CONWAY MEDICAL CENTER
POLICY

TITLE:	Scope of Service Volunteer Services Department		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-01-POL
APPROVED BY:	VP Human Resources	EFFECTIVE DATE:	5/20/2015

SCOPE: The Medical Center Organizational-Wide

DEFINITIONS:

The structured volunteer program provides adult volunteers to the Medical Center. The volunteer does not replace a paid staff position nor does the receive monetary compensation for their service.

POLICY STATEMENT:

Conway Medical Center Volunteer Services has been established to provide qualified, well-trained nonclinical, 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, visitors and staff

POLICY REQUIREMENTS:

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 fundraising 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 Medical Center Volunteer abiding by all pertinent regulatory regulations.

- A member of the Administrative Executive Committee or representing designee 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, the Medical Center administration and other departments.

Services Provided

I. The Medical Center Volunteer program is designed to meet the needs and interests of both the volunteer and Medical Center.

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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, and availability to accommodate department schedules and department needs.

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. All Medical Center 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. The Medical Center's Volunteer Services is coordinated by the Director of Volunteer Services

VII. The department consists of a Director of Volunteers who supervises approximately 200 Volunteers performing services. The Director of Volunteers is supervised by the Vice President of Human Resources.

a. The volunteer department position profiles (job descriptions) consist of approximately 38 positions including, but not limited to, services such as Patient Escorts (wheelchair transport), Gift Shop Attendant, Warehouse aide.

VIII. The Volunteer Service Center (VSC) 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. An educational program and volunteer self-evaluation will be conducted annually. 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 Medical Center in fulfilling its mission and goals. Assessment and reassessment of volunteer positions throughout the organization will be ongoing.

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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: (SHVL) Society for Healthcare Volunteer Leaders.

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 Vice President of Human Resources is consulted during daytime business hours for emergency 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 emergency issues.

XVIII. In the event that assistance is needed by a volunteer while volunteering at a Provider Network Service facility (Conway Medical Center Physician Office), the volunteer may contact the facility director/supervisor for emergency 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

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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 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 confidentially discarded immediately following electronic input.

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

The Volunteer Services Scope of Service policy will be reviewed no greater than every three years or may be edited as circumstances deem necessary.

RECORDS: Volunteer Services documentation; Quality Management 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; SR.1 hours of operation; SR.2 Patient populations serviced; SR.3 Skill mix; SR.4 Core staffing and methods for determining and modifying staffing to meet patient or process needs; SR.5 description of assessment and reassessment practices, including timeframes; SR.6 review schedule for department Scope of Service; 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
6/25/2018	Header; Services Provided VII, VIIa, XII, XVI, Notes, Records	Edit of reporting structure; supervisory numbers and positions changed to approximately as numbers fluctuate; SHVL name change noted; exception forms are discarded in confidential shred; Quality Reporting name changed from SOAR
06/2020	Scope Approved by Services Provided	Updated format and edit to reflect required changes for reporting structure of department director and to include Provider Based Billing Transition (PNS); Services Provided Pg 2 & 3: VII, VIII, XII, XVI, XVIII

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		addition of SC SH DVS as professional membership; approved by changed from HR to Foundation
12/2022	Services VII Services IX X Notes Reference Standards	Added warehouse. An educational program and volunteer self-evaluation will be conducted annually. Added: Assessment and reassessment of volunteer positions throughout the organization will be ongoing. Added: The Volunteer Services Scope of Service policy will be reviewed no greater than every three years or may be edited as circumstances deem necessary. Added: SR.1 hours of operation; SR.2 Patient populations serviced; SR.3 Skill mix; SR.4 Core staffing and methods for determining and modifying staffing to meet patient or process needs; SR.5 description of assessment and reassessment practices, including timeframes; SR.6 review schedule for department Scope of Service;
12/2025	New template Header/footer	Updated format and edit to reflect required changes for reporting structure of department director
12/25	Update reference standards	SM.2 PROFESSIONAL SCOPE – SR.1 all staff, including contract, students & volunteers shall function within the limits of their scope of service as defined by their professional practice, state law and/or organization policy at all times. This shall be strictly enforced and include a documented process for reporting variations to Quality Management Oversight. SM.3 DEPARTMENT SCOPE OF SERIVCE SR.1 hours of operation; SR.2 Patient populations served; SR.3 Skill mix; SR.4 Core staffing and methods for determining and modifying staffing to meet patient or process needs; SR.5 description of assessment and reassessment practices, including timeframes; SR.6 review schedule for department Scope of Service SM.6 ORIENTATION AND CONTINUING EDUCATION SR.2 receive orientation to specific job duties & responsibilities SR.2b annual education SR.3 participate in continuing education, professional association

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CONWAY MEDICAL CENTER
POLICY

POLICY TITLE:	Volunteer Records Administration		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-02-POL
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	5/1/2015

SCOPE: the Medical Center 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 the Medical Center 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.

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. Letter(s) of Character Reference
4. Volunteer Orientation:
   a) Orientation Agreement
   b) Confidentiality Agreement
   c) Service Excellence in Customer Service
   d) Personal Interests
   e) Volunteer Personal Statement of Accountability to Safety
   f) HIPAA Test (starting 2006)

g) Safety Test
h) Confidentiality Test

5. Department Specific Position Profile for each assigned area
6. Competency Assessment and Performance Evaluation – Volunteers in the Nursery are required to complete and pass the "*Nursery Volunteer Competency Validation Checklist*" annually. Informal observations of performance assessed ongoing with no formal documentation required for all other volunteers. Annual self assessment conducted by volunteers.
7. Disciplinary Actions (as applicable)
8. Letters of Commendation (as applicable)
9. Request for Leave of Absence (as applicable)
10. Volunteer Grievance Information (as applicable)
11. Letter of Resignation
12. Health Records:
    a. Medical Records of a volunteer will be retained by Employee Health.
13. 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.
14. Executed background check will be retained as part of volunteer record.
15. Position Description signed for each position in which an individual volunteers.
16. Wellness Rehabilitation Participation form as applicable
17. IS Security Access form as applicable to volunteer position.
18. 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.
19. 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.
20. 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.

