



Kennedy Krieger Institute

## Volunteer Registration Packet

Thank you for expressing interest in volunteering at Kennedy Krieger Institute. We are looking forward to having you join our team. Volunteers must be at least 16 years or older and available to volunteer a minimum of 12 hours. Volunteers are placed according to the needs of the Institute. Please note on your application your interests and availability.

If you are enrolled in a University looking to gain experience in your chosen field of study, please contact Catherine Defrancisco, from Kennedy Krieger Institute's Training Administration department at, [DeFrancisco@kennedykrieger.org](mailto:DeFrancisco@kennedykrieger.org), 443-923-9163.

Please print/complete this packet and mail along with two letters of recommendation to: Kennedy Krieger Institute, Guest Relations & Volunteer Services, Attention: Jaime Kurman, 707 North Broadway, Baltimore, MD 21205.

The registration process will be delayed if paperwork is not complete, so please confirm all requested paperwork is included prior to submitting. The application process can take 6-8 weeks. Volunteer positions can be filled at any given time, therefore; you may have to be put on a waiting list.

### CHECKLIST:

- Completed Volunteer Application
- Two Letters of Recommendation
- Signed/Dated: Code of Organization Ethics, Use and Confidentiality Statement and Code Of Conduct
- Completed: Authorization to Procure Consumer Reports (ages 18 or older for a criminal background check)
- Completed: Health Screening Record, copy of vaccine record, Hepatitis B Vaccine Declination or Acceptance Form, and Tdap Consent. **Please Note:** The Influenza vaccine is mandatory while volunteering during the Influenza season, which typically runs December – April.

Once the packet is reviewed, a representative will contact you to discuss available volunteer opportunities.

If you are interested in visiting with a group, volunteering at a special event, donating items, or have a question about volunteering, call 443-923-2640, or email Jaime Kurman.

Thank you!

Jaime Kurman, Director of Guest Relations & Volunteer Services  
[Kurman@kennedykrieger.org](mailto:Kurman@kennedykrieger.org)

# KENNEDY KRIEGER INSTITUTE VOLUNTEER APPLICATION FORM

Please complete this application and return it to Kennedy Krieger Institute Volunteer Services.  
Incomplete forms will be returned and must be re-submitted as soon as possible.

Please Print

GENERAL INFORMATION				
First Name:	M.I.:	Last Name:	D.O.B.: ___/___/___	Gender: M / F
ADDRESS				
Street:			Apartment:	
City:		State:		Zip:
Home Phone:	Cell Phone:	E-Mail:		
EMERGENCY INFORMATION				
Physician:			Phone:	
Emergency Contact:		Relation:		Phone:
AVAILABILITY				
Please identify days and times of your availability:				
ABOUT YOU				
How did you hear of the Volunteer Program at the Institute?				
Academic Degrees(s) achieved:				
<input type="checkbox"/> No Degree <input type="checkbox"/> High School <input type="checkbox"/> A.A. <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other (please specify) _____				
Are you currently enrolled in college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, are you receiving credit for volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for volunteering:				
Skills/ Special Interests:				
PERSONAL REFERENCES (other than family)				
Name:		Years known:		Phone:
Name:		Years known:		Phone:
CRIMINAL HISTORY				
<i>Please note that a conviction record will not necessarily prevent volunteer opportunities at Kennedy Krieger Institute. Such factors as nature of offense and other aggravating and mitigating circumstances will be considered. If yes to any of these questions, a full explanation of the circumstances must be attached to this application.</i>				
Have you ever been convicted of any crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of driving under the influence of alcohol/drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any convictions regarding the use, possession or sale of alcohol/drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				

By signing this form, you are verifying that all information is complete and accurate.

