


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: In-House Volunteers Coordinator	EFFECTIVE DATE: January 22, 2018	POLICY NO.: A-HR800	PAGE: 1 of 9
TITLE: IN-HOUSE VOLUNTEERS PROGRAM				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: EMC 10/2017				

PURPOSE:

To support the delivery of care through the use of volunteer services.

POLICY:

Guam Memorial Hospital Authority administers an In-House Volunteers Program to support the delivery of planned, appropriate and effective patient care. The In-House Volunteers Program is intended to compliment and enhance the quality of care and quality of life for the individual patient.

The program will provide services to patients and staff, which might not be possible under the budgetary constraints of the hospital. It fosters improved public relations through the positive and enthusiastic interaction with members of the community. It improves the quality of life for volunteers by promoting personal growth and satisfaction.

All individuals who have a desire to help, medical students, and students (i.e. internship, practicum, shadowing, school-to-work program, etc.) will be processed through the hospital's In-House Volunteers Program. UOG and GCC nursing students are processed by Employee Health, and individuals required by the courts to perform "community service hours" are processed by Human Resources.

Student interns on academic or fieldwork requirements will be coordinated through a mutually agreed upon "Memorandum of Understanding" between GMHA and the academic institution, the respective department head, and the assigned clinical instructor.

PROCEDURES:

I. MINIMUM REQUIREMENTS:

A. Age

1. Applicants must be at least 14 years of age.
2. All applicants who are on a desire to help, do community service, medical students, and student interns age 14 years and above are referred to as in-house volunteers. They may be assigned to patient care areas and administrative offices with prior approval of the respective Unit and/or Department Head.

B. Application Process

1. An application form must be completed and signed. Applicants 14 - 17 years of age must have their applications co-signed by a parent or guardian.

2. Applicants must have a recent physical examination (within 6 months), to include a PPD (tuberculin) test (within 3 months) and/or x-ray prior to the start of their volunteer work.
3. Applicants 17 years of age and above must submit a police and court (Local and Federal) clearance.
4. All applicants will be required to undergo drug testing. Applicants below 18 years of age will require parental consent.
5. Applicants with a positive drug test **will not** be accepted in to the program.
6. Applicants convicted of criminal sexual conduct **will not** be accepted in to the program.
7. Each applicant is interviewed to determine the area he/she wishes to be assigned and whether applicant is willing and able to perform the tasks required. The In-House Volunteers Coordinator or designee will provide a brief description of the program and its purpose.

II. ASSIGNMENT OF VOLUNTEERS:

- A. Upon completion of the application, physical examination, and drug testing the In-House Volunteers Coordinator will obtain authorization from the department/unit supervisor for the volunteer to be assigned to their department/unit.
- B. Assignment of applicants with a police or court record will be dependent on the conviction.
- C. The In-House Volunteers Coordinator/designee will issue a name tag to the in-house volunteer. Smocks will also be provided, upon availability.
- D. Prior to reporting to the assigned area, the In-House Volunteers Coordinator/designee will provide a one-on-one orientation with the volunteer, utilizing the Volunteer Orientation Checklist. (*See Attachment I, Orientation Checklist*)
- E. GMHA will provide a complimentary meal to the in-house volunteer while on duty. The in-house volunteer may obtain the meal ticket from the Coordinator or designee in Administration.
- F. The In-House Volunteers Coordinator/designee will explain and have volunteer sign a Volunteers Release and Waiver of Liability form. Volunteer's age 14 – 17 yrs. will need a parent and/or guardian's signature as well.
- G. The In-House Volunteers Coordinator/designee will escort the volunteer to his/her assigned area and introduce the volunteer to the unit/department supervisor.
- H. The In-House Volunteers Coordinator/designee will give a time sheet to the volunteer with instructions to time in and out on the days worked. In-House Volunteers will be responsible for recording their attendance on the time sheet provided. The supervisor of the unit/department will verify and countersign all time sheets prior to submission to the In-House Volunteers Coordinator who will be responsible for maintaining the records.

