

VOLUNTEER SERVICES**CONFIDENTIALITY AGREEMENT**

I have read and understand the above information and am willing to comply with this and other Privacy and Confidentiality regulations as required.

Signature_____
Date_____
Printed Name**DRUG & ALCOHOL POLICY**

I understand and agree with the Drug & Alcohol policy.

Signature_____
Date_____
Printed Name**FIRE & SAFETY AND INFECTION CONTROL POLICY**

I have read and understand the DHMC guidelines for Fire & Safety and Infection Control for Volunteers.

Signature_____
Date_____
Printed Name**SEXUAL HARASSMENT POLICY**

I have read and understand the DHMC information related to Sexual Harassment.

Signature_____
Date_____
Printed Name

VOLUNTEER SERVICES**CONFLICT OF INTEREST POLICY**

Whenever one accepts the position of representing a non-profit on a board or committee, a solemn commitment has been accepted to look out for the best interests of that agency through his or her term in office or of service. Any personal or professional gain must be put aside. Every effort must be made to avoid both the appearances of impropriety and actual impropriety.

No employee or DHMC Auxiliary volunteer should act in a manner whereby their action or that of a close family member might be perceived as using their Dartmouth-Hitchcock Medical Center position inappropriately for personal gain.

Specifically:

- Employees and volunteers should not conduct personal business during paid working hours or volunteer time.
- Employees and volunteers should not use their position to coerce or inappropriately refer individuals to them or relatives for private gain should not charge a fee for services rendered when such services might reasonably be assumed to be part of an outreach effort of their Dartmouth-Hitchcock Medical Center position.
- Employees or volunteers interacting with individual's transacting or wanting to transact business with the Dartmouth-Hitchcock Medical Center must insure that their association and relationship with those individuals is professional and within accepted business practice, and that no action or situation occurs that might be perceived as inappropriately affecting current or future sound business decisions.
- Employees or volunteers should not use inside information gained about DHMC for personal or family gain.

In the event that a matter comes before the individual in which he/she feels may be a conflict of interest, the affected individual shall disclose the potential conflict to the Director of Volunteer Services before consummating the activity or transaction. If the matter is deemed to be a conflict of interest, the affected individual shall withdraw themselves from the matter/or leave the meeting during the discussion of the matter. Minutes of such meeting should reflect the individual's withdrawal from the meeting and the nature of the conflict.

The policy is not intended to prevent employees or volunteers from engaging in private entrepreneurial activities during non-working hours. This policy does expect good judgment to be exhibited when pursuing those activities.

Auxiliary Volunteer's signature _____ Date _____

VOLUNTEER SERVICES**PRIVACY/CONFIDENTIALITY**

Based upon the “Dartmouth-Hitchcock Privacy Group Policy Statement on the Privacy and Confidentiality of Patient Information” and the requirements of the Health Insurance Portability and Accountability Act (HIPAA), we have established the following behavioral expectations. This is not meant to replace the policy; it is meant to define important terms, and provide some examples of appropriate behaviors.

Employees are expected to read the Policy Statement in its entirety, which is available on the DHMC Intranet as well as by request. Questions regarding this policy should be directed to the Director of Education/Employee Relations.

Confidential/Protected health information includes the following information, whether in electronic, oral or paper format:

- Any information we receive or create relating to an individual’s past, present or future physical or mental health or condition, or the provision of or payment for health care provided to that individual.
- ALL patient information contained in medical records including but not limited to patient demographics (age, sex, address, date of birth, telephone number), appointment history, or any medical or clinical information.
- Electronic and paper patient records, including but not limited to photographs, x-rays and other radiographic records, videotapes, and flowsheets.
- Any item containing health information about a patient that reasonably could directly or indirectly identify the patient.
- Records of procedures performed upon a patient.
- Operating schedules, registration forms, billing and claims information, and any other financial documents.

The unauthorized access, possession, use, copying or reading of patient medical records or disclosure of any information contained in such records is strictly forbidden.

