

Volunteer Services



POLICY & PROCEDURE MANUAL



CONWAY MEDICAL CENTER

POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

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Conway, South Carolina

Updated 6/6/2018

RED SIGNIFIES THIS DOCUMENT IS A DEPARTMENTAL FORM

VOLUNTEER SERVICES DEPARTMENT POLICIES AND PROCEDURES

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VOL-23-PRO	Infection Control Procedures for Volunteers
	INF-3.10-POL/PRO Hand Hygiene Guidelines
	INF-3.50-POL Standard Precautions
	INF-4.10-PRO Transmission Based Precautions
	INF-54322-PRO Infection Control Guidelines for all CMC Employee
	INF-54323.2-PRO Guidelines for Cleaning Equipment
	INF-7.32-POL Employee Health Requirements Infection Control
	INF-8.70-PRO Rubella Immunization



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INF-8.75 Employee Health Tuberculosis Screening (PPD)

VOL-24-PRO Volunteer Services Departmental Form Control Procedure
VOL-24-FRM Volunteer Forms Management Spreadsheet
VOL EMR FRM Athena EMR Access Volunteer Agreement

ADDITIONAL DOCUMENTS HOUSED IN A SEPARATE FILE:

Human Resource policies referenced within Volunteer Policies

Human Resource policies to know

Infection Control Policies/Procedures within Volunteer Services



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POLICY TITLE:	Scope of Service Volunteer Services Department		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-01-POL
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	5/20/2015

SCOPE: Organizational-Wide

POLICY: SCOPE of SERVICES

Conway Medical Center Volunteer Services has been established to provide qualified, well-trained non clinical, service delivery volunteer personnel to augment, complement, enhance and extend the activities of the salaried staff; to increase the efficiency and effectiveness of Conway Hospital Inc.'s human and physical resources; to provide quality services to benefit patients, residents, visitors and staff. The structured volunteer program provides adult volunteers to Conway Medical Center, Conway Physician's Group and Kingston Nursing Center.

Volunteers may elect to be part of Conway Medical Center Auxiliary; an independent 501 c 3 corporation governed by a member elected volunteer board of directors; a separate entity from Conway Medical Center Volunteer Services.

The CMC Auxiliary financially helps the hospital by raising funds for hospital needs through the Gift Shop sales and other fund raising activities on a volunteer basis. Volunteers who serve volunteer hours in the Gift Shop are not required to be a member of the CMC Auxiliary. Anyone wishing to become a member of the CMC Auxiliary is required to complete the same onboarding documentation as a CMC Volunteer abiding by all pertinent regulatory regulations.

- A member of the Administrative Executive Committee serves on the board of the Auxiliary and reports to Administration.
- The Director of Volunteer Services maintains a relationship with the CMC Auxiliary by acting as a liaison between the Conway Medical Center Auxiliary, Medical Center administration and other departments.

Services Provided

- I. The Volunteer program is designed to meet the needs and interests of both the volunteer and Medical Center.
- II. The Conway Medical Center's Volunteer Services furthers good relations between the Medical Center and the community by offering adults of the area the opportunity to serve others.
- III. Volunteers accepted into the volunteer program have the opportunity to provide service hours based on their interest, skills, availability to accommodate department schedules and department needs.



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- IV. The volunteers supplement the hospital staff but do not replace personnel. A volunteer receives no monetary compensation for their services. Being a volunteer is not a contract agreement. Volunteering remains at-will and may end by either party at any time.
- V. Conway Hospital Inc. employees may volunteer in a department other than the department in which they are employed. Duties performed as a volunteer will not be the same services for which he or she is employed. All hours contributed to volunteering must be personal time in which one is not being monetarily compensated as an employee.
- VI. Conway Medical Center's Volunteer Services is coordinated by the Director of Volunteer Services serving a 210 bed acute care facility, 88 bed sub-acute/long term care facility and hospital owned physician practices.
- VII. The department consists of a Director of Volunteers who supervises greater than 200 Volunteers performing services. The Director of Volunteers is supervised by the Executive Director, Conway Medical Center Foundation.
 - a. The volunteer department position profiles (job descriptions) consists of greater than 40 positions including services such as Patient Escorts (wheelchair transport), Gift Shop Attendant, Customer Service Ambassador.
- VIII. The Volunteer Service Center and department director's office is located on the 1st floor.
- IX. The Director of Volunteers (DVS) will be primarily responsible for maintaining the infrastructure of the program; managing day to day operations such as assessing needs, scheduling, financial management, developing volunteer position descriptions, recruiting, interviewing and screening, training, recognizing, and evaluating volunteers and programs. Other tasks such as recognition activities, logistics, tracking, recordkeeping and communications to volunteers and management.
- X. The Director of Volunteers will develop an efficient and compassionate volunteer staff that will provide an extra dimension of care and service to patients, families and visitors, and provide supportive services for the hospital staff. The DVS, in conjunction with department heads, will determine departmental need for volunteers and design new services or programs that will assist the hospital in fulfilling its mission and goals.
- XI. The Director of Volunteers will be professional in both behavior and appearance, treating every customer with courtesy and respect, having the ability to communicate effectively in a positive manner. Understanding the need for quality management, safety, privacy and confidentiality.
- XII. Professional memberships for the Director of Volunteer Services is strongly encouraged due to the exceptional educational opportunity, but not required include, but are not limited to: (SCAVA) – South Carolina Association for Volunteer Administration (GSCAVA) – Horry and Georgetown SCAVA affiliate; (SCHA) – South Carolina Hospital Association and (SHVL) Southeastern Healthcare Volunteer Leaders.



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- XIII. Each department manager or specific individual requesting volunteer assistance has the responsibility to orient and educate the volunteer to the department and job requirements to be performed. When possible; a volunteer trainer will be provided.
- XIV. Volunteer Services will improve the quality of services through periodic in-service education programs offered generally or to specific groups of volunteers.
- XV. ALL volunteers are directly responsible to the Director of Volunteer Services. The volunteer is also responsible to the department manager of their assigned area for the satisfactory performance of their volunteer duties.
- XVI. In the event the Director of Volunteers is absent and unavailable, the Executive Director of Conway Medical Center Foundation is consulted during daytime business hours for emergent issues concerning volunteers.
- XVII. In the event that assistance is needed by a volunteer while volunteering during evening and weekend hours, the volunteer may contact the nursing supervisor on duty for emergent issues.
- XVIII. In the event that assistance is needed by a volunteer while volunteering at an off campus facility, the volunteer may contact the facility director/supervisor for emergent issues.

Hours of Operation

The Volunteer Services Office is open Monday through Friday during daytime business hours.

- i) Director Volunteer Services Office Phone Number: 843-234-5486
(1) Confidential voice mail is available during and after business hours
- ii) Volunteer Services Center/Patient Escort Office 843-347-8235
- iii) Hospital Phone Number: 843-347-7111
- iv) Gift Shop Phone Number: 843-347-8341

Note: The Director of Volunteer Services adjusts and revises work and/or personal schedule as necessary in relation to day-to-day requests in conjunction with departmental needs.

The Volunteer Services Department has four touch time reporting system PC's strategically located for time reporting use by volunteers. If the electronic system is down, an "Exception Form" will be completed by the volunteer and time will be manual input into the volunteer database system. The exception form will be discarded immediately following electronic input.

The Director of Volunteer Services will provide monthly reporting of volunteer contributions and staffing variances to hospital Administration and to Quality Management.



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RECORDS: Volunteer Services documentation; SOAR Reports; Department Administrative Report

REFERENCE STANDARDS:

- A) Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (NIAHO) Staffing Management (SM) Department Scope of Services SM.3; Determining and Modifying Staffing SM.4; Orientation SM.6; Quality Management QM.1

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
6/2015	NEW	NEW



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

POLICY TITLE:	Volunteer Records Administration		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-02-POL
APPROVED BY:	VP, Human Resources	EFFECTIVE DATE:	5/1/2015

SCOPE: Volunteer Services.

Purpose

To establish a Standard for Volunteer Records of active and former volunteers, and to provide a policy and system for the gathering, use and dissemination of volunteer information. To insure confidentiality as it pertains to files and records of volunteers of the hospital.