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) Disclosure of information for other non-work related purposes would be made with the explicit authorization of the volunteer.
c) 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.
d) 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.
e) Volunteer contact information may be shared with the Conway Medical Center Foundation.
f) 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; The following Reference Standards covered within orientation. Volunteer records retained for orientation validate completion of orientation and topics covered:
Emergency Management: NIAHO PE.6
Environment of Care: NIAHO PE.1, PE.3 Volunteer Services Safety; NIAHO PE.1, PE.3, PE.4 Vistor Safety; NIAHO PE.1, PE.3, PE.4 Vistors, Traffic Control; NIAHO PE.4 Infant Security Plan & Child

Security Plan & Infant/Child Abduction Response Plan, Violence Management; NIAHO PE.5, SM.6; OSHA Hazard Communication Standard – How to Read Safety Data Sheets; NIAHO PE.2 Fire Safety – Smoking Policy; NIAHO PE.2 Fire Safety – Volunteers, Students, Non – Staff Personnel; NIAHO PE.2 Use of a Fire Extinguisher; NIAHO PE.1, PE.2, PE.3 Electrical Safety; NIAHO PE.3, OSHA regulations Body Mechanics Training; NIAHO PE.1, PE.3 Employee/Volunteer Incident Reporting.
Human Resources: NIAHO SM.2 Volunteer Services; NIAHO MR.4, PR.1 Volunteer Confidentiality Stmt; NIAHO PE.4 Background Screening; NIAHO IC.1 Physical Exam; NIAHO SM.2, SM.6, SM.7 Staff Qualifications & Competency; NIAHO SM.7 Performance Evaluations; NIAHO SM.2, SM.5, SM.6, SM.7 Position Description/Performance Evaluation Volunteer; NIAHO SM.7 Performance Evaluation – Population – Specific/Age-Related Competency – Volunteer; NIAHO SM.7 Annual Competency Skills Assessment – Volunteer; NIAHO SM.6 Safety Orientation; NIAHO SM.6 New Volunteer Orientation Checklist; NIAHO SM.6 Volunteer Orientation Checklist Baby Cuddlers Program; NIAHO PE.4 Photo Identification Name Tag.
Infection Prevention and Control: NIAHO IC.1 Infection Prevention & Control; NIAHO IC.1, CDC Guide lines Hand Hygiene; Standard Precautions; Respiratory Hygiene/Cough Etiquette; Transmission-Based Precautions (Isolation precautions); NIAHO IC.1, OSHA Regulations, Exposure Control Plan; Tuberculosis Skin Testing for Volunteers.
Information Management: NIAHO MR.4, PR.1 Confidentiality of Information – General Issues. NIAHHO MR.4, PR.1, HIPAA 164.308 (a)(3)(ii)(C); NIAHO MR.4, PR.1, HIPAA 164.308 (A) (3)(ii)(C); NIAHO SM.2, SM.3 Scope of Services – Volunteer Services; NIAHO SM.2 Customer Service;
Rights and Responsibilities of the Individual: NIAHO PR.1, PR.2, PR.3, PR.4, PR.5 Patients Rights & Responsibilities; NIAHO PR.1 Patient Visitation Rights; NIAHO PR.1 Notification of Pastoral Care Depatrment; NIAHO PR.5 Patient Complaint & Grievance Process.

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
6/2020	Approved by; Scope added Records required	Updated logo approved by; format and edit to reflect required changes for Provider Based Billing Transition
11/2021	Edits following 6/2020 submission that was not approved	Page 1 Responsibilities: removed "e" Page 2 #12 identified all volunteer health records retained by Occupational Health Added #14; #15; #16; #17 Page 4 item "b" removed as was duplication of "e"
04/2023	Approved by: Addition of reference standards	Edit to reflect new direct report Reference standards listed
5/22/2026	Approved by updated	Updated approved by to reflect new reporting structure Updated Records and Reference standards

CONWAY MEDICAL CENTER
POLICY

TITLE:	Cuddle Club (Volunteer Protocol)		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-03-POL
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	1984-02-01

SCOPE: The Medical Center Newborn Nursery Staff and Cuddler Volunteers

DEFINITIONS: Volunteer to adhere to Cuddle Club Volunteer position protocol

POLICY STATEMENT: Volunteer protocol required to ensure the safety of the MCHS infant patient.

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 childcare 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 / black shirt is preferred and to 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 including duties such as swaddling, holding, rocking, feeding, and cuddling. Volunteers do not provide clinical care.
- 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 any education materials with new parents as directed by staff.
- E) Assist staff with paperwork, making charts, answering phones, cleaning and restocking bassinets, restocking supplies, ensuring no expired supplies remain in unit.
- F) Follow all infection control universal precautions and isolation precautions.
- G) Know the proper use of a wheelchair.
- H) Know your role during codes, location of fire equipment.

RECORDS: Volunteer Services onboarding requirements, Initial Orientation and annual competency evaluations performed by a clinical member of MCHS; CMC-VOL-03-FRM (completed by nursing coordinator or designee annually). Refer to EDU-4.0-POL.

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REFERENCE STANDARDS: DHEC SC Dept of Health & Environmental Compliance Sections 101, 604, 1504, 1801, 1802, 1807.
Det norske Veritas (DNV) NAIHO SM.2 PROFESSIONAL SCOPE, SM.6 ORIENTATION SR.1; SR.2; SR.2 Specific job orientation SR.2b annual education, SM.7 COMPETENCY ASSESSMENT SR.2.a; SR.2b; SR.2b(7); SR.3

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes (Reviewed' or details of change)
2/20/13	All	New format, heading
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
2/27/2020	Approved by; Scope and Records	Approved by changed from HR to Development; Scope = the Medical Center; Records: added onboarding documents
12/15/2021	Duties, Reference Stnds	Expanded volunteer duties A, D, E ; Added records and standards No longer cross reference with NSY-5.045
3/14/2022	Change approved by:	From Director of Foundation to: VP CMC Foundation / Chief Development Officer as requested by policy cmte
12/2023	Change approved by:	Updated
5/7/2024	Change approved by:	Updated to reflect current reporting structure
6/10/2024	ALL	Approved by updated
12/2025	Change approved by:	Updated and updated to new policy template
	Section III (D)	Added as directed by clinical staff
	Records	Competency: added to be completed by clinical staff
	Reference Standards	Updated to current reference standards
		Added policy definition and policy statement

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CONWAY MEDICAL CENTER
POLICY

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

TITLE:	PET THERAPY / Animal Assisted Activities		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-04-POL
APPROVED BY:	VP, Chief Human Resource Officer	EFFECTIVE DATE:	NEW 11/2021

SCOPE: Conway Medical Center

POLICY STATEMENT: Pet Therapy / Animal Assisted Activities (AAA) may benefit our staff

Interactions with animals can provide emotional and physical health benefits for diverse human populations, including the elderly, children, physically disabled, deaf, blind, emotionally or physically ill and the incarcerated.

The purpose of this policy is to provide established guidelines for Pet Therapy / Animal Assisted Activities (AAA) and service animal functions within the organizations of Conway Hospital Inc.

POLICY REQUIREMENTS:

I. **Pet Therapy / Animal Assisted Activities**

1. Pet Therapy / Animal Assisted Activities will be in accordance with approved protocols and in a manner that is safe for the patient, employee, animal and animal handler volunteer.

2. A Conway Medical Center facility may only conduct Pet Theraphy / AAA programs when the presence of Pet Therapy / AAA animal would not compromise patient care, patient safety, or infection prevention and control standards.