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

\*Guardian/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years of age)

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Department: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



# Kennedy Krieger Institute

## **KENNEDY KRIEGER CODE OF ORGANIZATION ETHICS**

*It is the responsibility of every member of the Kennedy Krieger Institute community to act in a manner that is consistent with this Code and its supporting policies and practices. The Institute is dedicated to the principle that all patients and their families, staff, trainees, volunteers, and visitors, deserve to be treated with dignity, respect, and courtesy. Furthermore, the Institute conducts its business and patient care practices in an honest, decent and proper manner.*

**The Kennedy Krieger Institute will constantly strive to adhere to the following standards:**

- We will fairly and accurately represent ourselves and our capabilities.
- We will not misrepresent our capabilities to any public.
- We will provide services to meet the identified needs of our patients and their families and will avoid the provision of those services, which are unnecessary or non-efficacious.
- We will adhere to a uniform standard of care throughout the organization.
- We will protect the integrity of clinical decision making, regardless of financial considerations.

In all Institute settings, we will provide services only to those patients to whom we can safely care within this organization, and will not turn away patients in need of services based on their ability to pay or upon any other factor that is substantially unrelated to patient care. Furthermore, we will develop and follow well-designed standards of care based upon identified patient needs. Care that is of comparable quality, regardless of the setting, will be provided.

### **Respect for the Patient and his/her Family**

We will treat all patients and their families with dignity, respect, and courtesy. Care will be provided in accordance with all constitutional rights and without discrimination as to race, color, sex, religion, familial status, sexual orientation, national origin, marital status, diagnosis, disability or sources of payment for care. Spiritual beliefs and cultural practices will be considered when providing care.

Appropriate, humane and individual treatment will be provided in the least restrictive environment practical. Patients and their families will participate in the development of an individualized evaluation and treatment plan. Patients will have their pain treated effectively. Patients will have access to protective services if needed.

Each patient and his/her family will be informed about suggested proposed treatment, the risks, alternative treatments available, and likely outcomes if proposed treatment is not done. Hospital staff will be identified to patients and their families.

### **Confidentiality**

The Institute recognizes the need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner. Sensitive information concerning personnel and management issues will be maintained in confidence and used only by those individuals authorized to review and act upon such information. All staff, trainees and volunteers are required to sign a confidentiality statement.

**Fair Business and Billing Practices**

The Institute conducts all business and establishes all contractual relationships within appropriate federal and state laws and guidelines. Business decisions are based on competitive bidding, fair billing, timely payment, prudent buying, and ethical conduct, including identification of the potential for conflict of interest and avoidance of gratuities beyond that commonly recognized as token. Business is conducted with the Institute’s mission in mind and without discrimination as to race, age, color, sex, religion, national origin, diagnosis or disability. The Institute will invoice patients and their families or third parties accurately and only for services actually provided and will provide assistance to patients and their families seeking to understand the costs relative to their care. The Institute also attempts to resolve concerns to the satisfaction of the patient and his/her family while considering the Institute’s best interest as well.

**Conflicts of Interest**

Potential for conflict of interest exists for decision makers at all levels within the Institute. The Institute’s policy is to request the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflict does not inappropriately influence important decisions. Board members and officers of the corporation are required to submit an annual disclosure form relating to potential conflicts. Faculty members are guided by the Johns Hopkins University School of Medicine Conflict of Commitment and Conflict of Interest Policy. The Board of Directors, Senior Management and the Medical Staff will review all potential conflicts as appropriate, and take appropriate action. Any relationships with other healthcare organizations, providers, or educational institutions are fully disclosed to patients and their families and payers.

**Resolution of Conflicts**

All conflicts will be resolved fairly and objectively. In cases where mutual satisfaction cannot be achieved among those who participate in patient care decisions, the patient complaint process will be initiated, followed by referral to the Ethics Committee and/or Senior Management, if necessary. In cases involving staff, the Employee Concerns Procedure and/or the Staff Rights policy should be implemented. The Human Resources Department, other staff and Senior Management will be involved as needed to pursue a mutually satisfactory resolution.

