

## Hospital Elder Life Program (HELP)


### Volunteer Program Guidelines:

#### West Penn Hospital & Allegheny General Hospital

1. **Communication:** Communication is important to a successful and rewarding volunteer experience. Keep your supervisor informed of your ongoing experiences with the program, especially if you feel uncertain or uncomfortable about your role or if you need more to do during your shift.
2. **Teamwork:** The HELP staff and unit staff are here to support you as well as our patients. Do not hesitate to ask the appropriate staff member on the unit if you have questions.
3. **Appropriate Attire:** Volunteer attire is business casual (guidelines below), and your appearance should be professional. You are required to wear your red volunteer jacket with your ID badge visible during your shift.

DO WEAR	NEVER WEAR
AHN ID badge (ideally chest level)	Jeans, sweatpants, yoga pants, or leggings
Red Volunteer Jacket or Polo	Shorts, miniskirts, or revealing clothing
Casual slacks (khakis, dress pants)	Open-toe shoes (open backs discouraged too)
Knee length or longer skirts	Heels higher than two inches
Polo shirts, dress shirts or t-shirts w/o writing	Hats (unless for religious or medical reasons)
Shoes: clean, comfortable, and closed-toe	

4. **Signing In/Out:** Please sign in at two places every shift as follows:
  - Sign in (and out) at the VSys QR Code
  - The dry-erase boards on your unit/units if available
5. **Attendance:** HELP Volunteers are required to volunteer for a minimum of 120\* hours over a span of several semesters (it is not required that this time is consecutive). Punctual and regular attendance is required as follows:
  - a. **Punctuality:** Please plan to be at the hospital, ready to begin at your designated shift time. If you are going to be more than 10 minutes late, please call your supervisor on their cellphone.
  - b. **Absences:** Please do not report to volunteer if you are ill. Please notify your supervisor at least two hours (four hours preferred) in advance if you need to call off due to an emergency, serious illness, or accident. If you need to call off for a shift that is several days away, please call the main number in the HELP Office (**WPH:** 412.578.5103, **AGH:** 412-359-4043) AND email your supervisor. For all other planned absences, please notify your supervisor at least two weeks in advance (these absences can be made up and will not count against your absence record as long as you schedule a make-up shift).
    - **Absence Record:** An absence record will be kept in your file and reviewed by HELP Staff.
    - **No Call/No Show:** If you fail to call off and do not come in for your scheduled shift, this will be considered a No Call/No Show. One occurrence will result in a meeting with HELP Staff. If there is a second occurrence, your service as a HELP Volunteer may be terminated.

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- **College exams and Finals:** Plan ahead. Calling off the day before or day of an exam is not an excused absence. Your supervisor may choose to allow one excused absence for studying, but next time, please use better time management. Please inform your supervisor one week ahead of time if you cannot volunteer on a particular day due to a school commitment.
  - **Call Offs:** Two call offs will result in a written warning
  - **Three call offs can result in termination from the program.**
  - c. **Shift Make Up:** If you have an unplanned absence, please plan to schedule your make-up shift within one week.
6. **Termination:** Volunteers are expected to abide by these guidelines and refer to them as needed. Violations of these guidelines are cause for termination at the discretion and judgement of the HELP staff including:
- a. Overstepping the boundaries of the volunteer role
  - b. Using poor judgement in clinical situations (interfering with patient care and/or safety)
  - c. Inappropriate behavior or misconduct
  - d. Disregarding volunteer policies
  - e. Non-work related computer usage
  - f. Excessive absences (3 or more)
7. **Gratitude and Gifts:** Please discourage gift giving by patients or visitors. Acknowledge their kindness, and inform them that you cannot accept gifts but their thoughtfulness is appreciated.
8. **Contact with Patients:**
- a. **Outside of the hospital:** Contact with patients after their hospital discharge is not permitted. This assures confidentiality and safety to everyone involved.
  - b. **While in the hospital:** Avoid getting too personal about yourself, your peers, or other hospital staff. Also, avoid talking negatively about any of your peers or hospital staff.
9. **No Cell Phones in patient rooms:** We do ask you to keep your cell phone available during your shift in case we need to reach you, but never text or discuss PHI (protected health information like a patient's name, etc.).
10. **Work Related Computer Access:** The use of the AHN computers is for work purposes only. It is prohibited to complete personal emails or to log on school or other personal websites. The information contained within any computer system is also confidential and proprietary information of WPH only, and subject to all HIPAA rules. Unauthorized access or use of any computer system is strictly prohibited and grounds for immediate termination from the HELP program without a favorable reference or feedback to any institution or individual who referred you to the HELP program. Any violation of AHN policies pertaining to system access or confidentiality may also result in criminal and civil penalties.
11. **Resignation after 120 Hours:** When you know that your volunteer work with HELP is ending, please notify your supervisor at least one month prior to your last shift and submit a letter of resignation. Volunteers should plan on completing an exit questionnaire prior to their final shift. You are required to return your ID badge at the completion of your final shift.
12. **Reference Letter:** The recommendation that you receive from HELP is based upon your performance as a volunteer in the HELP program. A written recommendation letter can be requested from your supervisor after 100 HELP volunteer hours have been completed. Please provide a one month notice. The reliability of your attendance and punctuality will be taken into consideration.
13. **Meal Tickets and Parking Vouchers:** Meal tickets and parking vouchers are offered to volunteers.



**Hospital Elder Life Program (HELP)**

**Volunteer Program Guidelines Attestation**

**West Penn Hospital & Allegheny General Hospital**

I hereby certify that I have read and acknowledge HELP's Volunteer Program Guidelines. I attest that I have been provided with, understand and will comply with the content presented.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date