3. A Pet Therapy / AAA handler will be a traditional CMC Volunteer who is the handler for an accredited pet therapy certified dog. Handlers will be required to complete CMC Volunteer application and all applicable volunteer onboarding and training requirements.

4. An approved dog will hold a current accredited certification issued by an approved therapy dog program. All participants in the Pet Therapy / AAA program with CMC will be subject to approval by Volunteer Services Director and/or CMC Wellness Connection Committee.

5. Volunteer Services, or designee, is responsible for documenting and maintaining up to date files regarding the status of volunteers participating in a Pet Therapy / AAA program.

6. Animals visiting should be in good health and documentation of a medical screening provided. Owner will be required to provide written proof of up-to-date veterinarian care and current immunizations which will be updated annually. Female dogs will not visit while in estrus (heat).

II. **ANIMAL ASSISTED ACTIVITIES (AAA) Animal** Assisted Activities (AAA) are those activities that use animal(s) to provide individuals with opportunities to experience motivational, educational, and recreational benefits. These programs allow patients, visitors, staff, students, volunteers to visit animal(s) in either a common area in the facility, or in identified private area. AAA includes "meet and greet" activities that involve animal(s) and their handler(s) visiting, usually in group(s) on a scheduled basis. Pet Therapy / AAA is generally not a goal-directed clinical intervention or tailored to a particular person, and therefore is not necessarily incorporated into the treatment regimen of a patient or documented in the patient's treatment plan. All guidelines from an accredited pet therapy certified course should be followed.

III. Position Charged with Administering:

1. Volunteer Services
2. Department Director
3. Charge nurse/Supervisor(s)
4. Infection Control Coordinator

IV. **CMC Department Supervisors, Managers and Directors.** Facility supervisors, managers, coordinators and directors are responsible for ensuring that Pet Therapy / AAA animals are only permitted in areas on the units where their presence would not compromise patient care, patient safety or infection prevention and control standards.

V. **Infection Prevention and Control.**

1. CMC Infection Control Coordinator is responsible for collaborating with CMC personnel that conduct or manage Pet Therapy / AAA programs to assess the infection risk and for implementing appropriate infection prevention and control safeguards associated with Pet Therapy / AAA programs.
2. The Infection Control Department should be consulted for guidance on appropriate locations for these activities as needed.
3. Anyone who is asthmatic with allergies to dogs or horses and/or who have an aversion to animals; anyone with open wounds , i.e. impetigo, burns, neutropenia (WBC<1000); HIV infection, Immunoglobulin deficiencies should exclude oneself from participating in the animal visitation.
4. Practice hand hygiene before and after any animal contact. Wash hands with soap and water, if hands are visibly soiled or contaminated. Use either soap and water or alcohol-based hand rubs when hands are not visibly soiled or contaminated.

5. Minimize contact with animal saliva, dander, urine, and feces.
6. If the visit occurs with the animal getting up on furniture, an extra blanket or sheet is to be placed on the furniture. At the conclusion of the visit, the extra sheet or blanket is to be removed and placed in appropriate dirty linen container. Have the individual(s) wash or sanitize their hands.
7. Handlers will carry hospital approved hand sanitizer with them to ensure hand hygiene is performed regardless of where the contact occurs. Handlers are strongly encouraged to request hand hygiene prior to anyone touching the animal.
8. Pet visitation will be offered to those wishing to participate. In the unlikely event of employee personal injury caused by an animal, a Employee Occurrence Report(EOR) form will be completed with follow-up documentation from necessary individuals. Follow the below guidelines **"In the event of Injury".**
9. Volunteer Services will maintain a log of animal-assisted activity visits that includes handler, animal, date, timeframe, area visited and number of encounters.

VI. Health Screening of all animals:

1. The handler will provide veterinary documentation of medical screening to the Director of Volunteer Services prior to beginning visits at the healthcare facility.
2. Animals should be under the regular care of a veterinarian; free of fleas, ticks, intestinal parasites, be free of oral and skin lesions, been screened by a veterinarian within the past twelve (12) months prior to entering the facility and received all required inoculations.
3. Pets on antibiotic therapy for an infection, wearing a bandage or experiencing GI upset will not be considered for visitation until well.
4. Animals are to be healthy, clean and well groomed (nails clipped or filed) and present no apparent threat to the health and safety of patients, visitors, staff or others.
5. A file of approved animals will be maintained along with certification documentation, current vaccination certificates for DHLP/Parvo, rabies and Bordetella (if applicable). Files will require annual update and will be maintained by Volunteer Services.
6. .
7. Animals are to be controlled by designated Handler who knows the animal's health status and behavior traits.
8. The handlers are responsible for screening the animals for behavioral /temperament problems. Animals that are not calm around loud, unexpected noises are not allowed to visit. Animals with an aggressive nature or who have a tendency to bite or have negative reactions to unfamiliar environments will not be allowed to visit.
9. Animals must be accompanied by the owner at all times. Dogs are not left alone with patients, visitors or staff.
10. The handler will provide an opportunity for urination/defecation before coming to

visit. If desired; encourage activity just prior to entering building. Direct toileting to – behind Administrative Services Building near retention pond. Should an accident occur, it is the handler's responsibility to clean up the animal waste and properly dispose of waste and then notify the staff. The unit staff should notify the Environmental Services Department (x7600) of the need for immediate cleaning and disinfection. If a pattern develops, dog will be assessed for maintaining participation.

11. Volunteer handler is not authorized to bring additional guests when participating in Animal Assisted Activities.
12. Pets will visit in approved areas and will be contained by leash at all times unless performing with handler Leash is not to exceed 6 feet in length at all times. No prong collars or retractable leashes are permitted.
13. Animals will not be permitted in surgery and other sterile procedure areas, pre and post op rooms, labor & delivery rooms, the newborn nursery, intensive care rooms unless specifically requested. Areas with medical supplies, medications, food preparation areas and staff lounges / locker rooms are restricted.

VII. In the event of injury:

1. If an incident of biting, scratching, trip/fall or other similar event occurs the CMC accompanying associate will report the event to the employee health office promptly.
2. Assure handler is aware of incident.
3. Remove the animal.
4. Request immediate first aid - promptly cleaning a scratch, bite or other break in skin.
5. Employee (Associates) are referred to Employee Health (ER if EH not open). Associates would complete an EOR and appropriate follow-up care would be determined by Employee Health Services. If immediate treatment is required, the individual will be referred for treatment.
6. Non-associate, non-patients may be referred to the Emergency Department.
7. The Emergency Department associate will notify the Animal Control officer of SC DHEC if the injured person is seen by them. The facility supervisor (or CMC charge nurse) will make this notification if the injured person refuses formal care.
8. Infection Prevention and Risk Management will be notified that the incident has occurred.