Policy: It is the policy of Volunteer Services to:

- a) Ensure legal and functional requirements for volunteer records administration be satisfied.
- b) Ensure that volunteers have access to their own volunteer records.
- c) Provide safeguards for volunteers against an invasion of personal privacy.
- d) Ensure that all volunteers are informed as to the types of information being maintained about them and the uses to be made of such information.

Responsibilities: The Director of Volunteer Services is responsible for:

- a) Establishing the Standard of Content for and maintaining volunteer records in accordance with regulatory compliance guidelines.
- b) Safeguarding volunteer records against invasions of personal privacy.
- c) Granting individual volunteers access to review their volunteer records.
- d) Making volunteer records available on a need-to-know basis only.
- e) Chaplain volunteer records will be maintained by Pastoral Services Department. The Director of Volunteers will input Chaplain volunteer information into Volunteer database system for timekeeping purposes.

Standard of Content for Volunteer Records:

The following documents may be included in all volunteer records:

- 1. Volunteer Onboarding Checklist
- 2. Application for volunteering
- 3. Volunteer Code
- 4. Letters of Character Reference
- 5. Volunteer Orientation:
 - a) Orientation Agreement



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- b) Confidentiality Agreement
 - c) Service Excellence in Customer Service
 - d) Personal Interests
 - e) Community Relations Imaging Authorization
 - f) Volunteer Personal Statement of Accountability to Safety
 - g) HIPAA Test (starting 2006)
 - h) Safety Test
 - i) Confidentiality Test
6. Department Specific Position Profile for each assigned area
 7. Competency Assessment and Performance Evaluation – Informal observations of performance assessed ongoing with no formal documentation required. Exception: Volunteers in the Nursery are required to complete and pass the “*Patient Care Cuddles*” program annually.
 8. Disciplinary Actions (as applicable)
 9. Letters of Commendation (as applicable)
 10. Request for Leave of Absence (as applicable)
 11. Volunteer Grievance Information (as applicable)
 12. Letter of Resignation
 13. Health Records:
 - a. PPD screening – CMC two step Tuberculosis screening program and annual screening records.
 - b. Physician notes to return to volunteering (as applicable)
 - c. Medical Records of a volunteer who is also employed by CMC will be retained by Employee Wellness Clinic.
 14. Background Check Authorization. Criminal Investigation Background Check (CIB) – A CIB is required and conducted by the Volunteer Services Department prior to beginning first assignment and in accordance with the CMC “*Background Check*” policy.
 15. Annual Training Verification which includes, but not limited to; HIPAA, Safety, Universal Precautions, Customer Service refresher training - Test Records
 - a. A volunteer who is also employed by CMC will be required to complete employee annual training which will supersede volunteer training. Records will be retained by the employer.
 16. Identification Badge - An official organizational badge issued by the Human Resources Department is required prior to beginning service delivery in the facility and all the elements of the “*Identification Badge*” policy apply. The ID badge will only be issued after the Volunteer Service office confirms the volunteer has met all onboarding requirements. This ID badge will show the Volunteer Reporter number for timekeeping purposes.
 17. Volunteer hours will be maintained electronically by the Volunteer Services Director (effective 2/2007). Prior to 2/2007 hours were maintained manually and posted to the electronic file in totality as available.



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Storage Media:

- a) A volunteer record, consisting of an electronic file folder containing documents specified in the Standard of Content, will be maintained on the Volunteer Services departmental drive on a secure hospital server and/or in the Volunteer Office.

Record Retention:

- a) Records will be kept for a minimum of 3 years from the volunteer's last date of service. Most records are kept in excess of this timeframe for historical purposes of the department/ organization.
- b) If a volunteer does not begin services, records may be discarded after three months from first encounter.

Rights of Access:

- a) Volunteers will have access to and may review their volunteer record in the presence of a representative of Volunteer Services / designee.
- b) References obtained from previous employers will not be available for review.
- c) The volunteer may request to correct or amend an inaccurate record by preparing a personal statement, or other documentation, for inclusion in the volunteer record.
- d) Volunteer Services will attempt to safeguard volunteer records against invasion of personal privacy.

Disclosure of information:

- a) Will be made for law enforcement purposes without authorization of the volunteer.
- b) Information released to prospective employers on former volunteers or current volunteers will consist of dates of volunteering and position held.
- c) Disclosure of information for other non-work related purposes would be made with the explicit authorization of the volunteer.
- d) Parties making telephone requests for information will be advised that their request must be in writing and should be accompanied by the volunteer's authorization to release information.
- e) Verification of volunteer dates, and position title may be released through telephone contact when the contacted representative of Volunteer Services reasonably believes that the information to be verified has been provided to the caller by the volunteer or the former volunteer.
- f) Volunteer contact information may be shared with the Conway Medical Center Foundation.
- g) Volunteer contact information may be shared with the Conway Medical Center Auxiliary.

RECORDS: electronic demographics for volunteers active and inactive

REFERENCE STANDARDS: CMC Administrative Corporate Compliance Records Management



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REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1/2015	NEW	
4/30/2018	Responsibilities: a & e; Content 7, 13,14, 15, 16 17	Revisions



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POLICY TITLE:	Cuddle Club (Volunteer Protocol)		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-03-POL
APPROVED BY:	Executive Director Foundation	EFFECTIVE DATE:	1984-02-01

SCOPE: Newborn Nursery Staff and Cuddle Club Volunteers

POLICY REQUIREMENTS:

I) Volunteer Qualities:

- A) Must possess a warm personality. It is important for the volunteer to concentrate on the baby's as well as the mother's needs and support systems.
- B) Ability to accept cultural and personality differences in a nonjudgmental way.
- C) Ability to work within procedural guidelines of an institutional setting.
- D) Ability to maintain confidentiality. (HIPAA guidelines)
- E) Ability to share child care techniques in a supportive manner.

II) Dress Code:

- A) Navy blue or white slacks are preferred and the Conway Medical Center volunteer smock, polo shirt or vest. If vest is worn, white shirt must be sleeved; no sleeveless tops can be worn under vest.
- B) CMC Photo Identification badge specific to the MCHS unit must be worn at all times.

III) Nursery Duties:

- A) Provide infant care by swaddling, holding, rocking, feeding, and cuddling.
- B) Redress and re-diaper infants.
- C) Follow Red Rules procedures ensuring the safety of all patients. Following newborn identification and security policies.
- D) Share teaching videos with mothers.
- E) Assist staff with paper work, making charts, answering phone, cleaning and restocking bassinets, restocking supplies.
- F) Follow all infection control universal precautions and isolation precautions.
- G) Know the proper use of wheelchair.
- H) Know your role during codes, location of fire equipment.

RECORDS: Initial Orientation and annual competency evaluations

REFERENCE STANDARDS: None

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
2/20/13	All	New format, heading



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8/21/13	Scope, Records	Updated
3/11/2016	Approved by & Section III	Reference # change from NSY-5.045-POL to VOL-03-POL; edit D added E, F, G, H, I
6/9/2016	Section III:	Nursery Duties: delete transport of infants



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TITLE:	Application, Interviewing of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-05-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services Department

PURPOSE:

The purpose is to establish non-discriminatory recruitment practice serving all populations. In compliance with the provisions of all applicable state and federal civil rights laws, every effort will be made to place the most qualified individuals without regard to age, disability, race, color, sex, gender, religion or national origin. Each applicant must be qualified to fill specific needs of the hospital departments in support of the mission, vision and values.

As a volunteer at Conway Hospital a volunteer will discover a wealth of benefits, including an opportunity to provide support to patients and their families so their encounter with Conway Medical Center, Conway Physicians Group and/or Kingston Nursing Center can be more pleasant. Experience working with individuals from diverse cultures. Working in an environment that fosters creativity and independence. Flexible hours. A sense of satisfaction that comes from giving of oneself to others.

All volunteer opportunities are at will and do not constitute a contract between the volunteer and the healthcare facility. Volunteering remains at-will and may be terminated by either party at any time, with or without notice or reason.