*Underlying each of the above principles is the Kennedy Krieger Institute’s overall commitment to act with integrity in all of our activities and to treat the Institute’s patients and their families, staff, trainees, volunteers, and the many constituents we serve, with utmost respect.*

**I have read, understand, and agree to abide by, the Kennedy Krieger Institute Code of Organization Ethics:**

**Volunteer’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Kennedy Krieger Institute

## Volunteer Code of Conduct

### ***Provide High Quality Service With Care, Compassion, and Courtesy***

- Model the Institute's Service Excellence Mission.
- Display a positive, respectful and professional attitude to all people at all times.
- Extend a warm welcome by acknowledging the other person's presence and using their name.
- Immediately smile, make eye contact, and introduce yourself.
- Use kind words, address people by their names, and employ polite gestures to make people feel important.
- Put people at ease - relieve anxiety. For example, offer to escort customers to their destinations if they appear to be lost or confused.
- Demonstrate respect for other people's time.
- Show initiative - assist beyond your job responsibilities.
- When people need help, stop, lend a helping hand, and find the appropriate person to help if needed.
- Explain to the patient and their family/caregiver what you are doing while working with them...talk out loud when working with the patient so that the parent/caregiver better understands what you are doing and why.
- Follow through – deliver what you've promised.
- Practice good elevator, canteen, and lobby etiquette by:
  - ✓ Always allowing our patients and visitors to enter or exit first.
  - ✓ Not crowding in elevators with patients on stretchers, wheelchairs, or in beds.
  - ✓ Holding doors open, smiling and speaking with others.

### ***Respect And Protect Others' Right To Privacy And Confidentiality***

- Don't discuss non-work related or confidential topics that may be overheard by patients, families, or visitors.
- Don't gossip about patients, patients' families or other KKI staff.
- Protect personal information of our patients as if it were your own by remembering:
  - ✓ To access patient information only as needed according to your job responsibilities.
  - ✓ To discuss patients and their care only in private areas.
  - ✓ Not to leave patient health information where others can see it.

### ***Communicate with Respect, Honesty, and Civility***

- LISTEN with thoughtful attention to everyone you communicate with.
- When meeting someone new, ask how he/she prefers to be addressed.
- Speak respectfully to, and about, patients, their families, and your colleagues.
- Attempt to resolve interpersonal differences and conflicts with co-workers on your own, then by going to the appropriate supervisor or Human Resources Generalist.
- Acknowledge complaints...don't hesitate to express a sincere "I'm sorry".
- Answer phones promptly, using a standard greeting including your name and department.
- Ask permission before putting a caller on hold. Thank the caller for holding.
- Keep your voicemail message professional, and return voice mail calls, emails, and other messages promptly.
- Be aware of language, cultural or disability-related communication and use people-first language at all times.

***Take Pride In Our Organization As If You Own It!***

- Accept responsibility for your actions.
- Adhere to all KKI policies and procedures.
- Abide by the KKI Code of Organization Ethics and Confidentiality Statement.
- Demonstrate your commitment to the Institute's Mission and Vision.
- Be considerate...remember to:
  - ✓ Remove clutter from work areas and hallways.
  - ✓ Submit work orders for needed repairs.
  - ✓ Pick up after yourself - avoid spills and clean them up when they do occur.
  - ✓ Respect patient rooms as the temporary homes they serve for our patients and their families.
  - ✓ Observe parking regulations, park responsibly, and adhere to parking garage speed limits.

***Remember that Professional Dress And Demeanor  
Build Customers' Confidence In Us***

- Look the part by being clean, neat, and professional.
- Follow Institute and department-specific dress code guidelines.

***Share Responsibility For Ensuring A Safe Environment***

- Take action when witnessing unusual occurrences.
- Disruptive behavior, verbal and physical, affects everyone, so maintain a positive demeanor, use respectful language and an even tone of voice.
- Wear your KKI ID badge at all times and question anyone without either a "Visitor" or KKI badge.
- Report any accident, safety hazard, or incident promptly.
- Correct any unsafe condition.
- Remember that good hand washing is the single most important thing that you can do to protect yourself and others from infection.
- Listen and act.
- Use personal protective clothing and gear appropriately.

**I agree to conduct myself according to this  
Kennedy Krieger Institute  
Volunteer Code of Conduct.**

KKI Volunteer Signature and Date

Printed Name



Kennedy Krieger Institute

**USE AND CONFIDENTIALITY STATEMENT**

Kennedy Krieger Institute policy dictates that confidential information will not be disclosed to unauthorized persons.