- Do not look up and/or share any confidential information on patients without a verifiable need to know. A “need to know” is defined as what information one needs to know in order to do their job. You should obtain, use and share only the minimum amount of information necessary.
- Do not use any patient information for your personal purposes (for example, looking up birth date or phone number).

Disclosure of any patient, including DHMC employees, protected health information to any unauthorized persons including employees “without a need to know” is a breach of confidentiality and is strictly forbidden.

The following are examples of potential breaches:

- Discussing patients or their illnesses in public places where the conversation may be overheard, including telephone conversations. This can be the food court, elevators, staircases, or the cafeteria.
- Publicly identifying patients, in spoken words or in writing.
- Leaving identifiable phone messages.
- Inviting or permitting unauthorized persons into areas where patient care is administered, or protected health information is stored, displayed or discussed.
- Sharing your confidential Clinical Information System or any computer system password with unauthorized persons. This also includes the appointment/scheduling/registration terminal accesses, or any system for which you’ve been issued an individual password.
- Leaving your Kerberos ticket open and unattended.
- Disclosing any patient personal health information outside DHMC unless permitted by specific Dartmouth-Hitchcock policies.

The above applies to any electronic information systems such as electronic mail, CIS, Cerner, the Internet, or Intranet. Accesses to clinical information are tracked by the user, date, and time in many systems, including CIS.

Any questionable activity identified by a patient or employee will be impartially investigated and appropriate responsive action will be taken.

A breach of confidentiality as defined above may result in discipline up to and including immediate termination of employment.

VOLUNTEER SERVICES**OCCUPATIONAL SAFETY, HEALTH AND ENVIRONMENTAL PROGRAMS**

The responsibility for Safety at DHMC begins and ends with each individual. Employees are required to follow and support safe practices in the performance of their duties. All Department Directors, Practice Managers and Supervisors must strive to ensure that employees understand the safest method of performing any task given to them, and required actions to be followed in the event of emergent conditions. Whenever employees observe an unsafe condition or are unsure of the appropriate safe practice, they are encouraged to seek the assistance of their Supervisor or the Safety and Environmental Programs Office.

Departments will educate employees of potential health hazards associated with their work areas, established DHMC health and safety policies, and their actions in response to established emergency plans and procedures. Some examples include:

- Potential exposure to, and use and disposal of hazardous materials used in the workplace
- Use of proper body mechanics to properly lift and handle patients or materiel
- Actions to be followed in the event of a fire, chemical spill, bomb threat, or mass casualty incident
- Proper use of personal protective equipment

All working conditions believed to potentially be unsafe must be reported immediately to the Department Director, Practice Manager or Supervisor and the Safety and Environmental Programs Office.

All on-the-job safety incidents and injuries must be immediately reported to the supervisor or appropriate manager. Employees are expected to go to Occupational Medicine if they need medical treatment, or to the Emergency Department in the event Occupational Medicine is closed. All on-the-job injuries, incidents, and near-miss events should be reported using the Dartmouth-Hitchcock Medical Center Intranet - Occurrence Reporting web-site.

Safety and Environmental Program guidance is provided in the HITS (Hazardous, Infectious, Training, and Safety) manuals, available in hard copy in each department or electronically on the Safety and Environmental Programs Intranet site. The topics covered include Hazardous and Infectious materials, Occupational Health and Safety

Training requirements, and Safety and Security policies applicable to all Hospital and Clinic employees.

Dartmouth Hitchcock Medical Center maintains an active Safety Program under the direction of the Safety Committee. All DHMC staff members are encouraged to become actively involved with the Safety Committee and support Occupational Safety and Health Programs. Please contact the Safety and Environmental Programs Office at 650-7233 to report an unsafe condition, obtain assistance or training associated with occupational health and safety programs, or to provide suggestions to increase program effectiveness.

PATIENT SAFETY – REPORTING

Dartmouth-Hitchcock Medical Center has a web-based Occurrence Reporting System available via the DHMC intranet. The goal of this system is to improve Dartmouth-Hitchcock's timely collection and analysis of identified areas of concern in order to improve patient safety. All employees of Dartmouth-Hitchcock will have access to the on-line system to report adverse occurrences and near-misses. Either identified or anonymous reports can be entered into the system. Employees should call Clinical Quality Resources at (603) 653-0410 or Risk Management at (603) 650-7864 for more information.