PROCEDURE: Becoming a volunteer:

- Applicant must be at least 18 years old. Proof of minimum age is required.
- Applicant is asked to commit to a minimum of four hours per week for a minimum timeframe of not less than one year.
- Have a social security number.
- Be a citizen of the United States or have a residency visa.
- Conway Hospital Inc. employees may volunteer in a department other than the department in which they are employed. All hours contributed to volunteering must be personal time in which one is not being monetarily compensated as an employee.
- Applicant will complete a volunteer application. (VOL-05-FRM)



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- Applicant will contact the volunteer services office to schedule an interview.
 - Interviews are conducted to determine suitability of the applicant.
 - During an interview, applicant will be provided with an overview of the volunteer program and brief hospital tour.
 - Department directors may request to interview volunteer candidate.
- Applicant will need to provide two written character references – non clergy and/or non-family member. (VOL-05A-FRM) as per VOL-07-PRO.
- Applicant must complete and authorize an application for the processing of a criminal background check as per VOL-07-PRO.
- Applicant must provide documentation of or obtain current vaccinations, including tuberculosis screening (all volunteers) and other infectious diseases (department specific). (VOL-05B-FRM)
- Applicant must obtain a health assessment from own physician (department specific) and return CMC Health Assessment form (INF-613-FRM) to Volunteer Services director.
- Applicant must complete volunteer orientation and post testing.
- All volunteers must attend and/or complete an annual training update and PPD testing.
- Volunteer placement is based on the needs of our departments, the kind of work the volunteer wishes to do and the times the volunteer/department openings are available.
 - CMC works hard to match interests and talents of the volunteer with the needs of the facilities so that volunteer experience is meaningful.
- All volunteer roles are non-clinical.
- If no appropriate openings are available, application will be kept on file for three months.
- The Director of Volunteer Services has the right to determine an applicant's suitability as a Volunteer at the Conway Medical Center.

RECORDS: NONE



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REFERENCE STANDARDS: NONE

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 07-2005, 12-2011
07-23-2013	All	Formatting only
06-23-2014	Section 1, 2, 3	Revisions
4-13-2015	All	Detailed procedure and Placement procedure will be independent
3/8/2017	All	Reviewed



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TITLE:	Conway Medical Center's Responsibilities to its Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-06-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Organizational wide access

PROCEDURE:

The purpose of the Conway Medical Center Volunteer Services is to provide qualified, well-trained volunteer personnel to supplement and extend the activities of the salaried staff; to increase the effectiveness of Conway Medical Center's human and physical resources; to provide quality services to benefit patients and visitors. Volunteers are an invaluable part of our philosophy of care, whether working behind the scenes or interacting with patients, families and staff. Every volunteer position is important and provides a genuine service to our hospital and patients. The program is designed to meet the needs and interests of both the volunteer and Medical Center. The Conway Medical Center's Volunteer Services also furthers good relations between the Medical Center and the community by offering adults of the area the opportunity to serve others.

Conway Medical Center will assure a cordial working relationship between volunteers and hospital departments.

- I) The Volunteers will be assigned positions using the following criteria:
 - A) The individual's preference as to type of work and day of week/hours they are available.
 - B) Prior experience and other qualifications required for the volunteer role.
 - C) Availability of positions in requesting departments.
 - D) Acceptance by requesting department supervisor.

- II) The Department to which the Volunteer is assigned will coordinate the volunteer's orientation to the unit by:
 - A) Making the Volunteers welcome as part of the Conway Medical Center family (i.e., greeting, thanking them for their work daily.)
 - B) Introducing them to staff members.
 - C) Giving them a tour of the work area.
 - D) Reviewing the *Volunteer Position Profile*, outlining what is expected of them.
 - E) Counseling volunteer's performance, in consult with the Director of Volunteer Services, when performance and/or behavior is not adequate or inappropriate.
 - F) Providing additional training as needed.
 - G) Sharing the department's schedule with the volunteers.
 - H) Scheduling coffee and meal breaks as for employees.
 - I) Including volunteers in the unit's social events.
 - J) Include volunteers in staff meetings as deemed appropriate



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- K) Communicating with the volunteers on a regular basis; getting feedback and creating an atmosphere of trust and mutual respect.
- III) Each volunteer in specifically identified roles will be given the names and phone numbers of all volunteers that work in the same department. Volunteers are responsible for securing a qualified volunteer substitute in specified roles. If unable to get a replacement call the Office of Volunteer Services and leave a message. Give a courtesy call to the department where you perform your volunteer work.
- IV) The Volunteer Services will supply each department with an undated list of volunteers authorized/trained to work in their unit on a regular basis.
- V) Should a problem occur between the volunteer and the department, the Department Head should initiate communication with the Director of Volunteer Services to thoroughly investigate the problem and review all possible solutions.
- VI) The Conway Medical Center Administrators and all Conway Medical Center staff will be responsible for recognition of volunteers on an ongoing basis.
 - A) The Director of Volunteer Services will:
 - 1) Coordinate the annual Awards Ceremonies and activities for National Volunteer Week;
 - 2) Act as a liaison in presenting awards in recognition of hours served via hours pins/bars.
 - 3) Be a role model for all Conway Medical Center staff by giving daily, regular thanks/recognition to all volunteers for their services.
 - B) The Conway Medical Center Staff will:
 - 1) Attend Volunteer Ceremonies, if possible.
 - 2) As appropriate, coordinate departmental recognition activities during National Volunteer Recognition Week and budget for recognition events.

RECORDS: N/A

REFERENCE STANDARDS: N/A

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 12-2011
07-25-2013	All	Formatting only
08/27/2014	Section 2	Primarily grammar
4/3/15	Paragraph 1 added	Purpose of volunteers
3/8/2017	All	Reviewed with no changes



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TITLE:	Volunteer Files Reference Checks and Criminal Background Checks, Reference Letters		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-07-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services

PROCEDURE:

Conway Medical Center Volunteer Services will require two written personal character references for all volunteer applicants who will be from non relatives and/or non clergy. Conway Medical Center Volunteer Services will require a criminal background check to be completed and processed through the the contracted company identified by CMC Human Resources Department.

- I) The applicant is responsible for obtaining and providing personal character reference information to Conway Medical Center Volunteers. The Director of Volunteer Services will mail applicants authorized reference letters if needed.
- II) Volunteer Services will process the required criminal background check by utilizing the document provided by the contracted company identified by CMC . Said form requires written authorization from the applicant.
- III) Except when required by law, no information will be released from volunteer files other than duties and dates of assignments.
- IV) The volunteer may request from the Director of Volunteer Services a letter of reference.

RECORDS: NONE

REFERENCE STANDARDS: NAIHO PE.4

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 12-2011
07-25-2013	All	Formatting only
2/25/2014	I, II, III, IV	Edits
3/8/2017	Paragraph 1; Section II	Edits



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TITLE:	Volunteer Position Profile		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-08-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services

PROCEDURE:

In accordance with Job Description HR-2.2-POL, Conway Medical Center Volunteer Services is to maintain complete, accurate and factual descriptions for each volunteer position within the Hospital.

- I) Volunteer Position Profiles provide a basis for determining the skills, knowledge, ability, and responsibility required for each position while also identifying those requirements which differentiate one position from another.
 - A) The Director of Volunteer Services and the Department Heads will have the responsibility of Preparing, reviewing and amending, if necessary, the position profiles in their department.
 - B) The Director of Volunteer Services or designee will edit all new descriptions for uniformity, clarity, completeness and elimination of irrelevant information, without changing basic position content.

RECORDS:

REFERENCE STANDARDS: NAIHO accreditation Requirements Version 11 SM.5 Job Description

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 12-2011
07-25-2013	All	Formatting only
8/27/2014	Section 1	Reference standard added
03/08/2017	All	Reviewed



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TITLE:	Leave and Return To Duty Policy for Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-10-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	10-2005

SCOPE: Volunteer Services

PROCEDURE:

- I) It is the responsibility of the ill, injured Volunteer or the Volunteer on personal leave to notify the Director of Volunteers when they will be absent for more than two weeks using the "Communications is the key to success" leave form. The Director of Volunteers will change the status of the Volunteer in the Volunteer Database to "Leave of absence personal or Leave of absence medical".
 - A) If the absence is due to an illness or injury, **it is required that the Volunteer obtain a physician's authorization** that they can resume their service area duties. This authorization is to be given to the Director of Volunteers prior to returning to volunteer. The DVS will change the Volunteer status from "LOA" to "active" and permit the Volunteer to return to their service area if there is a vacancy. Volunteers, who are unable to return to their previous service area duties, will be provided other volunteer options that may be available
 - B) The Director of Volunteers is not required to hold open any volunteer position during the extended absence of a volunteer.