**I. DEFINITIONS**

- A. Confidential information is defined as information that is not known to the general public and/or is not to be disclosed to unauthorized individuals. This includes, but is not limited to, the following information: business, financial, patient, payroll and personnel. Confidential patient information (“protected health information” or “PHI”) means any information created or received by KKI which relates to the past, present, or future physical or mental health or condition of a patient, or provision of, or payment for, health care to a patient which is transmitted or maintained in any form or medium.
- B. Disclosure is defined as releasing, transferring, providing access to, or divulging in any other manner confidential information, either intentionally or unintentionally, to individuals or entities outside of KKI. Unintentional disclosure often occurs when confidential information is discussed in elevators, restrooms, hallways, shuttle buses, stairwells and other non-private areas where conversations can be overheard. Intentional disclosure or release of confidential information should be made only to those both within or outside KKI who have a legitimate reason for access and are authorized to receive such information.
- C. Use means, with respect to confidential information or PHI, the sharing, employment, application, utilization, examination, or analysis of such information within KKI.

**II. RESPONSIBILITY**

- A. Employees/volunteers/trainees who are exposed to confidential information, whether or not they are directly involved, must keep the information confidential. Disclosure of confidential information violates state and federal law, and may cause injury or damage to the subject of the information, Kennedy Krieger Institute, or others.
- B. Employees/volunteers/trainees who have access to computerized records must make sure that confidential computerized information is kept confidential. Passwords authorizing access to computerized records are confidential information and must be safeguarded. Employees whose work sites cannot be secured, or whose work areas are accessible to visitors, patients and other employees, must always log off their computers when leaving their work sites.
- C. Employees/volunteers/trainees, who are uncertain as to the confidentiality of the information or what constitutes unauthorized use or disclosure, should consult their supervisor or department manager for direction. Until or unless directed otherwise, the information should be treated as confidential.
- D. Employees/volunteers/trainees who have access to confidential information may access and use such information only as necessary to fulfill their job or training responsibilities or functions and are permitted to access and use only the minimum amount necessary to accomplish such purpose.
- E. Department managers are responsible for informing employees/volunteers/trainees about the handling and safeguarding of confidential information as it pertains to the department.
- F. Improper and/or unauthorized disclosure of confidential information may be cause for dismissal or such other disciplinary action as may be deemed appropriate.

I acknowledge that the purpose of this policy has been explained to me and that I understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Please PRINT Name

\_\_\_\_\_  
Date Signed





## CONFIDENTIALITY & PRIVACY

The Kennedy Krieger Institute recognizes the need to maintain patient and other information in a confidential manner. Patient information must not be accessed or shared in an unauthorized manner.

It is particularly important that all KKI employees, including staff on a personal services agreement and temporary staffing agencies maintain confidentiality in public spaces such as hallways, elevators, shuttle buses, restrooms, and stairwells.

Any confidential information obtained as a result of your assignment to the Institute must be maintained as such. If you have access to records and databases, you must ensure that this information is kept safe and confidential.

Passwords authorizing access to computerized records must be safeguarded. If your work site cannot be secured, or if it is accessible to visitors, patients, and other employees, you must always log off the computer when leaving the work site.

## ABUSE & NEGLECT REPORTING

All KKI personnel, including staff on a personal services agreement and temporary staffing agencies, are expected to be alert to recognizing and reporting **child** and **adult** abuse and neglect, but certain categories of professional employees **MUST**, by Maryland State Law, report **SUSPECTED** abuse/neglect to the Department of Social Services.

These include: Audiologists, Speech-Language Pathologists, Dietitians and Nutritionists, Nurses, Occupational Therapists, Physical Therapists, Physicians and Physicians Assistants, Counselors, Psychologists, Social Workers, Teachers, Counselors, and Caseworkers.

The Social Work Department can provide assistance in reporting suspected adult or child abuse and/or neglect to the local Department of Social Services.

**Call 443-923-2800 for assistance.**

## HIPAA

Health Insurance Portability and Accountability Act of 1996 protects the privacy of patients and the information about them. It is information that can be used to identify a patient, whether written, verbal (spoken or heard), or electronic.

