFERSON COUNTY MEDICAL RESERVE CORPS**

**Code of Conduct Agreement**

I, , agree to the following as a Jefferson County Medical Reserve Corps volunteer:

* I have read and understand the Policy and Procedure Manual.
* I agree to attend the volunteer orientation training, known as MRC 101.
* I have read, signed, and understand the confidentiality agreement.
* During an activation, drill, or educational program:
	+ I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
	+ I will wear the identification provided to me by the MRC at all times.
	+ I will conduct myself in a professional manner.
* I will respect the rights and dignity of all volunteers and clients while representing the MRC.
* I will promptly address any issues or concerns with MRC administration.
* I will perform tasks within my scope of knowledge and skill and license/credentials while representing the MRC.
* I understand that I am not required to participate in any activity or emergency response.
* I understand that I am making a commitment to participate in trainings, drills, and other MRC activities according to my chosen level of involvement (Basic, Active, or Advanced, as explained in the Policy Manual).
* I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
* I will not speak to the press unless authorized to do so.
* I will participate in debriefings and provide feedback following an incident in which I participate.
* I understand that I am subject to disciplinary action or dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

**JEFFERSON COUNTY MEDICAL RESERVE CORPS**

**Confidentiality Agreement**

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established Jefferson County MRC policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other, whether electronic, written, or oral form, agree to safeguard and protect confidential information.

* I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited. I will not share or release any passwords.
* I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the MRC, its volunteers, and its patients/clients.
* I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the MRC and will be investigated and possibly reported to applicable federal and state authorities.
* I agree to safeguard all confidential information as required by HIPAA. Visit the HIPAA website at [www.hhs.gov.ocr/hipaa](http://www.hhs.gov.ocr/hippa) for further information.
* I will contact MRC administrators immediately if I believe any confidential information may have been compromised.
* I understand that I am to maintain this confidentiality agreement even if I leave the Medical Reserve Corps.

I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

**Jefferson County Health Department**

Medical Reserve Corps Volunteer

**HIPAA Confidentiality Agreement**

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established Jefferson County MRC policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other, whether electronic, written, or oral form, agree to safeguard and protect confidential information.

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* I agree to safeguard all confidential information as required by HIPAA. Visit the HIPAA website at [www.hhs.gov.ocr/hipaa](http://www.hhs.gov.ocr/hippa) for further information.
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Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

**MEDIA RELEASES AND PUBLIC SPEAKING**

All requests for information from the media will be directed to the Medical Reserve Corps Coordinator, the Jefferson County Health Department Administrator, or in an emergency event, the Public Information Officer.

No volunteer of the Jefferson County Medical Reserve Corps will represent the MRC or the Jefferson County Health Department or provide information to the media without prior authorization from the Health Department Administrator, or designee.

Any media representatives will not be allowed to interview or photograph clients or patients without written permission from that individual. Parents and/or legal guardians must consent for all children/minors 18 years of age and younger.

Requests for speakers to conduct in-services and/or interviews should be forwarded to the Medical Reserve Corps Coordinator, the Health Department Administrator, or the county Public Information Officer, as appropriate.MEDIA RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for the Jefferson County Health Department to utilize my  **picture**   **words**   **voice (check all that apply)**

so that it may be utilized by the Health Department and/or approved media representative in the following manner (check all that apply)

  **photograph**   **videotape**   **audiotape**

□ television/radio spot □ published interview and/or article

Check one only if applicable:

\_\_\_\_\_\_\_ I prefer to remain anonymous (no name or fictitious name)

\_\_\_\_\_\_\_ I prefer that only my first name be used (no last name)

*Patients/Patrons/Employees/Volunteers have the right to deny such actions if they so choose. The Jefferson County Health Department respects individuals’ right to privacy.*

The Medical Reserve Corps Coordinator and/or the Health Department Director has explained this form to me, and I understand it completely.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jefferson County MRC or Health Dept Representative

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

**VOLUNTEER RISK**

The Jefferson County Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the Volunteer Coordinator immediately, so that appropriate steps can be taken to address any such occurrence.

**VOLUNTEER RISK SIGNATURE FORM**

I have read the Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the Medical Reserve Corps Coordinator.

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Date Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Position

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

**BLOODBORNE PATHOGENS GUIDELINES**

**Bloodborne Pathogens** are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**In your work as a volunteer, it is possible that you may encounter situations where blood is present, either through a potential accident or the presence of a medical treatment area.**

The safest approach is for everyone to practice **“standard precautions”.** In other words, always treat blood or other body fluids as if they are contaminated, and take appropriate precautions.

**Please observe the following guideline to protect yourself from bloodborne pathogens.**

* Stay out of areas where blood is present as much as possible to avoid any exposure.
* If you encounter blood or other fluid spills, report it immediately and help keep people out of the area until it is cleaned up.
* If you are certified in First Aid, and/or choose to give aid to someone who is experiencing an emergency, always wear appropriate personal protective equipment available at the site including: latex gloves, mask, and splash shield for the face if applicable.
* Bandages, cloth, gloves, or other materials contaminated with blood must be immediately double bagged in labeled biohazard bas to be properly disposed.
* Immediately or as soon as possible after use, contaminated needles must be placed in appropriate labeled puncture proof containers.
* Never re-cap a used needled or pick one up with your hands. Use tongs or a broom and dust pan to dispose of fallen sharps.
* In areas where blood is present or medical treatment is being given you may not eat, drink, smoke, handle contact lenses or apply lip balm or cosmetics.
* If you are accidentally exposed to blood or other body fluids, wash the area of your body immediately with soap and running water and report it immediately to your group supervisor at the emergency site.

I have read and understood this information on bloodborne pathogens. I agree to abide by the above guidelines for mine and others’ safety.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Please note: If patient/patron/employee/volunteer is 18 years of age or younger, this form must be signed by parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

References: Occupational Safety & Health Administration [www.osha.org](http://www.osha.org); Centers for Disease Control [www.cdc.gov](http://www.cdc.gov)