

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

VOLUNTEERS

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Effective Date: 4/2015

Policy No: AD092

Cross Referenced:

Origin: Administration

Reviewed Date:

Authority: Executive Director

Revised Date:

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SCOPE

All individuals who are at least 14 years of age and who qualify to be a volunteer with Hackettstown Regional Medical Center (HRMC)

PURPOSE

To describe the procedure to become a volunteer, to specify the role and responsibilities of different types of volunteers, and describe how a volunteer maintains their status.

DEFINITIONS

Volunteer: A volunteer is an individual who is at least 14 years of age who has completed an application, received a criminal background check and the required vaccinations to provide non-paying job services within the HRMC organization. Volunteers donate a minimum of two hours a week to Hackettstown Regional Medical Center.

Junior Volunteers: Volunteers who are 14 to 18 years of age will be required to obtain documentation of tuberculin skin testing, immunization documentation, and clearance from their own health care provider and to provide this to the Volunteer Department.

Senior Volunteers: Volunteers who are over the age of 18 years will be required to have their own healthcare provider complete a Volunteer Health Certificate. If necessary, Occupational Health will provide tuberculin skin testing and other vaccines as necessary.

Community Service Volunteer: Volunteer who is required by the court system to provide community services as a requirement in their sentence. Community Service volunteers will be required to obtain documentation of tuberculin skin testing, immunization documentation and clearance from their own health care provider and to provide this to the Volunteer Department.

Volunteer Job List: List of job openings that are needed by departments to supplement or complement the work within the departments. The list provides a description of the job and specific skills required as written by the manager/director. A prospective volunteer applies for a specific job during the application process. In the event that the Volunteer Coordinator receives an application with a specific skill set or job preference, the Volunteer Coordinator will reach out to departments to develop a volunteer opportunity.

POLICY

- I. Individuals who qualify to become a volunteer must meet the needed job requirements of a position to be assigned day(s) and times for providing the service to a department either on campus or off campus.
- II. Community Service Volunteer is approved by the Volunteer Coordinator on a case by case basis.

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PROCEDURE

I. APPLICATION PROCESS:

- A. Individual inquiring about a volunteer position receives an application and a list of current volunteer jobs available. A Junior Volunteer also receives a Parental Consent Form which must be signed by a parent and submitted with the completed application.
- B. The completed application is reviewed by the Volunteer Coordinator
- C. The Coordinator will interview all individuals who complete the application to discuss current volunteer jobs available. Individuals who qualify for certain jobs are referred to a department supervisor or manager/director for a second interview.
- D. Accepted applicants over the age of 18 will undergo a background screen.
- E. All volunteers must receive an **annual** flu shot either by Occupational Health or their own physician certifying compliance with this requirement. If for any reason they are unable to receive the flu shot may not volunteer during the flu season.
- F. All Junior, Senior, and Community Service volunteers must have their healthcare provider complete the Volunteer Health Certificate (see Appendix A)

II. ORIENTATION

- A. Individuals selected to become Volunteers must attend an orientation prior to beginning their work assignment. The Volunteer also receives an orientation packet which includes, but not limited to the following:
 1. Volunteer Orientation Sheet
 2. Infection Control
 3. EMTALA
 4. Patient Safety
 5. Fire and Environmental Safety
 6. Patient's Rights
 7. HIPAA
 8. Confidentiality Agreement
 9. Corporate Supplement Insurance Coverage Policy for Volunteers (AHC 1.13).
 10. Job Description
 11. Emergency Management
 12. Smoke Free Facility and Grounds
 13. Volunteer Policy and Procedure
 14. ID Badge that must be worn at all times when reporting for their assignment.
 15. RISES
- B. Volunteers must be oriented to their specific departmental assignment by the manager/director of the department. Volunteers must demonstrate competencies as required for their assignment during the initial 90-days and demonstrate the competencies through an annual evaluation.\

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III. EVALUATION

- A. Annually, the Volunteer must complete the mandatory training on the following topics:
1. Infection Control
 2. EMTALA
 3. Patient Safety
 4. Fire and Environmental Safety
 5. Patient's Rights
 6. HIPAA
 7. Resign the Confidentiality Agreement
 8. New regulations as required by federal, state and local agencies
 9. Emergency Management
 10. Other policies and procedures as needed
- B. Annually, each volunteer receives a competency evaluation based on their job description by their immediate supervisor or manager/director. The Volunteer Evaluation will also include the following:
1. Adherence to RISES values
 2. Performs job in accordance with hospital policies and procedures
 3. Follows Hospital infection control and policies
 4. Demonstrates the ability to state role in Hospital's emergency plan
 5. Demonstrates the ability to speak to EMTALA
 6. Utilizes proper body mechanics as observed
 7. Completes all assigned tasks in a timely and efficient manner
 8. Maintains confidentiality
 9. Demonstrates knowledge of when to seek help or guidance from immediate supervisor or appropriate resource person.

IV. INJURY WHILE ON THE JOB

If a Volunteer is injured while on duty, the volunteer should be sent to the Emergency Department for a medical evaluation and or treatment. The incident should be reported to the Volunteer Office within 24 hours and an incident report must be submitted to Hercules.

V. DRESS

Must dress in a "business casual" style. Men's and women's shirts should be collared. They are required to wear dress slacks. T shirts with logos, slogans, pictures or advertising are not permitted. Students are required to wear collared white shirts and dress slacks. Volunteers may not wear open shoes of **any** kind. Clean athletic shoes are acceptable. Cropped shirts, low rise pants, shorts, spandex, sweat suits and very baggy pants and jeans of any kind are **not** permitted. There may be no midriff showing at any time. Pants may not reveal boxers or other underwear.. Volunteers dressed in an inappropriate manner will be asked to leave.