- Protected Health Information (PHI) – any information that can be used to identify a patient, whether written, verbal (spoken or heard), or electronic
- Only discuss/access the “minimum necessary” to get the job done
- Discuss patient’s/client’s health information privately, respectfully, and with only those who “need to know” in order to care for the individual
- Abide by KKI’s confidentiality standards
- Follow departmental guidelines
- Protect all information that pertains to patients/clients; do not leave information in public view (i.e. on your computer screen, your desk, or in an unsecured area). Computers will lock automatically after 30 min of inactivity.
- Encrypt emails containing PHI that are outside of the KKI domain.

KKI’s Compliance Office: JoAnn Kubica, VP Compliance, Privacy Officer (x3-1843) and Stacey Barrett, Compliance Analyst, (x3-1815)

## INFECTION CONTROL GUIDELINES

1. KKI personnel, including staff on a personal services agreement and temporary staffing agencies, who report to work ill, may be sent to their private physician for evaluation. Employees who have evidence of skin, eye, respiratory, gastrointestinal, or other acute infection, are to notify their supervisor. The supervisor may refer the employee to their private physician for clinical assessment. Non-infectious cuts, rashes, or other breaks in the skin must be covered, e.g., band-aides, gloves, etc.
2. KKI personnel, including staff on a personal services agreement and temporary staffing agencies, who have been exposed to a communicable disease are to alert their supervisor, complete an occurrence report and infection control (if the exposure occurred in the workplace). An exposed employee may be required to report to their private physician for evaluation and follow-up.
3. KKI personnel, including staff on a personal services agreement and temporary staffing agencies, who have been exposed to blood or hazardous body fluids are to follow the procedure for such exposures outlined in the *Kennedy Krieger Institute Manual of Infection Control Policies and Procedures.*

<p style="text-align: center;"><b>CULTURAL DIVERSITY</b></p> <p>Kennedy Krieger Institute staff and volunteers are dedicated to providing excellent service to the families we serve and to our employees. We will promote a respectful, responsive and caring attitude toward all, and acknowledge their uniqueness by demonstrating respect for their abilities, preferences, ethnic and cultural diversity. We will strive to meet every individual's needs in a welcoming and supportive environment.</p> <p>The <b>law</b> prevents discrimination on the basis of age, color, national origin, race, religion, sex, and qualified individuals with disabilities.</p> <p>Valuing diversity helps us meet our legal obligations.</p> <ul style="list-style-type: none"> <li>➤ Code of Ethics</li> <li>➤ Equal Opportunity Employer</li> <li>➤ Harassment Free Environment</li> <li>➤ Patient Bill of Rights</li> </ul>	<p style="text-align: center;"><b>MEDICAL EMERGENCY</b></p> <p>1. In the event of a <b>Medical Emergency</b> involving an <b>EMPLOYEE, VISITOR, VOLUNTEER OR TRAINEE:</b></p> <p style="text-align: center;"><b>CALL 9-911</b></p> <p><i>Remember to dial "9" for an OUTSIDE line, and then "911".</i></p> <p>2. In the event of a <b>Non-Emergency injury</b> to an <b>EMPLOYEE/TRAINEE:</b></p> <ul style="list-style-type: none"> <li>• Notify your supervisor immediately.</li> <li>• Obtain medical attention at the Johns Hopkins Hospital Occupational Injury Clinic, Blalock #139.</li> <li>• Complete an "Employee Report of Injury/Illness".</li> <li>• For needle sticks or exposure to bodily fluids, call 410-955-STIX.</li> </ul>

S:/hr/Temp.JCAHOorientlist



Kennedy Krieger Institute

HUMAN RESOURCES DEPARTMENT

AUTHORIZATION TO PROCURE CONSUMER REPORTS

In connection with my employment and/or application for employment at Kennedy Krieger Institute, I ( \_\_\_\_\_ (Print Name)) understand that Kennedy Krieger Institute will obtain a consumer report from a consumer-reporting agency (the "Agency"). I further understand that Kennedy Krieger Institute may not request a consumer report from the Agency, nor may that Agency give out information about me, without my prior consent. It is also understood that the Agency may not report medical information about me to Kennedy Krieger Institute without my general authorization herein.