VIII. SECTION: SERVICE ANIMALS:

1. Under the American with Disabilities Act (ADA), service animals are defined as animals "individually trained to do work or perform tasks for people with disabilities".
2. Under FederalLaw only dogs and miniature horses are recognized as service animals.

3. An Animal Assisted Activities dog participating in Pet Therapy is NOT identified as a Service Animal. Please refer to ADM-I.26.2-POL Service Animals within CMC

RECORDS: CMC Pet Assessment for Visitation VOL-04-FRM

REFERENCE STANDARDS: DHEC: 61-16 (1804)

REFERENCES:

Kaninsk, M., Pellino, T., and Wish, J. Play and pets: **The physical and emotional impact of child life and pet therapy on hospitalized children.** ***Child Health Care 31***(4); 321-335. | Published online: 07 Jun 2010

https://www.avma.org/resources-tools/avma-policies/animal-assisted-interventions-guidelines

AVMA Guidelines for Animal-Assisted Activity, Animal-Assisted Therapy and Resident Animal Programs
(Oversight: CHAB; EB 04/99; Revised 04/06; Reaffirmed 04/11)

Department of Veterans Affairs Veterans Health Administration Washington, DC 20240
VHA DIRECTIVE 1178(1) Transmittal Sheet September 14, 2018
ANIMAL-ASSISTED ACTIVITIES AND ANIMAL-ASSISTED THERAPY

SHEA Expert Guidance. Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks, 2015APIC text of Infection Control and Epidemiology, 3rd Edition, 2009 Reviewed April 2019

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
November 2021		NEW Program
12/2022	Policy statement	Expanded to read: functions within the organizations of Conway Hospital Inc. to cover all CMC entities.
	Policy requirements	added patient to #1 Added applicable onboarding/training to #3;
	Health screenings	Removed duplications and renumbered
	1/31/2024	Edits to #14 and updated approval reporting structure
11/2024	Section V	Edits #7, 8, 9
	Section VI	Reorganization of section with minor edits and renumbering. E-SREO to EOR
	Section VII	Change E-SREO to EOR

	Reference Standards	Reviewed and updated

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Application, Interviewing of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-05-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: the Medical Center Volunteers

PURPOSE: The purpose of this procedure is to standardize the onboarding process and approval of documents for each volunteer candidate and ensure accuracy, compliance, and accountability.

PROCEDURE:

Include a detailed description of the steps necessary to complete this procedure. Procedures should be organized in a number list indicating the order of process step.

Becoming a volunteer:

1) Applicants must be at least 18 years old. Proof of minimum age is required.
2) Applicants are asked to commit to a minimum of four hours per week for a minimum timeframe of not less than one year.
3) Have a social security number.
4) Be a citizen of the United States or have a residency visa.
5) The Medical Center 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 by the Medical Center.
6) Applicants will complete a volunteer application online or use a hard copy form. (VOL-05-FRM)
7) Applicants will contact the volunteer services office to schedule an interview.
   a) Interviews are conducted to determine the suitability of the applicant.
   b) During an interview, applicant will be provided with an overview of the volunteer program and brief hospital tour.
   c) Department directors may request interviewing volunteer candidates.

8) Applicant will be asked to provide two character references – non clergy and/or non-family member. (VOL-05A-FRM) as per VOL-07-PRO.
9) Applicants must complete and authorize an application for the processing of a criminal background check as per VOL-07-PRO.
10) A Health Assessment will be required through the Medical Center Employee Health Department, which will include tuberculosis screening and other infectious diseases screening, including handwashing competency. (Health Assessment Packet cover sheet: VOL-05B-FRM.
11) Applicant will be required to have all necessary immunization and or vaccines as mandated by the Medical Center or present a requestfor waiver that must be approved by Employee Health Services.
12) Applicants may obtain the required health assessment from own physician and return CMC Volunteer Health Assessment forms packet (VOL-05b-FRM) to the Medical Center Employee Health Department.
13) Applicants must complete volunteer orientation and post testing.
14) All volunteers must attend and/or complete an annual training update and necessary vaccine/immunization requirements.
15) 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.
    a) CMC works hard to match the interests and talents of the volunteer with the needs of the facilities so that volunteer experience is meaningful.
16) All volunteer roles are non-clinical.
17) If no appropriate openings are available, the application will be kept on file for three months.
18) The Director of Volunteer Services has the right to determine an applicant's suitability as a Volunteer at the Conway Medical Center.

RECORDS: List completed documentation that will be generated as a result of this procedure (clinical forms, electronic documentation, reports, tax forms, etc.).
VOL-05C-FRM Volunteer Process Check List
VOL-05-FRM Volunteer Application
VOL-05A-FRM Character Reference
VOL-22B-FRM Volunteer Background Release Form
VOL-05B-FRM Health Assessment Packet for Volunteer which includes INF-606-FRM; INF-623-FRM; INF-639-FRM
EH-4444-FRM Annual TB Questionnaire

REFERENCE STANDARDS:
I) List standards by issuing organization. NAIHO
II) NIAHO SM.2; NIAHO IC.1; NIAHO PE.4
SM.2 PROFESSIONAL SCOPE SR.1 All staff, including contract staff, students, and volunteers, shall function within the limits of their scope of service as defined by their professional practice act, state law, and/or organization policy at all times.

SM.5 JOB DESCRIPTION SR.1 All employed staff, whether clinical or supportive, shall have a current job description available that contains the required experience and/or education, any physical requirements, supervision (as indicated), duties, responsibilities and performance expectations for that position, as required by federal and state law or by the organization.

SR.2 The organization shall document the requirements to be met by relevant contracted staff, students, and volunteers. At a minimum, the following will be addressed:
SR.2a Required experience and education, supervision (as indicated), duties, responsibilities, and performance expectations;
SR.2b A means to communicate the above requirements to the contracted service, learning institution, or volunteer organization; and NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospitals Revision 25-1 (updated) – Effective September 8, 2025 Page 93 of 459

SR.2c The method to be used by the hospital to validate that any relevant requirements (e.g., license, certification) are met by individuals prior to providing services to the hospital's patients

SR.2b Participate in annual education as required by federal and state law and regulation and the organization.

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Updated and streamlined application / onboarding process details 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
9/18/2019 2/10/2020	Scope & Purpose & Records & Ref Stnds	Updated format and edit to reflect required changes for Provider Based Billing Transition change of approval from HR to Director of Development
5/4/2022	Approved by Procedure Records	Updated to reflect current reporting structure Details added working in conjunction with Clinical Coordinator of Occupational Health; Forms updated
3/20/2024	Approved by updated; records	Updated to reflect new form from risk mgmt, updated to current reporting structure; added form EH – 4444 – FRM to records

Date	Affected Section(s)	Summary of Changes (Reviewed' or details of change)
5/18/2026	Revised approved by due to reporting structure changes	New P/P template applied updated NAIHO notations in Records and Reference Standards

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	The Medical Center's Responsibilities to its Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-06-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: The Medical Center Volunteer Services

DEFINITIONS: 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 The Medical Center's human and physical resources.