III. RESPONSIBILITIES OF THE IN-HOUSE VOLUNTEER:

- A. The in-house volunteer is a participating member of the hospital team. Therefore, they must seek to establish a good relationship with the staff and abide by the rules, which have been made for the good of all patients and Guam Memorial Hospital.
- B. In-house volunteers must maintain a professional relationship with patients and staff.
- C. In-house volunteers must treat patients with respect. Treat the patient as an individual and try to put them at ease with a quiet and friendly approach.
- D. The confidence of the patient must be retained.
- E. In-house volunteers **are not** to attempt to do any nursing procedures for patients. Medical students and student interns may **assist** a Physician, Staff Nurse, Therapist, Technologist, or Technician in the delivery of patient care.
- F. In-house volunteers are to conduct themselves with dignity, courtesy and consideration for others. They are asked to be punctual and regular in their duties and responsibilities.
- G. Hospital rules and regulations must be adhered to conscientiously. In-house volunteers must comply with hospital's dress code.
- H. All requests made by patients to volunteers regarding personal duties for them must be cleared or authorized by a nurse.

IV. PROFESSIONAL ETHICS FOR IN-HOUSE VOLUNTEERS:

- A. If an in-house volunteer conducts himself or herself in a manner not suitable to the standards of Guam Memorial Hospital Authority, he/she will be considered on probation or dismissed from the Volunteers Program if ethics, rules and regulations are violated.
- B. In-house volunteers are expected to show an interest in the unit/department he/she is assigned and the Hospital as a whole. Every effort will be made to place the volunteer where he/she is most interested.
- C. In-house volunteers are instructed not to ask for medical advice for themselves or for others.
- D. All information concerning patients is strictly **confidential**. In-house volunteers are never to reveal to a patient or others any information concerning patient's illness, medical problem or his/her treatment.
- E. In-house volunteers **are not** permitted to read a patient's chart or to allow the patient to see or handle his/her own records.
- F. In-house volunteers are asked not to report to work with obvious signs of a cold, sore throat, fever, flu or other illnesses. They should call their supervisor or the In-House Volunteers Coordinator and explain why they will not be reporting to work that day.
- G. In-house volunteers are asked to keep our hospital safe and clean. Pick up any objects on the floor, which could cause an accident.

- H. In-house volunteers **are not** permitted to witness the signature of a patient or a patient's family. They are to refer them to hospital personnel.
- I. In-house volunteers are not allowed in restricted areas such as the Operating Room, Emergency Room, Isolation patient rooms and the Nursery unless specifically assigned to those areas or authorized to do so by the nurse in charge.
- J. In-house volunteers are asked to limit personal telephone calls and calls should only be made to request for transportation or emergency situations.
- K. In-house volunteers are asked not to smoke in the hospital and informed of the hospital's smoke free policy.

V. COMPLETION OF ASSIGNMENT:

- A. Upon termination from the program, the in-house volunteer's time sheet must be countersigned by the supervisor of the unit/department.
- B. An evaluation form must be completed by the supervisor and turned in to the In-House Volunteers Coordinator for compilation and registration of total number of hours to be recorded for future references.
- C. Once the in-house volunteer terminates and the time sheet is turned in, the In-House Volunteers Coordinator/designee will prepare an "Appreciation Certificate" for the in-house volunteer showing total number of volunteer hours. The certificate is to be signed by the Hospital Administrator.

VI. ORIENTATION

- A. The in-house volunteer orientation will begin after the candidates application has been reviewed and approved by the In-House Volunteers Coordinator.
- B. During the phase of the orientation, the in-house volunteer will be given a copy of the most recent Volunteer Handbook.
- C. Each in-house volunteer will be oriented to all facets of his or her job, work setting, as well as working conditions, the organization's mission, values, goals, and policies and procedures by the department supervisor/manager.
- D. Orientation to other related areas of the facility and program specifics will be conducted during General Orientation and will include, but may not be limited to:
 - 1. Safety and infection control issues pertinent to the in-house volunteer's department, unit, work setting or duties and responsibilities.
 - 2. Cultural diversity and sensitivity.
 - 3. Patient rights and ethical aspects of care, treatment and services and the process used to address ethical issues.
 - 4. Procedures for responding to unusual clinical events and incidents.
- E. The in-house volunteer will be assessed for his/her ability to carry out assigned responsibilities safely, competently and in a timely manner.