I hereby authorize Kennedy Krieger Institute to order a consumer report containing one or more of the following: criminal background, financial, educational, employment and other information as deemed necessary by Kennedy Krieger Institute in order to investigate my employment and/or application for employment. This authorization may be relied upon by Kennedy Krieger Institute to procure subsequent consumer reports throughout the duration of my continued employment with Kennedy Krieger Institute. This authorization does not include the release of my medical information.

Furthermore, I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature of Employee \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Date Signed \_\_\_\_\_ Social Security Number \_\_\_\_\_ Maiden/ Previous Name Known By \_\_\_\_\_

Please list current and all previous addresses for the last ten (10) years: (use reverse side if necessary)

1) \_\_\_\_\_
Number & Street Apt. City State Zip Year(s)
2) \_\_\_\_\_
Number & Street Apt. City State Zip Year(s)
3) \_\_\_\_\_
Number & Street Apt. City State Zip Year(s)
4) \_\_\_\_\_
Number & Street Apt. City State Zip Year(s)

**KENNEDY KRIEGER INSTITUTE  
HEALTH SCREENING RECORD**

Orientation Date \_\_\_\_\_

Trainee/Volunteer Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check box if born before 1957

Department: \_\_\_\_\_

Phone No. /Alternate Email (besides KKI email address, if you'd like to provide): \_\_\_\_\_

*Please provide a copy of vaccine record.*

*Boxes to be completed by Nurse*

1. Have you had any of these diseases:

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| measles                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| mumps                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| rubella (German measles) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| chickenpox (Varicella)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*If no, have you been around anyone with chicken pox in past 2 weeks? Yes \_\_\_ No \_\_\_*

2. Have you had:

- |                              | Dose #1                  | Dose #2                  |
|------------------------------|--------------------------|--------------------------|
| Measles vaccine              | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps vaccine                | <input type="checkbox"/> | <input type="checkbox"/> |
| Rubella vaccine              | <input type="checkbox"/> | <input type="checkbox"/> |
| Chickenpox/Varicella vaccine | <input type="checkbox"/> | <input type="checkbox"/> |

3. Have you completed the Hepatitis B vaccine series (3 doses)? Yes \_\_\_ No \_\_\_

4. Have you ever received the Tdap (Tetanus, Diphtheria, and Pertussis) vaccine? Yes \_\_\_ No \_\_\_

5. Have you had the Bacillus Calmette Guerin (BCG) vaccine? Yes \_\_\_ No \_\_\_

*(BCG is a tuberculosis vaccine not routinely given in the US)*

If yes, what country? \_\_\_\_\_ Year \_\_\_\_\_

6. Were you born outside of the United States? Yes \_\_\_ No \_\_\_

7. Are you a known positive PPD reactor? Yes \_\_\_ No \_\_\_

If yes, when was your last chest X-Ray? Date \_\_\_\_\_

**Need Titers  
Drawn For:**

- Measles   
Mumps   
Rubella   
Varicella   
Hep B   
TB

**Vaccines  
Needed:**

- Hep B   
Tdap   
PPD   
Flu

I certify that the above information is true to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts may be cause for termination of employment, or withdrawal of an offer of employment by the Kennedy Krieger Institute.

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To be completed by Employee Health*

**STEP 1**

**TUBERCULIN SKIN TEST (MANTOUX SCREENING TEST)**

Date administered:	
Time administered:	
Administered by:	
Site:	<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm
Product:	Tubersol/Sanofi Pasteur
Lot #:	
Exp. Date:	

Date read:	
Time read:	
Read by:	
Results (mm):	
Interpretation:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray needed:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**STEP 2**

**TUBERCULIN SKIN TEST (MANTOUX SCREENING TEST)**

Date administered:	
Time administered:	
Administered by:	
Site:	<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm
Product:	Tubersol/Sanofi Pasteur
Lot #:	
Exp. Date:	

