



SERVING THOSE WHO SERVED

## Volunteer Agreement

**Please review the requirements necessary to participate in volunteer activities at the facility. If you have any questions please refer them to the staff member assisting you.**

The facility will limit the number of volunteers within the facility depending on the need and capacity of the facility. Two adults and two children will be allowed at each indoor visit. The visits will be scheduled by the facility prior to the day of the visit.

Outdoor visitation remains the safest, preferred option, but indoor visitation will be permitted for visitors or residents who are fully vaccinated. Compassionate care visits will still be permitted, regardless of vaccination of either party.

Indoor visitation is not allowed if there is a current active outbreak in a facility or for residents with confirmed cases of COVID-19 or in quarantine due to exposure to the virus unless the resident is on Compassionate care visits. We thank you for your willingness to assist our resident's and our staff.

- NOTICE: Indoor visits will not be allowed unless the resident or visitor(s) are fully vaccinated. Fully vaccinated refers to a person who is:  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.**

### **Volunteer criteria**

- Volunteers must sign in at entrance to the facility and provide contact information.
- Volunteers must also sign in on the volunteer timesheet in the volunteer notebook.
- Volunteers must be screened prior to entering the facility for signs and symptoms of COVID-19. Any items of concern for illness or exposure found during screening will result in restriction from visitation.
- Volunteers must attest to COVID-19 status if known.
- Volunteers will be provided COVID-19 testing at the same rate as facility staff.
- Volunteers who have been vaccinated for COVID-19 must abide by all the same rules and infection control procedures.
- Volunteers must acknowledge understanding of vaccination requirements for visitation.
- Volunteers must wear a well fitted cloth face covering, facemask or respirator at all times that covers the mouth and nose for source control. As well as other PPE as directed during the entire visit. PPE will be provided by the facility if needed.
- Volunteers must use alcohol-based hand sanitizer upon entering and exiting the facility.
- Volunteers must use alcohol-based hand sanitizer or wash hands with soap and water for 20 seconds when entering or exiting resident rooms.
- Volunteers must observe social distancing, maintaining at least six (6) feet of distance from others unless assisting in care.
- Due to the risk of exposure, holding hands or other physical contact is not allowed during visitations of unvaccinated residents.
- Residents who have been fully vaccinated can choose to have close contact (including touch) with their visitors while wearing a well-fitting cloth face covering, facemask or respirator and performing hand-hygiene before and after.
- Volunteers must physically distance from other residents and staff in the facility.
- Volunteers must stay in the designated area that they are assigned to work in.
- Volunteers will assist in cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- The risks associated with visitation were explained to the volunteer so they can make an informed decision about participation. Risks include possible exposure to COVID-19 or other infectious diseases.
- Volunteers who are under 18 years old, need to have a parent co-sign the volunteer agreement form.

**Visitation Denials: We will restrict visitation if the volunteer does not comply with infection control guidelines as outlined by the CDC.**

I have read and agree to comply with the above requirements for visitation.

I have reviewed and acknowledge understanding of vaccination requirements for visitation.

DATE \_\_\_\_\_

VOLUTEER PRINT NAME \_\_\_\_\_

VOLUTEER SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT PRINT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

- Volunteers training/information on the proper use of PPE was provided. The risks associated with visitation were explained to the volunteer so they can make an informed decision about participation. The volunteer acknowledged understanding of vaccination requirements for visitation. The date of the training/information and signature of the staff who provided the training/information will be on the volunteer agreement form.

DATE \_\_\_\_\_ STAFF SIGNATURE \_\_\_\_\_

STAFF PRINT NAME \_\_\_\_\_

Operating Procedure 320.300 Update 3.2021

WSVH Visitor 3.2021