



THE WESTERLY HOSPITAL

The Explorers Volunteer Program At The Westerly Hospital

The Explorers Volunteer Program at The Westerly Hospital gives high school students the opportunity to gain exposure to not only the health care professions but also the many services that support healthcare. After successful completion of the program, students will be given credit for hours served and, if requested, recommendations and references can be made.

Any high school student wishing to participate in the spring program must be at least 15 years old and must complete all steps on the dates indicated below.

Applications must be submitted to Volunteer Services by **June 3rd** along with a copy of the student's immunization record.

Interviews will take place the **week of June 6th**.

Students will be notified of acceptance into the program on June 10th.

Medical screening clinics will take place **June 14th & 16th, June 28th & 30th at 3pm**. At these clinics, a nurse will make sure the student has the appropriate immunizations as required by the RI Department of Health. Additionally, all new volunteers are required to have two 2-step TB skin test (PPD). Information sheet is attached at the end of this application. Students must attend **all** clinics or they will not be allowed to volunteer.

Orientation will take place on **June 22th**.

Volunteers will start their service the week of June 27th and must commit to at least one 3 hour shift per week. The summer program ends August 29th. If any student wishes to continue to volunteer at the conclusion of the program, they must speak with the manager of Volunteer Services first. The volunteers in this program must complete at least 30 hours of service at the hospital to get any volunteer service credit for school.

Thank you for your interest in the Explorers Volunteer Program at The Westerly Hospital.

Sincerely,

Heather L. Ainslie
Manager, Volunteer Services
The Westerly Hospital
(401) 348-3969
hainslie@westerlyhospital.org



THE WESTERLY HOSPITAL

Date: _____

Junior Volunteer Application Form

Demographic Information

Last Name: _____ First: _____ M.I. _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Shirt size (for uniform): _____

Emergency Contact

Name: _____

Phone Number: _____ Cell Phone: _____ Relationship: _____

Education

Highest level completed: _____ Degree: _____

School Name: _____ Location: _____

Prior Volunteer Service or Employment

Organization Name: _____

City/State: _____ Job Title: _____

Dates: _____ Duties: _____

Organization Name: _____

City/State: _____ Job Title: _____

Dates: _____ Duties: _____

Prior Volunteer Service or Employment (cont.)

Organization Name: _____

City/State: _____ Job Title: _____

Dates: _____ Duties: _____

Volunteer Service

Have you volunteered at The Westerly Hospital before? _____ Dates: _____

Do you know any volunteers at The Westerly Hospital? If so, who? _____

Are you required to perform volunteer service for any reason? If yes, please explain:

Check below if you have the following skills:

- Microsoft Word
- Microsoft Excel
- Knitting or Crocheting
- Retail Sales
- Clerical Skills
- Other Skills _____

Please indicate which services you would like to perform:

- Reception Desk
- Filing
- Food Service
- Gift Shop

Availability

Day

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Do you have transportation? Y/N

Are you willing to take on additional shifts if other volunteers are out sick or on vacation? Y/N

Character References

All prospective junior volunteers must get a letter of recommendation from a teacher, clergy, coach, or employer and submit with this application. This person must **not** be a family member. Please fill out the contact information of the reference below.

Name: _____ Occupation: _____

Address: _____

Telephone: _____ Email Address: _____

Relationship: _____

Have you ever been convicted of a felony, misdemeanor, or have a conviction pending? If yes, please explain:

Name & Address of Probation Officer:

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or any supplements thereto, is cause for rejection of my application or termination at any time during my volunteer service. I understand that this application does not guarantee a volunteer placement at the Westerly Hospital and that that as a condition of the volunteer program, I will be required to complete the hospital's pre-employment physical examination and background checks. If I am selected as a volunteer, I agree to abide by and observe all rules and regulations of the hospital. I voluntarily authorize my former employers, schools and persons named herein to give information regarding me, whether or not such information is part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

Applicant signature: _____ Date: _____

Parent/Guardian signature, if applicant is under 18: _____



Volunteer Immunization/Testing Requirements

Following the Department of Health standards and the Westerly Hospital policy, we need documented proof of the following immunizations, and a pre-placement health screening before a new volunteer can start. Acceptable documentation shall include day, month, year, type/name of each vaccination administered and be signed by person administering the vaccine. Official immunization record/card, school immunization, medical passports are acceptable, or the Rhode Island Department of Health's "Medical Record of Adult Vaccination and Testing" will also be accepted.