- II) Leave status must be renewed in three months. The Volunteer will be contacted for a status update required, leaves could be extended for an additional three months. Those Volunteers requiring additional time beyond the additional three months will be contacted and will be placed in the "archive" file. All Volunteers in the archive file may be considered to re-enter the Volunteer Service organization by contacting the Director of Volunteers and completing relative training that was conducted during their absence.

- III) Volunteers who are on leave and in the active database may continue to receive the benefits of the Pharmacy and Discount programs.

RECORDS: Communications is the key to success leave form

REFERENCE STANDARDS: NIAHO Accreditation Requirements Rev. 11 2014-06-17 – SM.4 Determining and modifying staffing; SR.1

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 12-2011
07-25-2013	All	Formatting only
12-8-12	I, II, III, IV	Minor terminology edits



CONWAY MEDICAL CENTER

POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

3/8/2017	A, B, III	Section A - clarifying to volunteers that a physician clearance is due prior to returning to the volunteer assignment if they were out for medical reasons. Section B - the DVS is not required to hold open a volunteer position while a volunteer is unable to volunteer. Section III - removal of Wellness Center language
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POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Bereavement Procedure for Volunteer and Auxiliary Members		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-11-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services Department

PROCEDURE:

The purpose of this procedure is to be supportive of those members of the Volunteer Services and Auxiliary, and their family members, during a time of their loss. The procedure also outlines the guidelines for placement of names on the Volunteer Memorial Plaque.

Notification of Death – Anyone knowing of the death of a member or the death of an immediate family member, of a current or former volunteer/auxilian, is asked to notify the Director of Volunteer Services (DVS). (Immediate family member is someone living within the same home with the volunteer/auxilian.) You are to provide as much information as is known concerning funeral arrangements.

The Director of Volunteer Services will reach out to the family. If the meal is accepted by the family, a meal for six - eight persons will be provided by Conway Medical Center. The DVS will contact the CMC food services contractor and arrange for the meal to be prepared. A food services special request form is to be completed with the date and time for pick-up. The fee for said meal will be charged to the Volunteer Services department. The family is to be contacted and arrangements shall be made to deliver the food (if possible, 24-hour notice to the food services department). A volunteer or auxilian may be designated to deliver the food.

To qualify for the placement of a member's name on the Memorial plaque, the member must be an active member in the volunteer organization or auxiliary for a period of time not less than three years and have died while on active status, or have been required to go on medical leave and be unable to return to active status. Charter members will be exempt from the above requirements. Charter members are those auxilians who started the program in 1982.

The DVS will order a name plate for the deceased volunteer/auxilian. The DVS will set up a date for a Remembrance Service for the deceased member in coordination with Pastoral Services. This date will be determined by availability of family members, etc. All volunteers/auxilians will be invited to the Remembrance Service. The name plate will be placed on the Memorial Plaque located near the Volunteer Service Center (Transport Office). This plaque lists all volunteer or auxiliary members who have died pursuant to the requirements set forth in this policy.



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

RECORDS: Auxiliary / Volunteer applications and historical photo books to be utilized for information and preparation of the bereavement program.

REFERENCE STANDARDS: N/A

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 06-2006, 06-2010, 12-2011
07-25-2013	All	Formatting only
12/15/14	All	Revisions
3/8/2017	Paragraph 1, 3, 4 & 5 RECORDS	Paragraph 1 changed rules to guideline Paragraph 3 added statement regarding DVS reaching out to family. Not all families accept the offer of a meal. increase the size of the meal to range for 6-8 persons Paragraph 4 - identified who charter members are Paragraph 5 - titled transport office as Volunteer Service Center to coordinate with CMC signage RECORDS: identified what records in the department that are used for the development of the bereavement program



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POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Dress and Uniforms		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-15-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services

PROCEDURE:

The following dress and grooming standards have been established to insure that all Volunteers understand the minimum requirements. All volunteers will abide by the hospital Dress and Uniform Policy administrative policy HR-4.3-C-POL. Specifics for Volunteer Services Department uniforms are described within.

I) Purpose:

The purpose of this procedure is to establish a mechanism by which a volunteer will know what is appropriate dress for Conway Medical Center Volunteers. Volunteers will purchase uniform top from the Volunteer Services Department.

Dress and Uniform Department Specifics:

- A) Identification badges (issued by the Human Resources Department) **with name visible** must be worn above the waist so that patients and visitors can identify volunteers on duty. No attachments or alterations may be made to the badge.
- B) Personal clothing and uniforms must be clean and neat.
 - 1) All Volunteers are required to wear an official uniform, which must be clean, neat and worn at all times when on duty. The uniform consists of:
 - (a) Jacket/vest or other official shirt – purchased at the time of assignment by the Volunteer. (White sleeved shirt or official polo to be worn under jacket/vest.)
 - (b) Black, navy, white, beige pants – no jeans of any kind. No leggings.
 - (1) Ladies may wear Capri slacks May through October.
 - (c) Sneakers or comfortable walking shoes – no sandals.

IT IS THE RESPONSIBILITY OF THE Director of Volunteer Services and the DEPARTMENT MANAGERS to determine if a Volunteer is properly dressed for work. Volunteers reporting to work in violation of this or other reasonable standards of professional appearance will be asked to leave. Repeated violators will be subject to termination.

Exceptions to the above Dress code guidelines may be made by the Director of Volunteers or the Department Manager when it is appropriate to the working conditions of the particular area of which



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the volunteer is assigned. (ie: Sterile Processing volunteers wear scrubs upon arrival).

It is always the Director of Volunteer Services' responsibility, however, to see that the volunteer presents the best possible appearance for our customers.

RECORDS: NONE

REFERENCE STANDARDS: CMC HR Pol HR-4.3-C-POL Lewis Blackman Act of 2005, SC Code of Laws 44-7-3410 et seq

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 08-12-2008, 12-2011
07-26-2013	All	Formatting only
8/27/2014	Section I & II	Department specific requirements remain included ref HR-4.3-C-POL
2/25/2015	Records Ref Stnds	Added notations
3/8/2017	Section A; B1b, Section I paragraph 2	a.badges (issued by the Human Resources Department) B added no leggings I sterile supply volunteers wear scrubs



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Placement of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-19-PRO
APPROVED BY:	VP, Human Resources	EFFECTIVE DATE:	2004

SCOPE: Volunteer Services Department

PROCEDURE:

Discussion of possible plan for volunteer placement options begin during interview process.

Plan for the Placement of Volunteers:

- The Director of Volunteer Services has the right to determine an applicant’s suitability as a Volunteer at the Conway Medical Center.
- Department Heads requesting new services of volunteers must make a request to the Volunteer Services’ Office (VOL-19-FRM) or by direct contact with the Director of Volunteer Services.
- A Volunteer Position Profile will be written to determine the type of work needed in conjunction with the requesting Department Head.
- Volunteers will be placed in positions based on their abilities, availability of openings within a department, interest and their request.
- Department Heads will be notified when a Volunteer is to be assigned to their area – Volunteers are never taken to a department without prior notice.
- If requests cannot be filled within 60 days, when there is a potential candidate, the Department Head is contacted to determine if the need is still exists.
- Volunteers are not kept in an assignment where they do not feel they are being utilized. If this is reported to the Director of Volunteer Services, contact will be made with the Department Head to determine the specific departmental needs (if any).
- Department Heads will keep the Director of Volunteers informed of any performance issues of a volunteer in a timely manner.
- Volunteers are requested to keep the Director of Volunteer Services informed of any problems that might arise with employees or working conditions within the Department.
- An “open door” policy is always available to both volunteers and employees by setting an appointment or stopping by the Director of Volunteer Services Office.
- All volunteer opportunities are at will and do not constitute a contract between the volunteer and the healthcare facility. Volunteering remains at-will and may be terminated by either party at any time, with or without notice or reason



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

RECORDS: NONE

REFERENCE STANDARDS: NONE

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Revision Dates: 07-2005, 12-2011
07-23-2013	All	Formatting only
06-23-2014	Section 1, 2, 3	Revisions
4/15/15	Section 1	Made placement procedure independent from Application, Interview procedure
4/30/2018	Bullet point 2 & 3	Revisions



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Counseling / Disciplinary Procedures for Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-20-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	5/1/2015

SCOPE: Volunteer Services

PURPOSE: To provide consistent and just counseling and disciplinary procedure.