VOLUNTEER SERVICES**SMOKING**

Dartmouth-Hitchcock Medical Center is committed to providing a healthy, productive and safe environment for their patients, employees and visitors. Medical evidence clearly shows that smoking is harmful to the health of smokers. Smoke from cigarettes, cigars and pipes is also an irritant to many nonsmokers and can worsen allergic conditions. Research indicates that long-term exposure to second hand smoke will seriously threaten the health of the nonsmoker.

Dartmouth-Hitchcock Medical Center believes smoking is a serious health hazard and, therefore, is a smoke-free environment, including our satellite locations.

Smoking will not be allowed outside public entrances of the Medical Center by patients, visitors, or employees, or on Medical Center property. Smoking is only permitted inside personal vehicles.

The success of this policy will depend upon the thoughtfulness, consideration and cooperation of smokers and nonsmokers. All persons share in the responsibility for adhering to and enforcing the policy.

The management of the Dartmouth-Hitchcock Medical Center realizes that it is difficult for some employees to refrain from smoking in the work place. The Health Improvement Program provides educational resources and smoking cessation programs to assist employees to stop smoking.

VOLUNTEER SERVICES**SUBSTANCE ABUSE****I. Statement of Purpose**

A. Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic are committed to providing a safe, healthy and secure environment for employees, patients and visitors. The unlawful or improper presence or use of controlled substances, illicit drugs, or alcohol in the workplace presents a danger to everyone. In the interest of promoting health and safety and preventing liability we have established the following Substance Abuse Policy. Drug and alcohol testing is an integral part of the policy and may be required if there is reasonable concern of drug and/or alcohol abuse.

B. The Hospital and Clinic maintain a policy of non-discrimination and will endeavor to assist individuals in recovery from addiction to drugs and/or alcohol, persons with medical conditions requiring treatment with mood altering or controlled drugs, and those having a medical history of treatment for substance abuse. Employees are encouraged to seek assistance before their drug and/or alcohol use renders them unable to perform their essential job functions and/or jeopardizes health and safety. Every appropriate effort will be made to protect individual privacy and confidentiality while enforcing this policy.

C. Questions regarding the meaning or application of this policy should be addressed to the Medical Director of Employee Health and Safety in Occupational Medicine or the director of Education/Employee Relations (or their designees), who maintain protocols and provide management training and consultation necessary to insure and support its implementation.

II. Scope of Policy

A. This policy applies to all staff, physicians, residents, students, health care professionals, supervisors, managers, temporary workers and volunteers-referred to in this policy collectively as employees.

B. Any reasonable concern regarding probable or potential employee substance abuse will be addressed.

C. Any employee who is arrested for and/or charged with a drug or alcohol-related offense is obligated to inform his or her supervisor as soon as possible and will be subject to this policy.

D. Any employee who is identified as a substance abuser through public reporting or by state or federal authorities will be subject to this policy.

E. New employees who are known to have ever entered into agreements with state licensing boards related to substance abuse or who report historic substance abuse problems prior to employment are subject to this policy.

III. Prohibited Conduct Concerning Alcohol and Drugs

A. Employees are prohibited from coming to work while under the influence of alcohol and/or other substances, except when prescribed and authorized by an appropriate licensed medical practitioner. When using prescribed medication, employees must be able to meet the expectations of their job.

B. Employees are prohibited, on and off duty, from engaging in unlawful manufacture, distribution, dispensation, solicitation, sale, transfer or possession of illicit drugs, controlled substances, inhalants or drug paraphernalia.

C. Employees are prohibited from consuming alcohol before or during working hours, including meal and break periods. This is applicable to “on-call” responsibilities when there is the expectation of coming into the facility.

D. Employees are prohibited from the illegal or unauthorized use of controlled substances, illicit drugs or inhalants at any time.