PROCEDURE:

The Volunteer Services department is designed 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 Medical Center and patients. The program is designed to meet the needs and interests of both the volunteers and Medical Center. The 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.

The Medical Center will assure a cordial working relationship between volunteers and Medical Center 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 request 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 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 for volunteer.
- I) Including volunteers in the unit's social events.
- J) Include volunteers in staff meetings as deemed appropriate.

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 asked to aid in securing a volunteer substitute in specified roles. Inform the Director of Volunteers of your plan to be away and your substitute. The Director of Volunteers will keep a master list of substitutes for specified areas of volunteering. Give a courtesy call to the department where you perform your volunteer work if you are going to be out last minute in addition to informing the DVS.

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 Medical Center Administrators and all 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 Medical Center staff by giving daily, regular thanks/recognition to all volunteers for their services.

B) The 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: Volunteer Database retains volunteer demographics

REFERENCE STANDARDS: NIAHO

I) SM.2; SM.6; SM.5; SM.7

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Continually update and define details of the procedure to reflect volunteer personnel to supplementing & extending the activities of the salaried staff 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
9/18/2019 02/10/2020	Scope & Ref Stnds	Updated format and edit to reflect required changes for Provider Based Billing Transition. Approval changed from HR to Director of

		Development
5/4/2022	Approved by Section III	Updated to current reporting structure Updated DVS keeps master sub list for specified area; how to call out for volunteers
3/21/2024	Approved by	Updated approved by to reflect new reporting structure and updated new template. Added records and service contributions
5/22/2026	Approved by	Updated approved by to reflect new reporting structure Moved paragraph of procedure to reflect in definition.

CONWAY MEDICAL CENTER
PROCEDURE

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

SCOPE: The Medical Center Volunteer Services

DEFINITIONS: The applicant is responsible for obtaining and providing personal character reference information to The Medical Center Volunteer Services Department.

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

I) The applicant is responsible for obtaining and providing personal character reference information to The Medical Center Volunteer Services Department. The Director of Volunteer Services will contact applicants authorized references. Methods of contact may be USPS mail, telephone or email.

II) Volunteer Services will process the required criminal background check by utilizing the document provided by the contracted company identified by The Medical Center 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.

The volunteer may request from the Director of Volunteer Services a letter of reference.

(a)

RECORDS: VOL-05A-FRM Reference Form
VOL-22B-FRM Volunteer Background Release Form

REFERENCE STANDARDS: NIAHO PE.4

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Updated and defined details of the procedure to follow required onboarding documentation 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
02 27 2020	Approved by; Scope added Records required	Updated approved by; format and edit to reflect required changes for Provider Based Billing Transition
2/21/2023	Procedure #1	Edit reflects request vs require #1 Expanded methods of contact to reflect addition of telephone and email contact
5/18/2026	Revised approved by due to reporting structure changes	New P/P template applied updated NAIHO notations in Records and Reference Standards

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Volunteer Position Profile		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-08-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: The Medical Center Volunteer Services

DEFINITIONS:

In accordance with Job Description HR-2.2-POL, the Medical Center Volunteer Services is to maintain complete, accurate and factual descriptions for all CMC volunteer positions within CMC.

PROCEDURE:

1) All 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: Position description for each volunteer role

REFERENCE STANDARDS:

NIAHO Job Descriptions
SM.5

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Prior to 2011 - Maintained and Updated position descriptions for each volunteer role and ensured procedure reflected the as appropriate Revision Dates: 12-2011
07-25-2013	All	Formatting only
8/27/2014	Section 1	Reference standard added
03/08/2017	All	Reviewed
02 2020	Approved by Scope	Updated approved by; format and edit to reflect required changes for Provider Based Billing Transition
5/4/2022	Approved by	Updated to reflect current reporting structure. No further edits necessary at this time.
4/15/2024	Approved by	Updated to reflect current reporting structure. New template added. Updated NAIHO standards

5/22/2026	Approved by	Updated to reflect current reporting structure. Reviewed NAIHO standards

CONWAY MEDICAL CENTER
PROCEDURE

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

SCOPE: The Medical Center Volunteer Services

PURPOSE: 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.

PROCEDURE:

I) Using the "*Communication is the key to success"* leave form or communicate by email and or telephone. 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 whereas the volunteer will be out for greater than two weeks, **it is required that the Volunteer obtain a physician's authorization** that they can resume their volunteer 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. All Medical Correspondence will be forwarded by DVS to the Employee Health Office clearly stating volunteer name and volunteer identification number.
B) Volunteers, who are unable to return to their previous service area duties, may be provided alternate volunteer options that may be available and suitable to the volunteer's abilities.
C) 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. 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 CMC Volunteers in the archive file may be considered to re-enter the CMC Volunteer Service organization by contacting the Director of Volunteers and completing relative training that may have been 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 other CMC Discount programs.

RECORDS: *Communications is the key to success* leave form or email

REFERENCE STANDARDS:

I) NIAHO SM.3

II) SM.4 DeterminSM.3 DEPARTMENT SCOPE OF SERVICE and modifying staffing; SR.1

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
Revision Dates: 12-2011	All	Formatting only
	I, II, II, IV	Minor terminology edits
	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
	Approval Scope	Updated approved by; format and edit to reflect required changes for Provider Based Billing Transition
	Approved by Procedure Section I; IA, II, III	Change of reporting structure. Communication may be done by email Minor grammar edits throughout procedure
3/20/2024	Approved by Procedure template updated	Updated in accordance with new reporting structure. added new procedure template

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Bereavement Procedure for Volunteer and Auxiliary Members		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-11-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: The Medical Center Volunteer Services

PURPOSE: The purpose of this procedure is to be supportive of those members of the Medical Center 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.

PROCEDURE:

1. 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.)
    a. You are asked to provide as much information as is known concerning funeral arrangements.

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

3. To qualify for the placement of a member's name on the Memorial plaque.
    a. 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.
4. Charter members will be exempt from the above requirements. Charter members are those auxilians who started the program in 1982.

5. Name plate/plaque order
    a. The DVS will order a name plate for the deceased volunteer/auxilian.
        i. 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 procedure.

6. Remembrance Service
    a. The DVS will set up a date for a Remembrance Service for the deceased member in coordination with Pastoral Services or create an alternate memorial service as may be necessary to share with the volunteer team and if possible loved ones who are part of the memorial.
        i. The date will be determined by availability of family members, etc.
        All volunteers/auxilians will be invited to the Remembrance Service.

