

# **AHN Volunteer COVID-19 Training**

During this national emergency, we understand individuals who are not suffering from COVID-19 want to help. Allegheny Health Network (adhering to CDC guidelines) has implemented critical health guidelines to allow for such help, and safety protocols that must be followed for all volunteer activities to protect our volunteers, staff, patients and the community we serve.

### **General Guidelines for Volunteers:**

### **DO NOT** come to volunteer if you:

- Have experienced symptoms that could be related to COVID-19 in the past 14 days (cough, shortness of breath, fever). Center for Disease Control identifying symptoms can be reviewed at www.cdc.gov
- Feel ill with or without a fever
- Have been in contact with anyone suspected to be or who has tested positive for COVID-19 in the past 14 days
- Traveled to a high risk area (hot spot) in the last 14 days
- Have been to an event where there was more than 50 people in attendance
- Have been tested for COVID-19 and are awaiting the test results
- Live with or are in frequent contact with people in the high-risk category for COVID-19 virus
- Are uncomfortable with the level of risk

## When volunteering **DO**:

- Allow extra time for additional screening before starting your volunteer assignment
- Wear a face mask at all times nose and mouth must be covered at all times
- Practice standard precautions clean and wash your hands before, during and after volunteering for a minimum of 20 seconds. If soap and
  water are not available, use hand sanitizer that contains greater than 60% ethanol or 70% isopropanol alcohol. Cover all surfaces of your
  hands with sanitizer and rub them together until they feel dry
  - o If you touch any part of your body or surface in the hospital you must re-wash or re-sanitize your hands
- Use proper Personal Protective Equipment (PPE) required for volunteer assignment
- Avoid physical contact with others and maintain a physical distance of 6 feet or more
- Cover your cough and sneezes with a tissue or the inside of your elbow
- Let the Volunteer Resource office or your Manager know if you become ill while volunteering
- Avoid touching you face (eyes, nose and mouth) with unwashed hands

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#### **General Guidance for Volunteers:**

- Volunteers will not be assigned to perform tasks in areas that have positive COVID-19 patients or patients pending COVID-19 test results.
- Ensure that you understand the correct way to practice standard precautions specifically handwashing and wearing of PPE. If you do not understand, training will be conducted before volunteers are permitted to complete any activity.
- Clean and sanitize your specific volunteer area with approved disinfectant wipes and cleaner. Properly dispose of cleaning materials.
- Volunteers must remain in their assigned area and limit their activities at their site do not gather in groups. It is recommended that volunteers eat prior to or after the volunteer shift if you want something from the site cafeteria please take it "to go" and do not eat in the dining area.

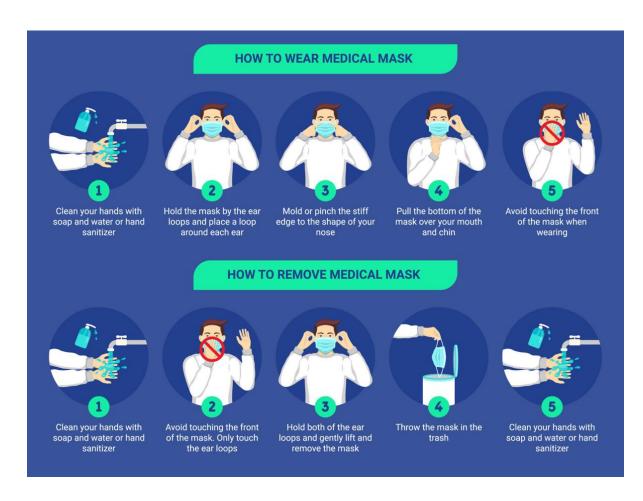
Remember our primary goal is to protect the health and safety of all during this crisis. Some volunteer assignments may be modified to maintain proper infection control guidelines. Also understand due to these unpredictable times Allegheny Health Network may need to suspend or cancel volunteer activities for safety precautions at any time.

## **STANDARD PRECAUTIONS – INSTRUCTIONS**





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Volunteers are encouraged to wear their own cloth mask that covers their nose and mouth and is laundered daily. If you do not have a mask or it becomes soiled, a mask and any other required PPE will be provided by AHN.



# Allegheny Health Network's COVID-19 Volunteer Training and Health Attestation

I hereby certify that I have completed Allegheny Health Network's COVID-19 Volunteer Training. By completing the training, I attest that I have been provided with, understand and will comply with the content presented and all of Allegheny Health Network's policies and procedures.

I hereby certify that prior to the start of each designated volunteer shift; I am affirmatively attesting and acknowledging that I have reviewed all of the screening questions carefully, understood them, and have voluntarily and accurately provided responses to the best of my knowledge. I further acknowledge that a volunteer's failure to respond to the screening questions truthfully may result in discipline, up to and including termination of the assignment and/or removal from the AHN Volunteer Program.

If I respond **YES** to any of the questions I understand that I am not permitted to volunteer, should contact my primary care physician immediately, and may be required to self-isolate for 14 days.

- Do you have a cough?
- Are you short of breath or having difficulty breathing?
- Do you have a temperature greater than 100.4 degrees?
- Do you have chills and/or repeated shaking with chills?
- Do you have a sore throat (outside of seasonal allergies)?
- Do you have new loss of smell or taste?
- Have you traveled to a high risk area within the last two weeks?
- Have you had exposure to the virus, such as exposure to an individual who is probable or confirmed COVID-19 case?

Volunteer Printed Name	Volunteer Signature	 Date