E. Employees are prohibited from diverting any amount or type of medication intended for patient use. Theft of medications from hospital or clinic inventories may result in criminal prosecution. Employees suspected of diverting medications will be subject to this policy and possible termination.

IV. Employee Responsibility

A. All employees who handle, dispense or administer controlled substances are required to be aware of and follow all applicable laws and procedures regarding administration, disposal and documentation.

B. Any employee who has actual knowledge or reasonable concern that another employee has engaged in or is engaging in conduct prohibited above shall report their concern to an appropriate supervisor at the earliest opportunity.

A. V. Supervisor or Manager Responsibility

Any supervisor or manager who receives a report of employee substance abuse, has actual knowledge or reasonable concern that an employee has engaged or is engaging in conduct prohibited above, shall not permit the employee to work until the matter has been thoroughly assessed and resolved through consultation with the Occupational Medicine and Education and Employee Relations departments and/or the Employee Assistance Program.

VI. Self Reporting of a Substance Abuse Problem

An employee who voluntarily self reports a drug or alcohol problem and requests assistance will be referred to Occupational Medicine and/or the Employee Assistance Program for referral to an

appropriate counseling, treatment or rehabilitation program. The cost of such programs or services will be the employee's responsibility. Any aspect of this policy may be applied including fitness for duty evaluation, return to work contracting and review of the requirements of reporting to professional boards.

VII. Reasonable Concern

Reasonable concerns must be based on specific information or observations, including, but not limited to, appearance, behavior, speech, body odors, and indications of chronic effects and/or withdrawal effects of drugs and alcohol, failure to perform work safely or completely, or any conduct which involves a potential risk of harm to others.

VIII. Fitness for Duty Evaluation

A. Any supervisor or manager who has reasonable concern that an employee has engaged in prohibited conduct may immediately remove the employee from work, and request that the employee submit to fitness for duty evaluation by the Occupational Medicine Department, or by the Emergency Department (after hours and on weekends).

B. Any employee must submit to a fitness for duty evaluation which may include drug and/or alcohol testing and clinical assessment when requested to do so.

C. Any employee who refuses to submit cooperatively to initial or ongoing fitness for duty evaluation, i.e.: (1) fails to complete necessary forms including appropriate consents to release of information; (2) fails to provide a specimen, or an adequate amount of specimen; (3) obstructs the testing process, including the adulteration or substitution of a urine specimen or attempting to substitute or adulterate a specimen; (4) fails to report directly to the collection site after notification; (5) delays the collection, testing or verification process or (6) knowingly and intentionally misleads or deceives Occupational Medicine staff conducting the evaluation will be subject to disciplinary action up to and including termination.

IX. Results and Consequences of Fitness for Duty Evaluation

A. Results of the fitness for duty evaluation are confidential and will be treated as Quality Assurance documents. Determination of fitness for work will be disclosed to manager but the specific medical and/or mental health history or findings would be released to manager only with specific written permission of the employee.

B. Any employee found to be fit for duty may be released to return to work and the referring manager will be notified.

C. If additional information is required to establish work fitness, appropriate testing and/or consultation will be arranged by Occupational Medicine and the employee will be suspended from duties until a determination can be made.

D. Any employee found to be unfit for duty will be sent home via safe transportation and/or hospitalized if appropriate and will not be allowed to return to work until an investigation is completed. Occupational Medicine and the Employee Assistance Program may recommend various treatment programs or services, and will work with the employee to identify a treatment plan that will prevent future policy violations and support the restoration of good health. The cost of such programs or services will be the employee's responsibility.

E. Occupational Medicine and the Employee Assistance Program will cooperate with providers to assist in the employee's eventual return to work as appropriate. Any restrictions or reasonable accommodations will be identified and communicated appropriately.

X. Reporting to Professional Licensing Boards

An employee with a professional license found in violation of this policy may be, depending on the circumstance, reported to the appropriate professional authority or required to verify appropriate self reporting. It is strongly recommended that the employee self-report. It is the responsibility of the employee to follow any steps required to retain or reinstate their license and remove any sanctions. Licensing boards may implement programs to support license holders which include formal contracts, support groups and/or peer reviews. When appropriate, Occupational Medicine, Education and Employee Relations, and the supervisor will support and participate in such contracts.