VII. BENEFITS:

- A. Free meals and beverages while on duty. (1 free meal per day)
- B. Volunteer service awards.
- C. References for school or employment.
- D. Invitations to the hospital's special events.
- E. Free blood pressure screening.
- F. Free immunization programs.
- G. Discount (employee rate) on hospital's educational programs.

VIII. EDUCATIONAL PROGRAMS:

- A. In-house volunteers wishing to participate in any hospital educational programs/classes (i.e., BLS, Basic EKG, Medical Terminology, etc.) must submit a written/verbal request to the In-House Volunteers Coordinator.
- B. The In-House Volunteers Coordinator will call the Education Department for the class requested, and obtain approval for discount.
- C. A verification letter will be prepared by the In-House Volunteers Coordinator for the in-house volunteer to take to the cashier.
- C. The in-house volunteer will then submit letter with attached receipt to the Education Department upon registration.

IX COMPLAINTS:

Any in-house volunteer who think they have been subjected to sexual harassment, or any form of discrimination, should report it right away to their immediate supervisor or to the hospital's Equal Employment Opportunity Officer/In-House Volunteers Coordinator. A full investigation will be conducted into the allegation. Because this is a sensitive area of concern, care will be taken to protect the privacy and reputation of all concerned. To the best extent possible, all attempts will be made to keep confidential the identity of the in-house volunteer reporting the incident involving discrimination or harassment. If the report appears to have merit, appropriate disciplinary action will be taken against the offender.

- 1. Complaints should be addressed to the Equal Employment Opportunity Officer/In-House Volunteers Coordinator.
- 2. Complaints may be filed in writing or verbally and must include:
 - a. Name
 - b. Mailing Address
 - c. Phone number
 - d. allegation(s) of the complaint to include name, date, location and description of problem.
- 3. Complaints must be submitted by the grievant/representative as soon as possible, but no later than 15 calendar days after the alleged violation to:

Equal Employment Opportunity Officer/In-House Volunteers Coordinator
Guam Memorial Hospital Authority
850 Gov. Carlos Camacho Road
Tamuning, Guam 96913

4. Within 15 calendar days after receipt of complaint, the EEO Officer/In-House Volunteers Coordinator/designee will meet with the complainant to discuss the complaint and the possible resolutions.
5. Within 15 calendar days of the meeting, the EEO Officer/In-House Volunteers Coordinator/designee will respond in writing to the complainant. The response will explain the position of the Guam Memorial Hospital Authority and offer options for substantive resolution of the complaint.
6. If the response by the EEO Officer/In-House Volunteers Coordinator/designee does not satisfactorily resolve the issue, the complainant and or his/her representative may also file their grievance with the:
 - a. US Equal Employment Opportunity Commission, Hawaii District Office – 300 Ala Moana Boulevard, Room 7-127, Honolulu, Hawaii 96850
7. All complaints received by the hospital's EEO Officer/In-House Volunteers Coordinator/designee, will be retained by the Guam Memorial Hospital Authority for a period of three (3) years.

REFERENCES: (For Police and Court Clearance; and drug testing)

- JCAHO Standards on Management of Human Resources - Staff qualifications are consistent with his/her job responsibilities. **Elements of Performance** – The hospital also verifies information on criminal background if required by law and regulation or hospital policy.
- The hospital also verifies compliance with applicable health screening requirements if required by law and regulation or established by the hospital.

RELATED POLICY:

6301-I D-6, *GMHA Volunteer Services* in Nursing of the Nursing Services Manual.

RECISSION:

Policy 6100-38, Volunteer/Volunteen Program of the Administrative Manual made effective September 2006.

ATTACHMENT:

- I. [In-House Volunteer Orientation Checklist](#)
- II. [Volunteers Release and Waiver of Liability for Adults & Minors](#)