Progressive Discipline: The basic principle underlying any disciplinary action is that it be corrective in intent. Additionally, all volunteers must be judged by the same standards and rules must be applied evenly to all.

Consideration must be given to the following requirements in administering a disciplinary program.

1. The volunteer must know the rules.
2. The volunteer must be informed of violations and / or poor performance and corrective measures.
3. The rules must be uniformly enforced.
4. Disciplinary actions may be taken only after the nature of the offense, extenuating circumstances, and all pertinent facts are known. Action should be taken as soon as possible after the offense to stress the corrective intent.
5. Progressive discipline is a system, under which a volunteer is verbally counseled, given written warning, may be moved or suspended and, if necessary, discharged.
6. Management is not restricted to progressive discipline in instances where serious offenses have occurred.
7. Conway Medical Center Volunteer Services believes that a progressive disciplinary process is an appropriate and equitable method of dealing with matters requiring disciplinary action.
8. All disciplinary actions will be documented and a copy placed in the volunteer's personnel file.

RECORDS: Disciplinary documentation as applicable

REFERENCE STANDARDS: NONE

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1/2015	New	New
5/20/2015	Reviewed	None
6/21/2016	Reviewed	None
12/4/2017	Reviewed	None
12/27/2017	Revised #8	Edit as recommended by HR



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POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Resignation / Termination of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-21-PRO
APPROVED BY:	VP Human Resources	EFFECTIVE DATE:	5/1/2015

SCOPE: Volunteer Services

PURPOSE: To provide guidelines for resignation, termination and exit review for volunteer positions.

General

Volunteering with Conway Medical Center is based upon mutual consent; either the volunteer, or the Volunteer Director is privileged to terminate the volunteer relationship at any time and for any reason not prohibited by law. It is desirable to the organization to have adequate advance notice of the volunteer's desire to exit the volunteer relationship.

Volunteers Voluntary Resignation of Service and Exit Review

- A. An individual who voluntarily resigns from services with Conway Medical Center is asked to provide a written letter of resignation that specifies the intended last scheduled day to volunteer. This written notice should be submitted by the volunteer directly to the Director of Volunteer Services. The original of that correspondence will be placed in the volunteer's file.
- B. A volunteer who resigns with proper notice may be favorably considered for returning, if their volunteer history with CMC, CPG or KNC was determined satisfactory as evidenced by their previous performance and any corrective action or counseling prior to resignation.
- C. The Director of Volunteer Services is responsible to make reasonable effort to obtain any company property from an exiting volunteer, including but not limited to: keys, ID badges, proprietary information in print form, tools, and other equipment.
- D. The volunteer will be asked to complete an Exit Review Form noting their volunteer experience.
- E. The Volunteer Director will complete Exit Correspondence following the volunteer's departure for the purpose of good will and closure.
- F. The volunteer may be contacted by email, mail, phone or other means to complete closure.

Disciplinary Termination: It is not possible to list all acts or omissions which might result in counseling or



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termination of a volunteer’s service. The following is a partial list of offenses and deficiencies that may result in discharge of a volunteer. It must be emphasized that this list is not necessarily all inclusive, depending on the circumstances:

Discharge from the hospital’s volunteer program may result from commission of the following acts:

1. Breach of confidentiality.
2. Violation of Red Rules, Safety Codes; policies and procedures.
3. Use of malicious or profane language.
4. Confrontation with employees, patients, guests or other volunteers.
5. Undermining management; Interference with the work of others.
6. Sleeping during assigned shift.
7. Theft.
8. Negligence.
9. Accepting Gratuities.
10. Deliberate destruction or damage of hospital property or equipment or property of fellow volunteers, employees or patients in any manner during working hours, or the commission of acts intended to cause destruction or damage.
11. Drinking of alcoholic beverages and/or under the influence of alcohol or drugs during work time or on hospital property.
12. Illegal possession, use or distribution of drugs or narcotics.
13. Personal possession of firearms, weapons, or explosives during service time or on hospital property unless specifically authorized.
14. Any individual who is discharged from employment with CMC, CPG or KNC is not eligible to volunteer within the facilities. Any volunteer terminated is not eligible for reinstatement to the volunteer services program.
15. Excessive absenteeism without notification to the Director of Volunteers.
 - a. If a volunteer does not report to her/his assignment or post and misses more than a month without notice to her/his supervisor or the Volunteer Services Director, immediate dismissal from the program may occur.

RECORDS: Resignation / Termination / Exit correspondence as applicable

REFERENCE STANDARDS: NIAHO MR.4, PR1 Confidentiality

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1/2015	New	New
5/7/2018	Heading	Edit Approved by from Foundation Executive Director to Human Resources



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POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Wheelchair Procedures for Volunteer		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-22-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	5/2015

SCOPE: Volunteer Services Department

PROCEDURE:

Patient Escort Volunteers are utilized to provide safe and timely wheelchair transportation of patients and guests when requested. They handle delivering flowers, cards, sterile supply pumps, take hospital guests who are unable to walk to patient rooms/offices, transport miscellaneous paperwork to various hospital locations and provide coverage for the front desk receptionist for breaks and lunch. As a team, they strive to provide exceptional customer service.

PURPOSE:

1. To define appropriate guidelines for the safe wheelchair transportation of patients by volunteers at Conway Medical Center.
2. To define situations which are appropriate for a volunteer to transport a patient by wheelchair.
3. To provide a universal method to assure proper competency in wheelchair procedures for volunteers.

WHEELCHAIR SAFETY / CLEANING

- Know how to check wheels, foot rests, arm rests, seat and frame.
- Check wheelchair for cleanliness and mobility, ensuring equipment is free from tears or cracks in upholstery.
- Check wheelchair to see that leg supports, footrests, and brakes are properly affixed and working properly.
- Wipe down or spray wheelchair following every transport with hospital approved disinfectant.
- If a wheelchair is in need of repair or is soiled, take the wheelchair out of service and notify the Volunteer Director (or department specific staff – if the chair belongs to another department) so the chair can be sent for repair and /or disinfection.
- Always leave unattended wheelchairs in the locked position. BRAKES ON
- If not in good condition DO NOT USE.

SEEKING ALTERNATE TRANSPORT

- Patients impaired by sickness or injury should be transported by staff.
- Volunteers do not accept transport assignments for patients with I.V. site or oxygen that you must pull along.



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- A volunteer may transport a patient with oxygen provided the cylinder/canister is secure to the chair/patient. Connecting the patient to room O2 **IS NOT** a volunteer function and must be completed by clinical staff. Volunteer will notify staff of patient arrival to the floor.
- Volunteers do not provide transport for women in labor.
- Volunteers do not interact with psychiatric patients.
- Volunteers do not transport patients by stretcher.
- Volunteers do not escort patients requiring special or extra care, i.e., use of the restroom
- Volunteers do not transport laboratory specimens.
- Due to high risk of injury to volunteers and/or obese patients, hospital employees are asked not to request that a volunteer transport an obese patient/visitor that requires the use of an oversize wheel chair or other specialized equipment to any destination. Volunteers do not accept transport assignments for obese patients (>250 lbs) or patients that are not fully ambulatory and require physical support to enter or exit the wheelchair.
 - Volunteer will excuse oneself from the situation; notify the nurse that they cannot complete this transport safely. Staff are requested to complete such transport.
 - Radiology may be able to assist by calling ext. 8132
- Visitors may not be able to walk to a destination. Volunteer services will transport the visitor to a destination pending evaluation by the volunteer dispatcher of other patient assignments.
- Wheelchairs belonging to Volunteer services are to remain in the department for transport of patients and visitors. Return ALL other wheelchairs to their respective department.
- Staff and guests are requested not to take the wheelchairs from the department to ensure adequate supply for daily operations.