XI. Return to Work Contracting

A return to work contract will be required before an employee returns to work in any capacity after being deemed unfit for duty under this policy. The Director of Education and Employee Relations, in conjunction with the offices of Graduate Medical Education or Executive Medical Director, will work with the employee and appropriate manager to develop and document an agreement. This may incorporate treatment recommendations obtained from the Employee's health care providers and the Occupational Medicine Department. Employees returning to work will be subject to random alcohol and/or drug testing. Any employee who rejects or breaches the terms of a return to work contract may be subject to disciplinary action up to and including termination. The cost of random drug and/or alcohol testing outlined in the return to work contract will be the responsibility of the employee.

XII. Inspections of Hospital and Clinic Property

To control shortages, theft, and to locate missing items, inspections of work areas may be conducted at any time. Similarly the Hospital and Clinic may conduct unannounced random inspections for drugs and alcohol on Hospital or Clinic facilities and property such as, but not limited to, DHMC vehicles, equipment, desks, file cabinets, or lockers. Employees are expected to cooperate in the conduct of such inspections.

B. XIII. Inspections of Employee Property

In addition to routine inspections conducted in accordance with loss prevention policies and practice, inspections of employees and their personal property including

but not limited to, vehicles, clothing, packages, purses, briefcases, backpacks, lunch boxes, or other containers brought into Hospital or Clinic premises may be conducted when there is reasonable concern that the individual has violated the prohibitions above

VOLUNTEER SERVICES**COMPLIANCE**

At Dartmouth-Hitchcock Medical Center, we share responsibility, collectively and individually, for assuring legal and ethical behavior in all aspects of our work.

The basic regulatory compliance principles to which we are all expected to adhere include:

- Know and obey the legal requirements relevant to your position
- Communicate and document honestly and factually
- Bill and code for services accurately and appropriately
- Avoid conflicts of interest
- Do not give or receive gifts or any other form of remuneration to induce patient referrals
- Do not accept personal gifts of value from patients, vendors or others with whom we have a business relationship
- Ask questions and voice concerns
- Report any known or suspected violation of these principles or related Dartmouth-Hitchcock codes, policies and procedures

Violation of the compliance principles, including the failure to report a known violation or any retaliation regarding reporting of such, will result in corrective action (See Code of Professional Conduct and Rules of Conduct section of this manual) and may lead to termination of employment.

The Compliance Office may be contacted at (603) 650-3480 or contact the 24-hour, toll-free Compliance Helpline at (888) 422-2084.

VOLUNTEER SERVICES**SEXUAL HARASSMENT - YOUR BEHAVIORS**

Sexual harassment is not only against Medical Center policy - it is illegal. A person who sexually harasses another can be held liable for his or her actions.

People must consider how their behavior is viewed by others. Many accused harassers are surprised to learn how their behavior is perceived by those who feel victimized.

Consider the following:

- Review your attitudes and actions toward others. Is your behavior sex neutral and bias free?
- Would you want someone you love or respect to be subject to similar behavior?
- Would you want any of these behaviors or actions to be the subject of a column in the newspaper?
- Do not assume that colleagues, peers, or employees enjoy sexually oriented comments; jokes, or even minor physical contact.
- Do not assume that others are comfortable telling you that they are offended or harassed by what you say or do.
- Consider the impact your position of power may have on other's feelings, behaviors and responses.

What Can You Do?

Dartmouth-Hitchcock Medical Center will not allow sexual harassment of its employees by management, supervisors, co-workers or non-employees who are on Medical Center premises. The Medical Center will make every effort to prevent and eliminate sexual harassment or otherwise inappropriate conduct.

All concerns regarding sexual harassment should be addressed to Michele King, Director of Education/Employee Relations, or an Organizational Development Specialist at 603-653-1570, or your manager.

