

## **HAMC VOLUNTEEN PROGRAM**

### **PURPOSE:**

The Volunteen Program of the Heart of America Medical Center is organized to assist and supplement existing services. It is designed to involve youth so that they can gain experience in sharing of themselves while enhancing the quality of care to our patients and residents.

### **ELIGIBILITY:**

Any boy or girl between the ages of 12 and 18 years of age may be considered for eligibility in the Volunteen Program.

### **ORIENTATION:**

Orientation with the Volunteer Director must be attended prior to being able to serve as a Volunteen. The Volunteen is responsible for reading the Volunteen Handbook and for remembering the policies and procedures therein.

### **LOCATION:**

When arriving for duty, the Volunteen must report to the Volunteer Services Office to record his/her time and to receive an assignment unless previously arranged. The Volunteer Office is located on 3rd floor. Offices hours are 8:00 - 4:30, Monday - Friday. Phone number is 776-5261, ext. 2315.

### **HOURS:**

From June through August the regular hours for Volunteens will be from 9:00 - 5:00 p.m. Weekends, holidays and vacations will be flexible according to the needs of the facility and the desires of the individual volunteers.

### **RESPONSIBILITY:**

The Volunteen is responsible to the Volunteer Director and the person in charge of the area to which the Volunteen is assigned. The Volunteen is responsible for the hours and days he/she has agreed to work. In the event the Volunteen is unable to report for an assignment, the Volunteen **must notify** the Volunteer Director as soon as possible so that an adjustment may be made in scheduling.

### **ATTIRE & PERSONAL APPEARANCE:**

Girls will wear red and white aprons supplied by the facility.

Boys will wear red vests supplied by the facility.

Volunteens will always be neat and clean: slacks, shorts, shoes and properly groomed hair, hands, nails and teeth. Do wear smiles!

### IDENTIFICATION:

A name tag will be provided for each Volunteer. **It must be worn at all times while on duty.**

### TIME RECORDING:

All Volunteers must sign in when coming to work and sign out when leaving. The Volunteer Director records hours on a monthly basis.

### MEALS:

Volunteers who **are on duty** during mealtime will be provided a meal at no charge. A meal slip must be obtained from the Volunteer Director. When coming to work directly from school, the Volunteers will be welcome to a snack and a drink in the cafeteria. A snack slip must be obtained from the Volunteer Director.

### TERMINATION:

The Volunteer Services Program requires that any Volunteer give a minimum of one weeks notice before quitting the program. A Volunteer will be terminated from the program for three unexcused absences, a breach of confidentiality, failure to do assigned tasks or failure to listen to person in charge.

### RECOGNITION:

Volunteers will be rewarded by a pizza party at the end of August. Volunteers must volunteer at least fifteen hours to attend pizza party. The Volunteer who puts in the most hours will receive a gift certificate from a business of their choice. All Volunteers will receive a small token of appreciation.

We also hope that from your experience you will have gained:

- deeper compassion for patients and residents
- assurance that patients and residents are always the most important people
- a good feeling of personal accomplishment for having given of yourself
- greater awareness of the number of careers represented in health care
- a more realistic understanding and appreciation for health care costs

### AREAS OF SERVICE:

Haaland Home - Basic Care  
Acute Care  
2A & 3A - Long Term Care

**VOLUNTEERS ON DUTY**

1. Sign in.
2. Put on apron/vest and name tag.
3. Wash hands.
4. Go to area where you will be working.
5. Identify yourself to the activity person in charge.
6. Be pleasant, quiet, polite and cheerful as you go about your work. Please no inappropriate behavior in the elevators or hallways. Remember not to run.
7. You are in a patient's/resident's "home" so please remember to knock before entering their room. Respect their privacy and dignity. Also respect the privacy of their families.
8. Allow, even encourage, patient/resident to do as much for themselves as possible, including any decision making.
9. Report any immediate concerns to the Charge Nurse, Activity Therapist, or Volunteer Director.
10. Never look at patient/resident charts. If you need more information about a patient/resident that would benefit your serving them, ask the Charge Nurse, the Activity Therapist, or the Volunteer Director.
11. Remember that anything you see or hear in the hospital is absolutely confidential. If you were the patient/resident, you would want your rights respected, too.
12. While on duty in the hospital/nursing home, you are a very real part of our staff. As staff, it is your responsibility to be loyal to this institution. When you are out of the building, do a good job representing the HAMC.
13. Please use proper telephone etiquette should you use the telephone. To get an outside line you need to press "9" first.
14. When your work is completed, return to the Volunteer Office. Sign out, hang up your apron/vest or notify the Volunteer Director if it needs to be cleaned and remember to remove your name tag.
15. Wash hands.

### **HANDWASHING**

1. Adjust water temperature
2. Wet hands
3. Soap hands and rub well
4. Rinse hands
5. Soap hands and rub will again
6. Rinse hands well
7. Turn faucets off using paper towel
8. Dry hands thoroughly with paper towels

### **TRANSPORTING A RESIDENT BY WHEELCHAIR**

The resident/patient in a wheelchair should be sitting comfortably and in many cases would feel better with a lap robe over their legs.

When you are not moving the wheelchair, the wheels **SHOULD BE LOCKED.**

When you are moving the resident in a wheelchair, you should push the wheelchair from behind, except when going in or out of elevators or in or out of a doorway with a threshold. Then you should always pull the chair through backwards. Never move the wheelchair when the elevator is moving.

When moving a wheelchair down a ramp or hill, always turn the chair around and pull it down backwards. Remember to glance backwards to avoid collisions or accidents.

Volunteers are an appreciated and vital part of our hospital/nursing home. As a link in the health care chain, the following policies are to be observed:

A) PERSONNEL

1. Will follow rules of good personal hygiene.
  - a) Frequent bathing, shampooing of hair, care of fingernails, etc.
  - b) Required uniform shall be worn and kept neat and clean.
2. Will practice good health habits
  - a) Volunteers shall not work if they have eye, skin or other active infection.
  - b) Avoid close contact with a patient/resident if upper respiratory infection exists.
3. Good hand washing technique
4. Isolation Rooms
  - a) Volunteers **will not** enter isolation rooms, unless directly supervised by nursing staff.
5. Health Screening
  - a) Completion of Volunteer Health History Form to be completed at annual in-service.
  - b) Annual in-service to update all Volunteers on any revisions regarding infection control.

**SERVICE PLEDGE OF THE VOLUNTEER**

Believing that the Heart of America Medical Center has real need of my service as a Volunteen, I pledge that:

I will be punctual and conscientious in the fulfillment of my duties and will accept supervision graciously;

I will conduct myself with dignity, courtesy and consideration of others;

I will respect the rights and the privacy of the patients and residents;

I will consider as confidential all information which I may hear directly or indirectly concerning a patient, a doctor, or any member of the staff;

I will take any problems, criticisms or suggestions to the Volunteer Director;

I will uphold the traditions and standards of HAMC and will interpret them to the community at large;

I will try to do my best at all times, thus making the Volunteen Program a proud service.

**SIGNATURES:**

Volunteen: \_\_\_\_\_

Parent: \_\_\_\_\_

Volunteer Director: \_\_\_\_\_

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

**HEART OF AMERICA MEDICAL CENTER  
VOLUNTEEN PROGRAM  
APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENTS: \_\_\_\_\_

REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Why would you like to become a Volunteer?

#### PARENTAL PERMISSION

My daughter/son, \_\_\_\_\_, has permission to participate in the Volunteer Program at the Heart of America Medical Center. I understand that this is a volunteer service program.

SIGNED: \_\_\_\_\_