VOLUNTEERS UTILIZING WHEELCHAIRS

- Volunteers utilizing wheelchairs will be instructed on proper use of equipment.
- The Volunteer Transport office is available Monday – Friday 8:30 am – 4:30 pm except on major holidays/inclement weather days/limited staffing. Shift change is at 12:30 pm. Staffing for the office is generally three transporters. Other department assignments may include volunteers transporting patients.
- Volunteer will receive request for transport of patient in volunteer transport office for discharges/admissions.
- All requests for transportation of patients or guests received in the volunteer transport office will be logged with time of call, destination location and who completed the transport. Log book will be kept for 3 years.
- When responding to a call; Volunteer will knock on door of patient room. Announce their arrival to patient. Introduce oneself.
- Inform the patient as to the reason you have arrived with the wheelchair.



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- Clarify which entrance/exit you will be taking the patient to for discharge. (I.e: Main front entrance where Information Desk is located @ Singleton Ridge Road; North tower, Patient Access / Birth Place or Emergency).
- Ambulatory patients should be allowed to move in or out of chairs at their own speed.
- Grasp handles of wheelchair firmly with both hands.
- Place wheelchair in position for patient, lock brakes, adjust leg rest if applicable, raise footrests. Foot rests should be folded back to allow patient a clear path to get in or out of chair.
- Guide patient to sit in wheelchair.
 - Never support the weight of a patient as they get in or out of a wheelchair.
- When patient is seated, put leg rests/footrests back in position. Patient to place feet securely on rests before moving chair.
- It is best to have patient's hands and arms inside of arm rest.
- When patient is secure, release brakes.
- Nothing larger than an admitting kit should be placed in patient's lap during transport, other than holding their infant.
- Do not hang anything from wheelchair; be sure that nothing is dragging which can get caught in or under the wheels. Do not attempt to transport items such as flowers, luggage or walkers while pushing a wheelchair. Get assistance from family or other volunteer. Volunteer Services does not have a cart to transport patient items.
- Do not move too fast as a sudden stop might jar the patient. – **DO NOT RUSH.**
- Pay heed to anyone who is accompanying the patient to their destination to include them in the transition to the destination.
- Patient should have the right of way, but be ready to yield. Keep to the right in the corridors and transport at a slow-moderate pace. Use mirrors at all times when approaching intersections.
- Watch for other movements when going through doors, and around corners. Always use the corner mirrors.
- In passing - moving or standing equipment, going through doors, around corners, etc. watch clearance for patient's feet, hands and elbows.
- Be careful of the people who are walking in front of the wheelchair, keep ample distance from other people.
- Watch for floor conditions i.e. wet spots, mats, runners, carpet edges, etc.
- Go directly to your destination; do not stop with patient for any purpose not directly related to transport.
- BACK into an elevator - never push the wheelchair forward to enter the elevator.
 - This is important both for the comfort of the patient and for the safety of other elevator passengers. By backing into the elevator, the patient will always be looking forward when the door opens. Also, the leg rests are then in full sight of other elevator passengers which reduces the chances of the passengers tripping over the wheelchair leg rests.
- Discharged patients are to be taken to the identified exit curbside. Volunteers may NOT take patients into the parking lot. If the patient's transportation is delayed and the volunteer cannot



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

stay until discharge is complete (greater than 10 minutes), the volunteer is instructed to contact the nursing supervisor at ext. 7659 or the Director of Volunteers at ext. 5486 regarding such action. It will be the responsibility of the nursing staff to resolve whatever "ride issue" is existing. The volunteer will also inform the lobby receptionist.

- When volunteer arrives at the vehicle, get as close as possible to the vehicle door, so it will open easily
- Lock wheelchair wheels, raise foot rests, Open vehicle door.
- Be patient allowing patient ample time to get into vehicle.
- Make sure all patient belongings are placed into the vehicle.
- Close vehicle door for patient – wish them well. "Thank You for choosing Conway Medical Center"
- Hospital linen should not be taken home by patients. Volunteer should return linen to the nearest soiled linen container in the clinical areas.
- Remember to be PATIENT and KIND. Positive Customer Service is a key volunteer function.

ADMISSIONS

- Volunteers have been instructed to escort each patient directly to the nursing station.
- The volunteer is to hand the admission papers to the assigned nurse or unit charge nurse.
- It is the nurse's duty to greet the patient. The nurse must accompany the transporter to the patient's room.
- The transporter will leave the patient with the nurse who will then continue to assist the patient. It is the nurse's duty to help the patient familiarize themselves with the room.
- Volunteers are not trained to provide assistance.
- Volunteers may service the Medical Arts Building. The individuals using this building have appointments at the various physician offices.
- Volunteers do not provide admission transport for women in labor.

MCHS DISCHARGE/FETAL DEMISE

- A white dove is hung on the patient's door identifying fetal demise. This identifier may have been removed by the time the volunteer arrives for discharging the patient as it is taken home by the patient. The mother is given a teddy bear approximately 15 inches in size.
- MCHS staff should inform volunteer of the specification for discharge upon calling for the discharge. When discharging from MCHS and there has been a fetal demise; volunteer is to ensure that the patient is discharged through the main campus elevators and not through the hall on looking the newborn nursery. This is an especially sensitive situation that the volunteers handle with great gentleness.

INFANT DISCHARGE



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- When discharging an infant; the new born must be held by the mother. Any guest with the new mother is not permitted to walk along side the wheel chair carrying the infant. The mother must hold the infant in their lap when being discharged.

It is not the responsibility of the volunteer to ensure a car seat is in the vehicle or installed as per manufacturer's directions.

MEDICAL DISTRESS

In the process of transporting a patient, if the volunteer identifies any medical emergency, they are instructed to alert the nearest staff member immediately to request assistance. If a patient expresses they are not feeling well when transporting a patient from ODSU or Endoscopy; immediately return patient to the unit from which they were treated. Patients in medical distress should not be left unattended. Call for assistance if needed by dialing 5555.

VOLUNTEER time on the "job" is valuable. Although volunteers are not paid, their time and contribution to CMC is most valuable. Do not call the transport office until the patient is ready to go. The patient may feel rushed if the transporter arrives too soon. Additionally, if the transport office is short-staffed or busy, then having to wait for a patient to get ready slows down and impedes the Volunteers ability to respond in a timely manner to subsequent calls. VOLUNTEERS are better served when the unit or department making the original request, informs the transport office to cancel the call if their services are no longer needed.

THOSE INDIVIDUALS CONFINED TO A WHEELCHAIR – RESPECT PERSONAL SPACE

- A wheelchair is part of a person's body space. Always respect personal space.
- Be sure to include the wheelchair user in your conversation.
- Speak directly to him or her, and feel comfortable sitting down or kneeling to converse.
- Avoid patting a person on the head; this gesture may be interpreted as degrading.
- Don't be embarrassed if certain things you say in normal conversation don't fit well with the person's disability.
- Always ask before you try to help someone by pushing the wheelchair.
- Avoid leaning on someone's wheelchair unless you have permission.
- Do not move the wheelchair out of the owners reach.

RECORDS: N/A

REFERENCE STANDARDS: NAIHO IC.1 Infection Prevention & Control; NAIHO PE.3 Safety

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1/2015		NEW procedure replaces departmental training documents



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POLICY/PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	Infection Control Procedures for Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-23-PRO
APPROVED BY:	Foundation Executive Director	EFFECTIVE DATE:	2015

SCOPE: Volunteer Services Department

PURPOSE:

Volunteers serving Conway Medical Center will adhere to all infection control policies and procedures of the facilities to insure their own safety; the safety of patients, staff, co-volunteers and visitors.