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)
		Updated and defined details of the procedure to follow for bereavement of auxilians / volunteers 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
03 2020	Approved by Scope	Updated approved by and updated format by edit to reflect required changes for Provider Based Billing Transition
3/2022	Approved by updated to reflect current reporting structure	Updated approved by titles and updated paragraph 5 to include alternate form of memorial service

	Paragraph 5	
5/23/2022	Reformatted	As suggested by DCC – reformatted document to CMC template for procedures
3/20/2024	Reformatted Approved by	Updated template and reporting structure
5/22/2026	Reformatted Approved by	Updated template and reporting structure

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Dress and Uniforms, ID Badges		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-15-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: The Medical Center Volunteer Services

PURPOSE: The following dress and grooming standards have been established to ensure that all Volunteers understand the minimum appropriate dress for the Conway Medical Center Volunteers.

PROCEDURE:

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) The purpose of this procedure is to establish a mechanism by which a volunteer will know what is appropriate dress for the Conway Medical Center Volunteers. Volunteers will wear uniform top issued from the Volunteer Services Department.; unless otherwise approved by Volunteer Services Director (an alternate dress/uniform will be based on the position the volunteer is serving).

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 alterations may be made to the badge.
B) Personal clothing and uniforms must be clean and neat.
   1) Volunteers will be provided with an official uniform top to wear, which must be clean, neat and worn when on duty. The uniform consists of:
      (a) Jacket/vest or other official shirt – provided at the time of assignment by the Volunteer Services. (White or black sleeved shirt or official polo is the preference to be worn under jacket/vest.)
      (b) Dark dress slacks; preferably Black, navy, white, beige pants – no jeans of any kind. No leggings.
         (1) Ladies may wear Capri slacks May through October (**not shorts**).
      (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 not in accordance with the dress code or other reasonable standards of professional appearance will be asked to leave. Repeated offenders 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 the volunteer is assigned.

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

RECORDS: Internal department uniform request form

REFERENCE STANDARDS: 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 added and/or defined updated uniform requirements
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
02 2020	Approved by Scope	Approved by and Updated format and edit to reflect required changes for Provider Based Billing Transition
5/4/2022	Approved by Purpose Specifics	Approved by updated due to reporting structure changes Purpose updated to reflect those not in standard uniform Specifics added dark slacks; black top; golf cart drivers – knee length shorts as weather permits.
3/20/2024	New template; updated approved by	Used updated template. Approved by changed in accordance with new reporting structure
5/21/2026	New template updated approved by	Used updated template Approved by changed in accordance with new reporting structure

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Placement of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-19-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2004

SCOPE: the Medical Center Volunteer Services Department

DEFINITIONS: The Director of Volunteer Services will identify an applicant's suitability as a Volunteer at the Conway Medical Center.

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

I) Plan for the Placement of Volunteers:

A. It is recommended that Department Heads requesting new services of volunteers make a request to the Volunteer Services' Office (VOL-19-FRM) or by direct contact with the Director of Volunteer Services.

B. A Volunteer Position Profile will be written to determine the type of work needed in conjunction with the requesting Department Head.

C. Volunteers will be placed in positions based on their abilities, availability of openings within a department, interest, and the volunteers request.

D. Department Heads will be notified when a Volunteer is to be assigned to their area – Volunteers are not taken to a department without prior notice.

E. If requests cannot be filled within a reasonable timeframe, when there is a potential candidate, the Department Head is contacted to determine if the need still exists.

F. 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).

G. Department Heads will keep the Director of Volunteers informed of any performance issues of a volunteer in a timely manner.

H. 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.

I. 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.

J. 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

RECORDS: Volunteer department schedules

REFERENCE STANDARDS:
SM.4 DETERMINING AND MODIFYING STAFFING
SM.3 DEPARTMENT SCOPE OF SERVICE
SR.4 Core staffing and methods for determining and modifying staffingto meet patient or process needs

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
		Continually update and define details of the procedure to reflect volunteer personnel to supplementing & extending the activities of the salaried staff 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
02 2020	Approved by Scope	Approved by; Updated format and edit to reflect required changes for Provider Based Billing Transition
3/2022	Approved by updated for current reporting structure	Recommend use of Volunteer form VOL-19-FRM from Volunteer Services. Misc. grammar edits
3/21/2024	Approved by updated for current reporting structure	Reformatted
5/22/2026	Approved by updated to reflect current reporting structure	Added definition Minor edits for plan of placement of volunteers Added records and reference standards

CONWAY MEDICAL CENTER
PROCEDURE

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

SCOPE: the Medical Center Volunteer Services

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

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: NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospitals Revision 25-1 (updated) – Effective September 8, 2025 Page 218 of 459 status) or others exists. "The organization shall assure that any incidents of abuse, neglect or harassment are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, state, or federal law."

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
02 27 2020	Scope	Approved by updated. Updated format and edit to reflect required changes for Provider Based Billing Transition
1/10/2022	Reviewed	No edits at this time
1/31/2024	Revised approved by due to reporting structure changes	No content edits at this time
5/18/2026	Revised approved by due to reporting structure changes	New P/P template applied Updated NAIHO notation

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Resignation / Termination of Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-21-PRO
APPROVED BY:	Chief Administration Office	EFFECTIVE DATE:	5/1/2015

SCOPE: The Medical Center Volunteer Services

DEFINITIONS: To provide guidelines for registration, termination and exit review for volunteer positions.

PROCEDURE:

Volunteering with the 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.

1) **Volunteers Voluntary Registration of Service and exit Review**
   (a) An individual who voluntarily resigns from services with the 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 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 the Medical Center 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 for making reasonable effort to obtain any company property from an existing 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 after the volunteer's departure for goodwill and closure.
   (f) The volunteer may be contacted by email, mail, phone or other means to complete closure.

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

counseling or 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 (gratuities may accepted provided they are turned over to the CMC Auxiliary or the CMC Foundation as a donation.
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 is not eligible to volunteer within the facilities. Any volunteer terminated for cause is not eligible for reinstatement to the volunteer services program.
15. Excessive absenteeism with or 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® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospitals Revision 25-1 (updated) – Effective September 8, 2025 SM Staffing Management

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/1/2015	New	New
5/7/2018	Heading	Updated approved by; format and edit to reflect required changes for Provider Based Billing Transition; removed KNC and CPG
5/2022	Approved by Section A	Updated to reflect current reporting structure Edit regarding correspondence filing.
4/2024	Approved by Section A Section B #14	Updated to reflect current reporting structure. Added terminated "for cause"
5/22/2026	Approved by	Updated to reflect current reporting structure Edit regarding correspondence filing. Updated Records and Reference Standards

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Wheelchair Procedures for Volunteer		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-22-PRO
APPROVED BY:	VP Human Resources	EFFECTIVE DATE:	5/2015

SCOPE: The Medical Center Volunteer Services Department

PURPOSE:

1. To define appropriate guidelines for the safe wheelchair transportation of patients by volunteers at the 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 wheelchair procedures for volunteers.