Persons Born On or Before 12/31/56

- 1 MMR vaccination or positive titers for measles, mumps, and rubella.
- Varicella – documentation of 2 vaccinations OR a positive titer, OR health care provider documentation verifying varicella disease or herpes zoster.
- Tdap – documentation of vaccination if it has been more than 2 years since last Td booster. Volunteers over the age of 65 are exempt.
- A negative 2-step TB skin test (PPD) within the most recent 12 month prior to starting. Optimally 2nd PPD should be administered 1-3 weeks after the first. Maximum allowable interval is 365 days. Annual PPD thereafter.
- Influenza vaccination – documentation of vaccination or a signed declination.

Persons Born On or After 1/1/1957

- 2 doses of measles vaccine given at least 4 weeks apart, administer after the 1st birthday. OR a positive IgG titer.
- 1 dose of rubella vaccine OR a positive IgG titer.
- 2 doses of mumps vaccine OR a positive IgG titer.
- Varicella – documentation of 2 vaccinations OR a positive titer, OR health care provider documentation verifying varicella disease or herpes zoster.
- Tdap – documentation of vaccination if it has been more than 2 years since last Td booster. Volunteers over the age of 65 are exempt.
- A negative 2-step TB skin test (PPD) within the most recent 12 month prior to starting. Optimally 2nd PPD should be administered 1-3 weeks after the first. Maximum allowable interval is 365 days. Annual PPD thereafter.
- Influenza vaccination – documentation of vaccination or a signed declination.

All Courier or Emergency Room Volunteers

- Hepatitis B vaccination – documentation or 3 does series or a signed declination



New Volunteer Health Screen

In an effort to protect you and the patients from getting a disease, all the volunteers must fill out the following short questionnaire. Any information obtained regarding the medical condition or history of any volunteer will be maintained in the Occupational Health Office. It will be treated as a confidential record.

Name: _____ **DOB:** _____

Address: _____ **Phone:** _____

Do you now have, or recently have been treated for any of the following:

	Yes	No	Brief explanation
Fever			
Rash/Skin Disorder			
Chronic cough			
Soaking night sweats			
Unusual fatigue			
Unexplained weight loss			
Gastrointestinal disease (vomiting or diarrhea)			
Do you have a medical condition or are you receiving treatment that may impair immunity?			
Hepatitis			
Are you pregnant			
Have you recently traveled outside the country			
Any medication that may impair your ability to function safely as a volunteer			

Date Cleared to begin Volunteering: _____

Provider Signature: _____



Consent for Volunteer Medical Tests

As required by the State of Rhode Island

Name of applicant: _____

The Westerly Hospital is hereby authorized to perform, on the above named person, certain medical tests to determine:

1. Immunity to rubella (German Measles)
2. Immunity to Rubeola (Measles)
3. Sensitivity to tuberculin, as required by Rhode Island hospitals' personnel regulations

I understand that for the rubella and Rubeola tests, if there is no documentation of immunization, a blood sample will be drawn. If the blood test indicates that the above-named school age person is not immune to rubella or Rubeola, vaccination will be required, for which the above named person agrees to receive vaccination from The Westerly Hospital's Employee Health Nurse.

I also understand that the TB skin test (TST) involves a local skin test. The above named person agrees to return to the Employee Health Nurse in 48 hours for confirmation of his/her test. I understand that the process will be repeated two weeks after the initial test.

I certify I have read and understand the above information. I have signed this authorization freely and of my own volition. No guarantee or assurance has been given by anyone as to the results of the tests.