PROCEDURE:

Conway Medical Center volunteers will receive education and training on infection control policies and procedures within their on-boarding volunteer orientation. Volunteers are expected to use correct infection control practices. They will receive further training while completing their specific department orientation. They will receive annual training updates.

Volunteer Responsibility:

1. Volunteers accepting positions with food service, cuddlers or patient escorts must have a hospital health assessment form completed from their physician.
2. Department specific immunization screening required for Maternal Child Health Svc.

All volunteers will be required to complete:

1. Two step TB testing during on-boarding.
2. Complete annual TB testing update.
3. Annual flu shot is strongly recommended.
4. Use proper hand-washing techniques at all times.
5. Assure that computer keyboards, telephones, and wheelchairs are cleaned with a hospital approved disinfectant.
6. Volunteers with infectious disease or who are in poor health will not volunteer until they are well. They will follow work restrictions provided under Employee Health.
7. Volunteers will need to submit a physician's notification to return to work per VOL-10-PRO.
8. Volunteers are not permitted to go into Isolations Rooms.

Volunteer Services Staff Responsibility:

1. Provide infection control general orientation to all new volunteers and repeated at their annual training session.
2. Provide the volunteers with on-going infection control literature provided by the hospital.
3. Practice hand-washing hygiene instruction & monitoring and serve as a role model.

Department Staff Responsibility:

1. Each department will provide department specific infection control instruction for all volunteers assigned to their department.



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When in hard copy form, refer to Policy Manager to validate this as the most current revision.

RECORDS: Orientation; Attendance verification for Annual training; Health Assessment Form #613 as specified; documentation of PPD Form VOL-05B-FRM.

REFERENCE STANDARDS:

DHEC: 6116 Sec 604 – Health Assessment required as specified.

NIAHO 1C.1 and CDC Guidelines – OSHA Regulations –

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/18/2015	NEW	NEW



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TITLE:	VOL-24-PRO Volunteer Services Departmental Form Control Procedure		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-24-PRO
APPROVED BY:	Volunteer Services Director	EFFECTIVE DATE:	2015-05-19

SCOPE: Volunteer Services Employees and Forms

PRINCIPLE OF THE PROCEDURE: In order to maintain consistency and accuracy in forms used by the Volunteer Services department, a document control system will be maintained for all departmental forms.

DEFINITIONS:

OWNER: All forms will be “owned” by the department manager or other supervisory employee responsible for the procedure associated with the form. All forms used in the department will be assigned an owner. Regardless of the position of the form Owner, the department manager retains ultimate responsibility for form content and management.

PROCEDURE:

I) Creation of Forms

- A) All forms will be approved by the Owner.
- B) All new forms will be reviewed for redundancy with other forms in the system by the Owner.
- C) Departmental / Administrative Forms which may temporarily reside on an active patient record but are removed at discharge must be clearly identified as **“NOT PART OF THE LEGAL RECORD”**.

II) Assignment of Forms Number

- A) All forms will be assigned an appropriate departmental form number by the form Owner.
- B) Form numbers will be placed in the top right hand corner of the form, along with the Current review date. Due to space constraints on some forms, the number may have to be placed in an alternate area of the form, but form number and revision date must be clearly stated on the face of the form.

III) Forms Numbering Protocol

- A) All departmental forms will begin with “VOL” then a sequential number assigned by the Owner, and will end with the suffix “FRM”

IV) Review Cycle of Forms: All forms will be reviewed:

- A) Every three years minimum. The form’s review month will be concurrent with or no more than two months following the review period for any related procedures; or



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B) When a procedure has been changed that may affect the form.

V) Documentation of Review: The Owner will review forms at the appropriate Interval assigned above and will update the date that appears on the form only if the form is revised. Review/revision dates will be recorded on the Forms Control Spreadsheet, along with a summary of any revisions to the form.

VI) Forms Control Spreadsheet: A spreadsheet has been created for the department’s forms. The spreadsheet will contain at a minimum: form name, number, current revision, last review/revision date, and a brief summary of changes. This spreadsheet will be updated by the Owner as forms are added, reviewed, or revised.

A) The Forms Control Spreadsheet shall be saved in the department’s H drive.

B) Current forms will be saved to the department’s H drive, in a “read-only” format and be accessible to all department employees.

C) Any new form created will be added to the Forms Control Spreadsheet with the effective date.

D) If any form is revised or retired, the old version of the form will be identified as “INACTIVE” and archived in folder identified as policies and procedures located on the H drive.

RECORDS: Forms Control Spreadsheet

REFERENCE STANDARDS:

I) ISO 9001:2008, Section 4.2.3

II) NIAHO QM.2, SR.3a QM.7

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/20/15	NEW	NEW



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POLICY TITLE:	DRESS AND APPEARANCE STANDARDS		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-C-POL
APPROVED BY:	ADMINISTRATION	EFFECTIVE DATE:	June 1996

SCOPE: All Employees (CMC, KNC, CPG)

A. THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

POLICY STATEMENT

The personal appearance of all who are associated with the organization is important to the customer experience. It is the policy of the organization to require good grooming, professionalism and safe and appropriate dress. While the organization respects individuality, it is the intent of this policy to generally outline standards and expectations with safety and the customer experience as the first considerations. However, no policy could anticipate all possible aspects and trends related to workplace dress and appearance, so it is intended to act as a general guide with Managers providing additional guidance as needed.

B. POLICY REQUIREMENTS

I. REQUIREMENTS APPLICABLE TO ALL EMPLOYEES:

- A. Identification badges are required to be worn in the chest/lapel area face forward so they are easily visible and readable at all times. Refer to the identification badge policy for additional detailed information.
- B. Clothing must be professional, clean, neat and free from holes and tears, as well as appropriate length and proper size, with no overly tight or baggy fit.
- C. Good personal hygiene such as cleanliness and general avoidance of smoke and body odor is required.
- D. Hair should be clean and neatly groomed, with long hair maintained to avoid covering the face.



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- E. Extreme hair trends distracting to the customer are prohibited. (Some examples include, but are not limited to: mohawks, shaved emblems, purple, pink, blue or green dyed hair). (Click here → [Hair Example 1.docx](#)).
- F. Beards and mustaches are required to be neatly trimmed.
- G. Facial and other visible body jewelry is prohibited. This includes but is not limited to nose rings, nose studs, eyebrow rings, lip rings or studs, ear gauges or plugs, tongue studs, etc.
- H. Earrings are permitted with no more than 2 per ear.
- I. Jewelry should be of modest nature while avoiding large, dangling distracting choices.
- J. Tank tops and spaghetti string tops, as well as dresses and other similar garments that reveal the shoulders are required to be worn with appropriate cover such as a sweater or blazer. (Click here → [Off Shoulder Example 2.docx](#)).
- K. Sweaters are required to fully cover the shoulders and to be of medium to tight knit. (Click here → [Sweater Knit Example 3.docx](#)
- L. T-shirts (typically colored and part of an ensemble) should be worn with appropriate cover such as a sweater, dress Jacket, vest etc. (Click here → [T-shirt Example 4.docx](#)).
- M. Halter tops, off the shoulder, low cut or revealing blouses, shirts or dresses are prohibited. (Click here → [Dress-Back Example 5.docx](#)).
- N. Bare midriff shirts, blouses, crop tops and other similar clothing are prohibited. (Click here [Midriff Example 6.docx](#)).
- O. Professional dress capri suits or pants are permitted, but no shorter than (6) six inches above the ankle. (Click here → [Capris Example 7.docx](#)).
- P. Shorts of any kind such as Bermuda, pedal pushers or skorts are prohibited. (Click here → [Skorts Example 8.docx](#)).
- Q. Work-out attire such as stretch pants, warm up suits, yoga pants and hoodies are prohibited. (Click here → [Work-out Attire Example 9.docx](#)).
- R. Tie dyed and other extreme distracting colors and fabrics are prohibited. (Click here → [Tie-dye Example 10.docx](#)).
- S. Pants with belt line worn below the hips or causing undergarments to be visible are prohibited. (Click here → [Belt Line Example 11.docx](#)).
- T. Jeans/denim or denim-like clothing of any color are prohibited.