PROCEDURE:

Patient Escort Volunteers are utilized to provide safe and timely wheelchair transportation of patients and guests As a team, they strive to provide exceptional customer service.

WHEELCHAIR SAFETY / CLEANING

1. Have a general knowledge of the facility floor plan.
2. Know how to check wheels, footrests, arm rests, seat and frame.
3. Check wheelchair for cleanliness and mobility, ensuring equipment is free from tears or cracks in upholstery.
4. Check wheelchair to see that leg supports, footrests, and brakes are properly affixed and working properly.
5. Wipe down or spray wheelchair following every transport with hospital approved disinfectant.
6. 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.
7. Always leave unattended wheelchairs in the locked position. BRAKES ON & FOOTRESTS UP
8. If not in good condition DO NOT USE.

SEEKING ALTERNATE TRANSPORT

1. Patients or guests impaired by sickness or injury should be transported by employed staff.
2. Due to high risk of injury to volunteers hospital employees are asked ……NOT to request that a volunteer transport individuals who require assistance getting in/out of a vehicle.
3. Volunteers do not accept transport assignments for patients with I.V. site or oxygen that you must pull along.
    1. 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.
4. Volunteers do not provide transport for women in labor.
5. Volunteers do not interact with psychiatric patients.
6. Volunteers do not transport patients by stretcher.
7. Volunteers do not escort patients requiring special or extra care, i.e., use of the restroom.
8. Volunteers do not transport laboratory specimens.
9. Volunteers do not interact with patients that are identified as potentially violent.
10. Volunteers do not transport from rooms identified with infection prevention signage posted.

HOW CAN VOLUNTEERS ASSIST

1. Volunteers are to transport to designated exit.
2. Volunteers may be asked to stop at Pharmacy or Patient Financial Services upon departure.
3. Volunteers do not take individuals in/out of the parking lot.
4. Volunteer will excuse oneself from a transport if they do not feel they can complete safely; notify the nurse that they cannot complete this transport safely. Staff should then complete such transport. Any staff who take over a transport utilizing a wheelchair marked "Volunteer Services" should return the chair immediately to the Volunteer Service Center to ensure continued operations.
5. Radiology may be able to assist by calling ext. 8949, 7655, 8412
6. Visitors may not be able to easily walk to a destination. Volunteer services will transport the visitor to a destination.
7. 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.
8. Staff and guests are requested not to take wheelchairs from the department to ensure adequate supply for daily operations. If a staff member does require the chair immediately, it is requested that the transport wheelchair be returned swiftly to aide others.

VOLUNTEERS UTILIZING WHEELCHAIRS

1. Volunteers utilizing wheelchairs will be instructed on proper use of equipment.

2. The Volunteer Service Center (a/k/a Transport Office) is available Monday – Friday 8:30 am – 4:15 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.
3. Volunteer will receive request for wheelchair transport in Volunteer Service Center.
4. All requests for transportation of patients or guests received in the Volunteer Service Center will be logged with time of call, destination location and who completed the transport. Log book will be kept for six months.
5. When responding to a call; Volunteer will knock on door of patient room. Announce their arrival to patient. Introduce oneself.
6. Inform the patient as to the reason you have arrived with the wheelchair.
7. Prior to departing the room; do a last visual check to ensure patient has all personal items.
8. Clarify which entrance/exit you will be taking the patient to for discharge. (Ie: Main front entrance where Information Desk is located @ Singleton Ridge Road; North tower, Patient Access / Birthplace or Emergency on Cypress Circle).
9. Grasp handles of wheelchair firmly with both hands.
10. Place wheelchair in position for patient, lock brakes, adjust leg rest if applicable, raise footrests. Footrests should be folded back to allow patient a clear path to get in or out of chair.
11. Patients should be allowed to move in or out of chairs at their own speed.
12. Guide patient to sit in wheelchair.
    a. Never support the weight of a patient as they get in or out of a wheelchair.
13. When patient is seated, put leg rests/footrests back in position. Patient to place feet securely on rests before moving chair.
14. It is best to have patient's hands and arms inside of arm rest.
15. When patient is secure, release brakes.
16. Nothing larger than an admitting kit should be placed in patient's lap during transport, other than holding their infant. Infant may be carried by adult alongside of mother in car seat carrier.
17. Be sure that nothing is dragging which can get caught in or under the wheels. Do not attempt to transport items such as flowers or luggage while pushing a wheelchair. Get assistance from family or other volunteer. Volunteer Services (and most department) have a cart to transport patient items.
18. Do not move too fast as a sudden stop might jar the patient. – **DO NOT RUSH.**
19. Move slowly over thresholds which may cause chair to feel a bump.
20. Pay heed to anyone who is accompanying the patient to their destination to include them in the transition to the destination.
21. 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 ceiling mirrors at all times when approaching intersections.

22. Watch for other movements when going through doors, and around corners. Always use the corner mirrors.
23. In passing - moving or standing equipment, going through doors, around corners, etc. watch clearance for patient's feet, hands and elbows.
24. Be careful of the people who are walking in front of the wheelchair, keep ample distance from other people.
25. Watch for floor conditions i.e. wet spots, mats, runners, carpet edges, etc.
26. Go to your destination with patient.
27. Make every effort to utilize "staff elevators" as they are larger.
28. BACK into an elevator - never push the wheelchair forward to enter the elevator.
    a. 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.
29. 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 stay until discharge is complete (greater than 15 minutes), the volunteer is instructed to contact the nursing unit from where the patient was picked up from and / or 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 / staff member.
30. When volunteer arrives at the vehicle, get as close as possible to the vehicle door, so it will open easily.
31. Lock wheelchair wheels, raise footrests, Open vehicle door.
32. Be patient, allowing patient ample time to get into vehicle.
33. Make sure all patient belongings are placed into the vehicle.
34. Close vehicle door for patient – wish them well. "Thank You for choosing Conway Medical Center"
35. Hospital linen should not be taken home by patients. Volunteer should return linen to the nearest soiled linen container in the clinical areas.
36. Remember to be PATIENT and KIND. Positive Customer Service is a key volunteer function.

ADMISSIONS

1. Volunteers have been instructed to escort each patient directly to the nursing station.
2. The volunteer is to hand the admission papers to the assigned nurse or unit charge nurse.
3. It is the nurse's duty to greet the patient. The nurse must accompany the transporter to the patient's room.
4. 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.

5. Volunteers may serve the Medical Arts Building. The individuals using this building have appointments at the various physician offices.
6. Volunteers are not to transport anyone in distress from any of the CMC Provider Network offices to the Emergency Department for Emergency services nor from any other area of the hospital such as the main lobby

MCHS (Maternal Child Health Services)

DISCHARGE/FETAL DEMISE

1. A white dove (or similar) 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.
2. MCHS staff should inform volunteer receiving the transport request of the specification for discharge upon calling for the discharge. This is an especially sensitive situation that the volunteers handle with great gentleness.