ATTACHMENT I

**GUAM MEMORIAL HOSPITAL AUTHORITY
IN-HOUSE VOLUNTEER ORIENTATION CHECKLIST**

Name: _____

Date: _____

ORIENTATION	YES	NO	Volunteer's Initials
1. GMHA's Mission Statement			
2. Job description for Volunteers			
3. Professional Ethics			
4. Responsibilities of the Volunteer			
5. Patient Confidentiality/HIPAA (Health Insurance Portability & Accountability Act)			
6. Hospital Codes:			
+ Code Black - Active Shooter			
+ Code Pink - Infant Abduction			
+ Code Red - SNU Mass Casualty			
+ Code Yellow - Chemical Spill			
+ Code 60 - Security Disturbance			
+ Code 72 - Respiratory/Cardiac Arrest			
+ Code 99 - Bomb Threat			
+ Code Dr. Redwood - Mass Casualty			
+ Code Dr. Burnsite - FIRE			
+ Code Dr. Clearwater - Normal Operations			
7. Safety (fire, Material Safety Data Sheet, self, etc.)			
8. Infection Control (isolation rooms)			
9. Hand washing/gloves			
10. Hospital-wide dress code (Policy in Handbook)			
11. Language in the Workplace (Policy in Handbook)			
12. Attendance			
13. Meals			
14. Personal Items			
15. Personal phone calls			
16. Timing in/out			
17. NO SMOKING Policy			
18. Sexual Harassment Policy/Complaint Procedure			
19. Social Media			
20. Release and Waiver of Liability			
21. Parking			
22. Identification Card			

I hereby acknowledge and understand the basic rules and guidelines for conducting volunteer service and have gone through an orientation on the above topics with the In-House Volunteers Coordinator/designee.

Signature of Volunteer

Date

ATTACHMENT II



Guam Memorial Hospital Authority

Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2444 or 647-2330
FAX: (671) 649-0145



VOLUNTEERS RELEASE AND WAIVER OF LIABILITY FOR ADULTS & MINORS

This Release and Waiver of Liability (the "Release") is executed on this day between _____ ("Volunteer" and, if appropriate, his or her Parent or Guardian) in favor of Guam Memorial Hospital Authority, their directors, officers, employees, and agents.

Volunteer desires to work as a volunteer for the Guam Memorial Hospital Authority and engage in activities related to being a volunteer. Volunteer understands that activities may include assisting with patient care, clerical, housekeeping, maintenance (grounds and/or facilities), security, and/or participating in special events and fundraisers.

Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

- 1. Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless the Guam Memorial Hospital Authority (GMHA) from any and all liability, claims, demands, obligations, costs, expenses, attorney fees, actions and causes of action of whatever kind or nature either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with GMHA. Volunteer understands that this Release discharges GMHA from any liability or claim that the volunteer may have against GMHA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer's activities with GMHA, whether caused by the negligence of GMHA or its officers, directors, employees or otherwise. Volunteer also understands that GMHA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Medical Treatment:** Volunteer does hereby release and forever discharge GMHA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment, or other medical services rendered in connection with an emergency during the volunteer's activities with GMHA.
- 3. Assumption of the Risk:** Volunteer understands that the activities includes work that maybe hazardous to the volunteer, including, but not limited to, assisting with patient care activities, clerical and housekeeping. The Volunteer and/or Guardian hereby expressly assume the risk of injury or harm in these activities and release GMHA from all liability for injury, illness, death or property damage resulting from the activities.
- 4. Insurance:** Volunteer understands that, except as otherwise agreed to by GMHA in writing; GMHA does not carry or maintain health, medical, or disability insurance for any volunteer. **Each volunteer is expected and encouraged to obtain his/her own medical or health insurance coverage.**
- 5. Photographic Release.** Volunteer hereby grants and conveys unto GMHA all right, title and interest in any and all photographic images and video or audio recordings made by GMHA during Volunteer's work for GMHA, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Acknowledgment of Non-Employment.** Volunteer understands that it is Volunteer's desire to further the work of GMHA by performing services as a volunteer, and has undertaken to perform services as a volunteer without compensation. In performing said services, Volunteer expressly acknowledges that he or she is not an employee of GMHA.

7. **Limitation on Volunteer Services.** Volunteer expressly acknowledges that volunteers are not authorized to attempt any nursing procedures or otherwise to provide direct patient care.

8. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Guam and that this Release shall be governed by and interpreted in accordance with the laws of Guam. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I/We sign here.

Name of Volunteer: _____ Date: _____

Signature of Volunteer: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Emergency Contact: _____ Phone: _____

If volunteer is between the ages of 14 and 18 (a minor), this Release and Waiver of Liability must also be signed by a parent or guardian.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____