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(Click here → [Jeans Example 12.docx](#)).

- U. Leather pants or shirt of any color are prohibited. (Click here → [Leather Example 13.docx](#)).
- V. Suggestive attire of any kind is prohibited.
- W. Earbuds, head phones and other such personal “head gear” music listening devices are prohibited in any customer area such as halls, patient areas and offices where customers may enter, and are generally discouraged for use in other parts of the facility as well. However, the use of such devices in non-customer areas will be subject to specific exception and approval by the Manager who will take responsibility for an environment where overhead pages and fire alarms may be heard and team communications and other relevant factors can occur.
- X. Hats and sunglasses worn indoors unless for documented medical reasons are prohibited.
- Y. Cosmetics should be used in moderation with bright flashy selections avoided.
- Z. Undergarments are required to be worn and generally not visible under clothing (i.e.: pink undergarment worn under white pants). (Click here → [Undergarments Example 14.docx](#)).

AA. Tattoos must be appropriate for a professional environment or otherwise concealed. Some examples of prohibited tattoos are, but not limited to:

1. Tattoos displaying nudity, profanity or vulgarity.
2. Tattoos that depict violence or drugs.
3. Tattoos that depict illegal acts.
4. Tattoos that are offensive in terms of race, national origin, culture, sexual orientation or any other discriminatory factor.
5. Tattoos with a large coverage area viewable by the public which creates a distraction or professionalism concern.
6. Facial and front of neck tattoos which create a distraction or professionalism concern.
7. Tattoos that generally do not meet organizational professionalism standards for any reason.

BB. Dresses and skirts should be no shorter than three (3) inches above the knee when standing. (Click here → [Skirts Example 15.docx](#)).



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CC. Professional specialty pins or other decorative pins are permitted at the discretion of the Department Director and may not cover or pierce any part of the identification badge.

DD. The nails of all employees are to be professional in appearance, appropriately groomed and if polished, generally free from chips, cracks and peeling. Nails should also be free from decorative decals, piercings or other nail jewelry. **(Clinical staff see also section II)** (Click here→[Nails Example 16.docx](#)).

II. REQUIREMENTS APPLICABLE TO ONLY CLINICAL EMPLOYEES:

Clinical employees are generally defined as employees who regularly enter into and work in areas where patients are regularly present for clinical reasons or an employee who has responsibility in the patient environment such as Nursing and Support staff, Sterile Supply, Housekeeping, and Nutritional Services etc. When the employee enters into/works in both clinical and non-clinical areas, the Manager will determine if clinical or non-clinical standards will be applied:

- A. Shoe coverings may not be worn outside the individual work area.
- B. Closed toe shoes are required. (Click here →[Shoes Example 17.docx](#)).
- C. Perfumes, colognes, aftershave and scented lotions are not permitted.
- D. In addition to section I nail requirements, specific fingernail standards are required for clinical staff due to infection control reasons:
 1. Natural fingernails are required and should be no longer than ¼ inch past the tip of the finger. (Click here →[Nails Example 16.docx](#)).
 2. Non-natural fingernails and extensions such as acrylic nails, silk wraps, tips, bonding, gel, and inlays are prohibited.
- E. Scrubs should conform to the established departmental guidelines; i.e. color, design, etc.
- F. Scrubs furnished and laundered by the organization are property of the organization and may not be worn or otherwise taken outside the facility by employees. An employee wearing the organization's scrubs outside the facility will be considered to have taken organizational property unauthorized, as well as violated infection control standards, and will be



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subject to disciplinary action up to and including discharge.

- G. Shoes with slip resistant soles are available in a wide variety of choices and are strongly encouraged to increase employee safety. Specific departments may determine and require non slip shoes at the discretion of the area Vice President (i.e.: Dietary).

III. REQUIREMENTS APPLICABLE TO ONLY **NON-CLINICAL** EMPLOYEES:

Non-clinical employees are generally defined as employees who do not regularly enter into and work in areas where patients are present for clinical reasons.

When the employee enters into/works in both clinical and non-clinical areas, the Manager will determine if clinical or non-clinical standards will be applied:

- A. Perfumes, colognes, aftershave and scented lotions are permitted in non-patient care areas if used sparingly.
- B. Directors and other leaders of the organization are expected to set exemplary level examples for staff and will help determine professional and appropriate dress for their area. Some examples include but are not limited to: Cardigans, blazers/sport coats, ties, dresses, tucked in collared shirts, suits, dress skirts and slacks with blouse and no tie on casual Friday. (Click here → [Leadership Attire Example 18.docx](#)).



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- C. Male employees are expected, at a minimum, to wear a tucked in collared shirt and slacks with belt along with dress shoes and socks. (Click here → [Leadership Attire Example 18.docx](#)).
- D. Professional open toed shoes are permissible for non-clinical female employees. (Click here → [Dress Sandals Example 19.docx](#)).
- E. Casual flip flops and sport sandals are prohibited. Professional/business level dress sandals are permitted for female staff. (Click here → [Flip Flops- Sport Sandals Example 20.docx](#)).

IV. EXCEPTIONS TO POLICY:

- A. Business Casual dress will be optional every Friday for those employees who do not wear required uniforms. Business Casual Fridays are not an excuse to exit from professionalism and appropriate dress standards, and all aspects of this policy continue to apply including but not limited to the avoidance of denim. (Click here → [Leadership Friday Example 21.docx](#)).
- B. Employees may change into and out of workplace attire as they transition into and out of work as appropriate. For example:
 - 1. Change into/out of scrubs at the facility when beginning /ending a shift; may wear casual attire as deemed appropriate by their Department Director for the transition.
 - 2. Changing into and out of workout – fitness attire before or after work.
 - 3. Athletic shoes for a lunchtime walk or inclement weather transition from parking lot to building and vice versa.
 - 4. In all cases employees are responsible to wear safe shoes to avoid “slips, trips and falls” while transitioning to and from organizational property.
- C. General exceptions to the policy standards may be made by the Manager:
 - 1. When it is appropriate to the working conditions of the particular area of which the employee works (i.e.: summer grounds crew wearing shorts and t-shirts and hat)
 - 2. When special considerations are in order for certain days and/or special weeks which require the area Vice President approval.
Example: Tasteful Halloween, Hospital Week, Christmas or 4th of July



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celebrations.

3. For specific religious reasons that can be reasonably accommodated.
 4. When medical reasons documented by a treating physician are approved by Occupational Health & can be reasonably accommodated (i.e. indoor sunglasses for eye related problem).
 5. When a temporary situation exists that poses a safety threat or potential damage to personal clothing.
- D. Authorization to wear uniforms or changes to uniforms may be requested to the Manager who will review with the area Vice President.
- E. When temporary or permanent infection controls standards and this policy conflict, the infection control standard will automatically override this policy.
- V. VIOLATIONS OF POLICY:**
- A. It is the full responsibility of the employee to know and understand the standards of the policy. When questionable areas exist they should be avoided and the conservative course of direction



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should be taken until the employee can discuss the matter with the Manager in advance of making a decision that is in opposition to this policy.

- B. It is the responsibility of the Manager to assist the organization with adherence to the standards of this policy.
- C. Depending on the severity of the concern, employees violating these standards may:
 - 1. simply be asked not to repeat the problem.
 - 2. be sent home without pay to “change” and return.
 - 3. be sent home and cancelled off the shift altogether.
 - 4. receive disciplinary action if repeat violation occurred .

RECORDS: NONE

REFERENCE STANDARDS: Lewis Blackman Act of 2005, SC Code of Laws 44-7-3410 et seq

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
06/1996	NEW	Origination date of policy
11/09/2012	ALL	New format applied, reviewed and revised
2/1/2015	ALL	Reviewed and revised. Expanded clinical nail stds & clothing criteria.
6/10/2015	Section I- J and I-K	Edit language in section I-J and added I-K
7/15/2015	Section IV-B-4	Added Item IV-B-4
12-21-15	Multiple sections as indicated	Added hyperlink to picture examples in specified areas of the policy
11-6-17	All	Changed the word “Director” to “ Manager”



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Document Information

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Approved On: 11/29/2017

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