VOLUNTEER SERVICES**FIRE SAFETY**

Fire safety is of great concern to the hospital/clinic. Lives depend upon your ability to react quickly and effectively.

1. It is your responsibility to know fire safety procedures.
2. Remember, the three elements to fire safety are: Prevention, Detection, Extinguishment
3. Fire safety demands constant attention. Do NOT assume a fire hazard will take care of itself. If you see a hazard, eliminate it. For hazards beyond your control, notify your supervisor or the Safety Office (x5-7233).
4. Remember: **RACE**

Rescue – move victim(s) out of room and close the door

Alarm – dial 5555 and pull nearest fire alarm box

Contain – close corridor doors

Extinguish – use available fire extinguishers IF you know how

5. Operator will page “Code Red” and fire brigade will respond.
6. Flashing fire warning strobe lights means that the fire is in your building (on your floor or the one above).
7. Be sure you know the location of the following in your work area: fire extinguishers, fire alarms, posted fire plan, oxygen shut offs (if applicable), fire exits. Remember elevators should NOT be used during a fire.

VOLUNTEER SERVICES

Emergency Phone Numbers

Code Red**5-5555 (fire)**

1. State
 - name
 - exact location
 - extent of situation (see smoke or flame, etc.)
 - whether or not you pulled an alarm
2. Give your location clearly; building, floor, room number
3. Stay on line. Be the last one to hang up

Code Blue**5-5555 (cardiopulmonary arrest)**

1. State: Adult - 19 years and older
Pediatric - 1 month to 19 years
Neonatal - 1st month of life
2. Give your location clearly; building, floor, room number
3. Stay on line. Be the last one to hang up

Code White**5-5555 (emergency in public, non clinical area)**

1. State
 - that victim is awake
 - a brief description of the problem (fall, seizure, etc)
2. Give your location clearly; name of area, building, floor, room number
3. Give caller's name

Code Pink**5-5555 (suspected/actual infant or child abduction)**

1. State
 - infant or child's age
 - location of suspected/actual abduction
2. Give your location clearly; building, floor, room number
3. Stay on line. Be the last one to hang up (see back)

Code Black 5-5555 (Bomb Sweep)

1. State
 - name
 - alleged location of bomb
 - description of bomb type
 - extent of situation
2. Give your location clearly; building, floor, room number
3. Stay on line. Be the last one to hang up (see back)

Code 1000/500**Disaster** (1000 is to a great extent or severity than 500)

Hazardous Materials Spill: 5-5555 In case of a radiological spill or emergency, call 5-5555 and refer to the Green Emergency Management Procedures flip chart.

VOLUNTEER SERVICES**HAND HYGIENE**

Hand hygiene is the single most important procedure for preventing health care associated infections.

Guidelines:**Hand hygiene should be performed**

- Before and after direct contact with a patient (including contact with intact skin and activities such as taking vital signs or moving a patient)
- After contact with inanimate objects in the immediate vicinity of the patient (e.g. bedrails, over-bed table, chair, medical equipment)
- After removing gloves (gloves are not a substitute for hand hygiene)
- When moving from a dirty activity to a clean one
- Before inserting or manipulating any invasive device
- Before donning sterile gloves
- Before eating and after using a restroom
- Anytime hands are visibly dirty or contaminated with blood or body fluids

Effective hand hygiene can be accomplished in either of two ways:

- Through use of soap and water
- Through use of a waterless, alcohol-based hand rub

Both methods are effective and safe for patients and for health care workers.

Choice of hand hygiene agents

Use an alcohol-based hand rub for routine hand hygiene when hands are not visibly dirty or visibly contaminated with blood or body fluids.

Soap and water should always be used

- When hands are visibly soiled
- After and alcohol-based hand rub has been used consecutively a number of times and you are noticing build up of the emollients.

When soap and water is used, it is necessary to use antiseptic soap;

- Before doing a sterile or invasive procedure
- Between patient contacts in high-risk areas, including
 - Intensive care units
 - Nurseries
 - Immunosuppressed patients

HAND HYGIENE CON'T

Techniques for hand hygiene

Alcohol-based hand rub

Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers. Continue to rub until hands are dry. Follow manufacturer's recommendations regarding the volume of product to use.

