

## Return to Service Volunteer Agreement

We are grateful to our volunteers for the tremendous service provided to the hospital, and we want you to be able to volunteer in a safe environment. This document provides all returning volunteers with a method of completing required documentation related to volunteering in the hospital under COVID-19 protocols. Each volunteer must review and agree to the safety requirements and expectations of returning to service in order to continue to provide care and services in a safe environment, not only for the patients, but for the volunteers and employees.

I agree to abide by the following requirements, until such requirements are lifted, in order to return to service as a Bon Secours volunteer.

1. I must wear a mask provided to me by staff upon entering the hospital until such time that it is determined by Bon Secours Mercy Health that we no longer have to wear masks.
2. I must be screened with questions and temperature taken each time I enter the hospital.
3. I must stay at home and notify the Volunteer Services office if I have any COVID or flu-like symptoms; including but not limited to cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, headache, sore throat, loss of taste or smell.
4. If exposed to anyone with confirmed COVID-19, I must quarantine for 14 days.
5. I must follow the 6 feet social distancing guidelines while in my assignment and traveling through the hospital.
6. I will wash my hands frequently with soap and water or approved hospital sanitizers, including but not limited to going in and out of patient rooms, upon return to the volunteer office before/after eating, after using the restroom.
7. I must disinfect my workspace every 4 hours using gloves and disinfectant wipes. A good guide is at the beginning of or at shift change. The exception to this may be frequently touched surfaces. All transport chairs and wheelchairs must be disinfected after EACH use or when one is brought back to the desk or the volunteer office.
8. I must abide by all guidelines in the "Stop the Spread of Germs" document, including the use of eye protection in all patient encounters order to prevent the spread of infection.
9. I must abide by all HIPAA and confidentiality laws pertaining to the privacy of any patient information. This includes information pertaining to any COVID patients.
10. If I have any concerns related to my own health risks, I agree to consult with my physician.

I attest that:

- I have not traveled internationally in the past 14 days
- I have not traveled to a highly impacted area within the United States in the past 14 days.
- I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19
- I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by state or local public health authorities.
- I am following recommended guidelines as much as possible, practicing social distancing by participating in group activities of fewer than 10, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

I understand and agree to abide by these requirements, until such requirements are lifted, in order to maintain a safe environment for myself, those I serve with, and the patients. This is a condition of my returning to service while under COVID 19 protocols. I also understand the possible risk of exposure in returning to service. If I wish to no longer follow these protocols, I may take leave of absence for up to 6 months.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature (volunteers under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name