Date read:	
Time read:	
Read by:	
Results (mm):	
Interpretation:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray needed:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Kennedy Krieger Institute  
707 North Broadway  
Baltimore, Maryland 21206**

**Hepatitis B Vaccine Declination or Acceptance Form**

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

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**NO: I do not want the hepatitis B vaccine**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check the box to document the reason for refusal of the vaccine:

- I have already completed the 3-dose vaccine series.
- I would like to have my titer checked first.
- No patient contact.
- I don't like shots.
- Previous vaccine reaction.
- Other \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Trainee/Volunteer Signature**

**YES: I want the hepatitis B vaccine**

- Employee given the hepatitis B Vaccine Information Statement (VIS) dated 2/2/2012

I have read the Hepatitis B Vaccination Information Sheet and have had the opportunity to discuss its importance in providing protection for persons at increased risk based upon clinical exposure. I further understand the risks associated with the vaccine and that it is my responsibility to immediately report any suspected adverse events or significant local reaction to the immunization. I also acknowledge my responsibility to obtain three injections of the vaccine at the appropriate intervals over a six-month period in order to assure maximum protection.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Trainee/Volunteer Signature**

**Hepatitis B Vaccine Administration**

	Dose 1	Dose 2	Dose 3
HB VIS given:			
Date administered:			
Manufacturer	GlaxoSmithKline	GlaxoSmithKline	GlaxoSmithKline
Lot #:			
Exp. Date:			
Site/route:	L R Deltoid/IM	L R Deltoid/IM	L R Deltoid/IM
RN signature:			

Kennedy Krieger Institute  
707 N. Broadway  
Baltimore, Maryland 21205

## Tdap (Tetanus, Diptheria, Pertussis) Consent

Name \_\_\_\_\_

Date \_\_\_\_\_

Department: \_\_\_\_\_

**You should NOT receive this vaccine if you are/have:**

- **Already received a Tdap booster**
- **Ever had a severe or life threatening allergic reaction to any component of this vaccine**

**Talk with your doctor prior to receiving this vaccine if you are/have**

- **A severe allergy to latex**
- **Epilepsy or other nervous system problems**
- **Ever had Guillain Barre Syndrome**
- **Pregnant**

I have read and received the printed Tdap vaccine information sheet dated 1/24/2012 and have had the opportunity to discuss concerns/questions that were answered to my satisfaction. I understand the risks associated with this vaccine and I verify that I have none of the above contraindications. I understand that it is my responsibility to immediately report any suspected adverse effects or significant injection site reactions to the Employee Health Nurse at 443-923-9426 or my doctor.

\_\_\_\_\_ I agree to receive the Tdap Vaccine

\_\_\_\_\_ I decline the Tdap Vaccine

\_\_\_\_\_  
Trainee/Volunteer Signature

Reason for declining the vaccine:  
\_\_\_\_\_  
.....

Lot # \_\_\_\_\_ Exp Date \_\_\_\_\_ Site/Route \_\_\_\_\_ Rt / Lt

RN Signature \_\_\_\_\_ Date \_\_\_\_\_

# Hepatitis B Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

### 2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,



- household contacts of people infected with hepatitis B,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,
  - people who travel to countries where hepatitis B is common,
  - people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
  - Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

#### 4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

#### 5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

#### 6 What if there is a serious reaction?

##### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

##### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

#### 7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

#### 8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

### Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26





## VACCINE INFORMATION STATEMENT

# Tdap Vaccine

(Tetanus, Diphtheria,  
and Pertussis)

## What You Need to Know

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y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

**TETANUS** (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during *every* pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

### 3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
  - have epilepsy or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Brief **fainting spells** can follow a vaccination, leading to injuries from falling. Sitting or lying down for about 15 minutes can help prevent these. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

### Mild problems following Tdap

*(Did not interfere with activities)*

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

### Moderate problems following Tdap

*(Interfered with activities, but did not require medical attention)*

- Pain where the shot was given (about 1 in 5 adolescents or 1 in 100 adults)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 3 in 20 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 3 in 100).

### Severe problems following Tdap

*(Unable to perform usual activities; required medical attention)*

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).

## 5 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

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