Soap and water

Wet hands first with water, apply amount of product recommended by manufacturer, and rub hands together for 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet.

Artificial Fingernails

Health care workers who provide direct patient care may not wear artificial fingernails, nail extenders or other nail enhancements. Natural nails should be kept short (extending no more than a 1/4 inch past the finger tip). Nail polish may be worn but should be replaced when it becomes chipped.

VOLUNTEER SERVICES**WHEELCHAIR SAFETY REVIEW INSTRUCTIONS**

IMPORTANT: This review needs two signatures, yours and the volunteer who observes you doing this safely.

As patient safety is a priority for the Dartmouth-Hitchcock Medical Center, we have been requested to do a safety review upon Escort volunteer's initial training and annually thereafter. It will be the responsibility of each Escort volunteer to work with their peers on their Escort team to review safe practices for wheelchair use.

Extra wheelchair safety guidelines are available in the volunteer office. Please complete and return to volunteer office. We will be happy to make you a copy for your records.

We hope to have 100% participation in this review.

Thank you!!

PLEASE CONTINUE TO NEXT PAGE

VOLUNTEER SERVICES**REVIEW OF SAFETY GUIDELINES RELATED TO
ESCORT VOLUNTEER ROLE:**

Volunteer's Name: _____ Date: _____

Observer's Name: _____ Date: _____

Please observe volunteer performing the following wheelchair safety procedures and provide review of appropriate methods if needed:

1. Open the chair by pushing on the sides of the chair and make certain it is fully open. **Our patient's safety must always come first. We may need to remind the patient to wait until the brakes are secured before they enter or exit the chair. It was suggested we say, "Your safety comes first, please allow me to lock the brakes and or swing the legs rests out of your way before you sit in (or get out of) the chair."**

2. Lock brakes before seating or unseating the patient.

3. Swing out or lift leg rests and foot rests before patient sits in or leaves chair.

4. Back wheelchair into elevator, eliminating risk of bumping other passengers or the back wall. **When pushing someone with a raised leg rest, it may be necessary to ask other passengers to wait for the next elevator. More space in the elevator car makes it easier to avoid accidental contact with the injured leg.**

5. What is the protocol to follow if more assistance is required by the patient than you can manage?

It is a Risk Management Guideline that volunteers cannot push patients who are heavier than 250 lbs (113 kilograms). If this patient does not meet these guidelines, please advise the receptionist to call Transportation Dispatch Office (x 5-5580) for assistance.

For patients requiring oxygen tanks, IV poles, or other equipment, please advise the receptionist to call Transportation Dispatch Office (x 5-5580) for assistance.

6. If you need to assist a patient getting into their car:

At the entrance, take wheelchair down ramp on an angle turned toward the car door that the patient is going to enter. Lock both brakes; move foot rests out of the patient's way. Offer to hold belongings while patient stands pivots and sits onto the seat. Caution the patient to duck head. If needed, place your hand over the patients head to protect from

hitting the door jam. If necessary, assist patient to lift his/her legs into car. Offer to assist with the seat belt. Finally close car door and move wheelchair away before car moves. **Volunteers should not physically lift a patient out of the wheelchair and into their car. If a patient needs this much assistance Transportation (x5-5580) or Security (x5-7896) should be called.**

Review of physical requirements of Escort Volunteer role:

1. Volunteer is able to lift up to 15 pounds for errands related to escort role.
2. Volunteer is able to maneuver and safely steer a wheelchair carrying a patient weighing up to 250 lbs.
3. Volunteer is able to safely walk long distances during the volunteer's shift without risk of falling.
4. Volunteer is able to hear well enough with reasonable accommodation to answer the phone and take messages.
5. Volunteer is able to withstand temperature changes related to going in and out of hospital entrance throughout the shift.

Comments:

Signature of Escort being reviewed: _____
Date: _____

Signature of observer: _____
Date: _____