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VI. MEALS

Volunteers are entitled to a free meal for every 4 hours given. The cost of the meal is limited to \$4 per meal. To participate in this program, the Volunteer must wear their ID badge.

VII. SIGN IN REQUIREMENT

Volunteers are required to complete the Sign-In Sheet located at the Information Desk, Willow Grove Lobby. The Sign-In Sheet is the tool used to keep accurate records of volunteer hours, as well as knowing the location and number of volunteers inside the Hospital at all times. Volunteers working in MOB I, MOB II and off-site departments are provided with time sheets that the Volunteer turns in monthly, signed by immediate supervisor or manager/director.

VIII. DISPUTE RESOLUTION

In the event of a dispute between volunteers, or a volunteer with management, a written summary of the dispute should be given/sent to the Volunteer Coordinator. The Coordinator will review the dispute with all parties and recommend a solution.

IX. ISOLATION PATIENTS

No Volunteer will enter a patient room that is clearly identified as an isolation room.

X. LAB SPECIMENS

Volunteers never touch specimens that are to be sent to the lab. Special carriers are provided and Hospital personnel place the specimens into the carriers and remove them at the lab.

XI. REQUEST FOR TIME OFF

Volunteers requesting time off should fill out the Request Form and leave it with the Volunteer Coordinator, at least two weeks before the start date to provide adequate time to arrange coverage.

XII. TERMINATION

Volunteers can be terminated by the Volunteer Coordinator for failing to follow a Hospital policy and procedure. Volunteers who do not meet the annual requirements will be no longer qualified to serve as a volunteer and must turn in their ID badges to the Volunteer Coordinator. Volunteers who do not meet the job requirements may be asked to resign as a Volunteer.

XIII. COMMUNITY SERVICE VOLUNTEER

- A. The nature of the court offense and the identity of the Community Service Volunteer is identified to Security and Human Resources, but not shared with any other department
- B. Must provide the Volunteer Coordinator with a copy of their court documents at the time of submitting the application to volunteer. An application is only accepted if there is a job available.
- C. Must provide evidence of receiving a two-step TST and flu vaccine at his/her own expense.

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- D. In addition to the above procedures, the Volunteer Coordinator makes monthly reports on each Community Service Volunteer to their Probation Officer.
- E. Time records are maintained in a separate file by the Volunteer Coordinator.
- F. When a Community Service Volunteer completes his/her requirement a letter is sent within 5 business days to the Probation Officer, including how the individual met the requirements of the job and how the immediate supervisor/manager/director evaluated their performance.
- G. If the Community Service Volunteer does not show up for an assignment without a notice to the immediate supervisor for an excused absent, the supervisor will report this immediately to the Volunteer Coordinator who will report the occurrence within 1 business day to the Probation Officer. One unexcused absence can be grounds for dismissal.

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[Appendix A](#)

HRMC Volunteer Department Health Certificate

Volunteer Applicant Name: _____

Last, First, MI

SS# _____

Address: _____

Phone Number: _____ **DOB:** ____/____/____

Volunteer Department Infectious Disease Requirements

1. **Measles, Mumps, Rubella and Varicella:** The CDC defines immunity to these diseases as one of the following: (1) Appropriate immunization*, (2) positive titer or (3) laboratory confirmation of disease. Given the above definition, please complete the following information for this individual.

Immunity:

Measles: Yes____ No____ Mumps: Yes____ No____

Rubella: Yes____ No____ Varicella Yes:____ No____

***Measles, Mumps and Rubella Vaccine (MMR):** If born on or after 1957, two doses of live measles or mumps (or MMR) vaccine, at least one month apart on or after his/her first birthday. If born before 1957, proof of at least one live measles or mumps (or MMR) vaccine. Proof of one dose of rubella vaccine after his/her first birthday, except women of childbearing age who have 1 or 2 documented doses of rubella-containing vaccine and have rubella specific IgG levels that are not clearly positive should be administered one additional dose of MMR vaccine (maximum of 3 doses) and do not need to be retested for serologic evidence of rubella immunity. **Varicella vaccine:** Individuals who receive the vaccine between 12 months and 12 years of age are required to receive only one dose of the vaccine. Individuals over the age of 13 should receive two doses of the vaccine 4 to 8 weeks apart.

2. **TDAP:** Volunteers age 14 or older must provide evidence of a single dose of Tdap. Date Administered: _____

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3. **Influenza Vaccine:** Required during flu season annually (as defined by the Centers for Disease Control). Date Administered: _____

4. **Hepatitis B Vaccine:** If you have given this patient the Hepatitis vaccine, please record the dates it was given:

1st Dose ____/____/____ 2nd Dose ____/____/____ 3rd Dose ____/____/____

5. **Tuberculosis Testing:** If you have ever placed a Mantoux Test (TST) on this patient, please record the two most recent dates and results. If positive, please provide documentation of a chest X Ray and Interferon-Gamma Release Assay (IGRA) if one was drawn.

Date mo/day/year	Amount	Result (mm) @ 48-82 hours
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1. _____

2. _____

Health Status: To my knowledge, this applicant:

Is free from contagious disease and capable of performing all volunteer assignments at Hackettstown Regional Medical Center. Yes ____ No ____

If no, please list what precautions need to be taken and if the volunteer has any restrictions in his or her activities:

Doctor's Name: _____

Doctor's Signature: _____

Doctor's Address: _____

Doctor's Phone Number: _____