INFANT DISCHARGE

1. When discharging an infant; Infant may be carried by adult alongside of mother in car seat carrier. It is recommended that the mother hold the newborn in her lap when being discharged.
2. **It is not** the responsibility of the CMC volunteers to ensure a car seat is in the vehicle or installed as per manufacturer's directions. The MCHS will provide an attestation page to be contained in the patients record to include area locations to obtain car seat education.

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; immediately return patient to the unit from which they were treated. Patients in medical distress should not be left unattended. Call for emergency assistance if needed by dialing 5555.

VOLUNTEER time on the "job" is valuable. Although volunteers are not paid, their time and contribution to the Medical Center is most valuable. Do not call the Volunteer Service Center until the patient is ready to go. The patient may feel rushed if the transporter arrives too soon. Additionally, if the Volunteer Service Center 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 Volunteer Service Center to cancel the call if their services are no longer needed.

THOSE INDIVIDUALS CONFINED TO A WHEELCHAIR – RESPECT PERSONAL SPACE

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

RECORDS: Volunteer Dispatch Log Book (six month retention)

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
5/7/2018	Multiple	Transport Office a/k/a Volunteer Service Center
06 2020	Approved by; Scope edit; edited volunteer tasks; Infant Discharge process updated; Records; PNS included	Page 1 Approval Updated; removed need for front lobby desk coverage by volunteers; added general knowledge of facility floor plan; updated safety & proper process in utilizing wheelchair; further identified who volunteers should transport; identified type of patient volunteers should be assisting and what patients should be assisted by clinical staff; throughout - removed the word "overweight" from procedure; proper use of which elevators identified. Pg 3 & 5 Updated Infant discharge process; format and edit to reflect required changes for Provider Based Billing Transition; Pg 6added records: volunteer dispatch log book
11/2021	Procedure statement updated; formatting throughout	reformat for procedure layout and provide continuity of flow process.
12/2023	Approved by	Page 1 approval updated. Page 2 retitled "HOW CAN VOLUNTEERS ASSIST" renumbered
12/2025	Approved by	Page 1 approval updated
12/2025	Weight Limitation	Page 2 removed weight limitation due to new chairs in operation. Added information regarding potentially violent patients and

		infection prevention signage changes.
12/2025	Volunteers Utilizing Wheelchairs	Page 4 #29 increased wait time to 15 minutes to accommodate discharge timing
12/2025	All	Other minor grammatical edits
12/2025	Transport record retention	Edited retention to six months

CONWAY MEDICAL CENTER
PROCEDURE

TITLE:	Infection Control Procedures for Volunteers		
ISSUED BY:	Volunteer Services	REFERENCE #:	VOL-23-PRO
APPROVED BY:	Chief Administrative Officer	EFFECTIVE DATE:	2015

SCOPE: the Medical Center Volunteer Services

DEFINITIONS: Volunteers serving all of 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:
The 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 must have a health assessment completed with CMC Employee Health or from their physician.
2. Specific immunization screenings and/or administration of required vaccine as identified by CMC Employee Health.
3.

All volunteers will be required to complete:

- A Health Assessment through the Medical Center Employee Health Department, which will include tuberculosis screening and other infectious diseases screening, including handwashing competency. (Packet cover sheet: VOL-05B-FRM). Always use proper hand-washing techniques.
- Applicant will be required to have all necessary immunization and or vaccines as mandated by the Medical Center or present a request for waiver that must be approved by Employee Health Services.
- Applicant may obtain the required health assessment from own physician and return CMC Volunteer Health Assessment forms packet (VOL-05b-FRM) to the Medical Center Employee Health Department.
- Complete annual TB testing questionnaire update.
- Documentation or declination of Annual flu shot is required.
- Volunteers with infectious disease or who are in poor health will not volunteer until they are well.

- Volunteers will need to submit a physician's notification to return to work per VOL-10-PRO.
- Volunteers are requested not to go into Isolations Rooms.
- Assure that computer keyboards, telephones, and wheelchairs are cleaned with a hospital approved disinfectant.

Volunteer Services Staff Responsibility:

- Provide infection control general orientation to all new volunteers and repeated within the annual training education.
- Provide the volunteers with on-going infection control literature provided by the hospital.
- Practice hand-washing hygiene instruction and serve as a role model.

Department Staff Responsibility:

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

RECORDS: Orientation; verification for Annual training; Health Assessment documentation retained in Employee Health Department or equivalent documentation approved by Employee Health.

REFERENCE STANDARDS:

SC DPH 60-16 Health Assessment required as specified.
DNV_NIAHO IC.1 Infection Control Program NIAHO Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospital Revision 25-1 (updated) effective September 8, 2025: Orientation of new organization personnel, including contract staff, students and volunteers, to infections, communicable diseases, and to the infection control program.
CDC Guidelines – OSHA Regulations –

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
5/18/2015	NEW	NEW
6/4/2018	Dept Responsibility Records	Volunteer Services Staff Responsibility minor edit; Records; added: or equivalent documentation approved by Employee Health. Added due to receiving alternate form from Employee Health documenting PPD completions when form VOL-05B-FRM is not available.
06 2020	Approved by Scope Volunteer Responsibility	Approval Updated; Volunteer responsibility updated to include a required health assessment and immunizations identified by Occupational Health Department. Updated format and edit to reflect required changes for Provider Based Billing Transition; records required updated to add VOL 613 FRM
5/6/2022	Approved by	Edit approved by to reflect current reporting structure Expanded on "volunteer required to complete" Edited form numbers

5/22/2026	Approved by updated	Updated approved by to reflect new reporting structure Updated Records and Reference standards

CONWAY MEDICAL CENTER
PROCEDURE

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

SCOPE: the Medical Center Volunteer Services Employees and 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.

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.

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.

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
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 electronic drive.
B) Current forms will be saved to the department's electronic drive 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 become inactive and the new form utilized moving forward.

RECORDS Forms Control Spreadsheet kept by department director electronically and hard copy

REFERENCE STANDARDS:

I) ISO 9001:2015
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
6/4/2018	Section 1C; Section IV D	1C removed – not a patient record. IVD forms edited will be utilized moving forward.
02 2020	Approved by Scope	Updated approved by and updated format by edit to reflect required changes for Provider Based Billing Transition
5/4/2022	Approved by	Update of approved by due to current reporting structure
3/21/2024	Approved by	Update of approved by due to current reporting structure; new template applied
5/6/2024	Reference Standard	Update to ISO-9001:2015 per DCC also edited approved by to VP Human Resources to reflect current reporting structure
5/22/2026	VI	Changed "electronic" drive from "H" drive