Signature of applicant: _____

Date: _____

Signature of parent/guardian, if child is under 18 years of age: _____

Tuberculin Skin Testing

What is it?

The Mantoux tuberculin skin test (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. Reliable administration and reading of the TST requires standardization of procedures, training, supervision, and practice.

How is the TST Administered?

The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The TST is an intradermal injection. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter.

How is the TST Read?

The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test.

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

How Are TST Reactions Interpreted?

Skin test interpretation depends on two factors:

- Measurement in millimeters of the induration
- Person's risk of being infected with TB and of progression to disease if infected

Classification of the Tuberculin Skin Test Reaction

<p>An induration of 5 or more millimeters is considered positive in</p> <ul style="list-style-type: none"> • HIV-infected persons • A recent contact of a person with TB disease • Persons with fibrotic changes on chest radiograph consistent with prior TB • Patients with organ transplants • Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-alpha antagonists) 	<p>An induration of 10 or more millimeters is considered positive in</p> <ul style="list-style-type: none"> • Recent immigrants (< 5 years) from high-prevalence countries • Injection drug users • Residents and employees of high-risk congregate settings • Mycobacteriology laboratory personnel • Persons with clinical conditions that place them at high risk • Children < 4 years of age • Infants, children, and adolescents exposed to adults in high-risk categories 	<p>An induration of 15 or more millimeters is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.</p>
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What Are False-Positive Reactions?

Some persons may react to the TST even though they are not infected with *M. tuberculosis*. The causes of these false-positive reactions may include, but are not limited to, the following:

- Infection with nontuberculosis mycobacteria
- Previous BCG vaccination
- Incorrect method of TST administration
- Incorrect interpretation of reaction
- Incorrect bottle of antigen used

What Are False-Negative Reactions?

Some persons may not react to the TST even though they are infected with *M. tuberculosis*. The reasons for these false-negative reactions may include, but are not limited to, the following:

- Cutaneous anergy (*anergy* is the inability to react to skin tests because of a weakened immune system)
- Recent TB infection (within 8-10 weeks of exposure)
- Very old TB infection (many years)
- Very young age (less than 6 months old)
- Recent live-virus vaccination (e.g., measles and smallpox)
- Overwhelming TB disease
- Some viral illnesses (e.g., measles and chicken pox)
- Incorrect method of TST administration
- Incorrect interpretation of reaction

Who Can Receive a TST?

Most persons can receive a TST. TST is contraindicated only for persons who have had a severe reaction (e.g., necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST. It is not contraindicated for any other persons, including infants, children, pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG.

How Often Can TSTs Be Repeated?

In general, there is no risk associated with repeated tuberculin skin test placements. If a person does not return within 48-72 hours for a tuberculin skin test reading, a second test can be placed as soon as possible. There is no contraindication to repeating the TST, unless a previous TST was associated with a severe reaction.

What is a Boosted Reaction?

In some persons who are infected with *M. tuberculosis*, the ability to react to tuberculin may wane over time. When given a TST years after infection, these persons may have a false-negative reaction. However, the TST may stimulate the immune system, causing a positive, or boosted reaction to subsequent tests. Giving a second TST after an initial negative TST reaction is called two-step testing.

Why is Two-Step Testing Conducted?

Two-step testing is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers or nursing home residents. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

Can TSTs Be Given To Persons Receiving Vaccinations?

Vaccination with live viruses may interfere with TST reactions. For persons scheduled to receive a TST, testing should be done as follows:

- Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine
- At least one month after smallpox vaccination

Additional Information

American Thoracic Society and CDC. Diagnostic standards and classification of tuberculosis in adults and children. *Am J Respir Crit Care Med* 2000; 161. <http://ajrccm.atsjournals.org/cgi/content/full/161/4/1376>

CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54 (No. RR-17). www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm

CDC. Mantoux Tuberculin Skin Test: Training Materials Kit.

CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000; 49 (No. RR-6). www.cdc.gov/MMWR/PDF/rr/rr4906.pdf