



ALLINA HEALTH VOLUNTEER EDUCATION

Safely Serving During
COVID-19

July 2020



This education module has four objectives:

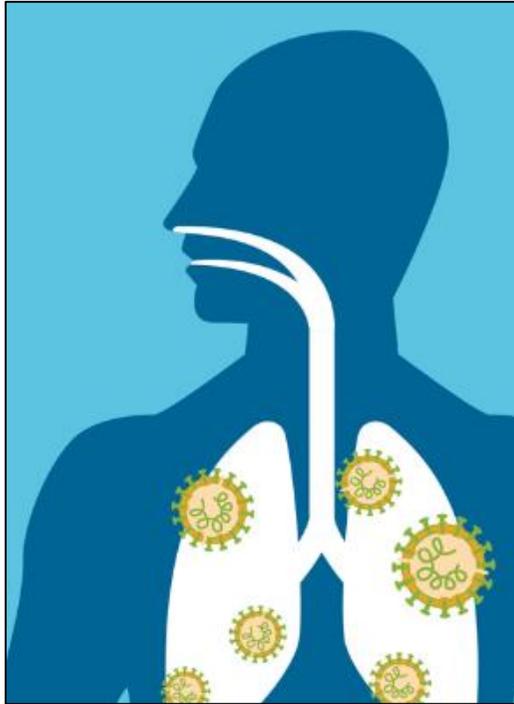
- Describe how Allina Health has been living out our mission during the COVID-19 pandemic.
- Introduce ways that the COVID pandemic will shape volunteering at Allina Health in the near future.
- Update those wishing to volunteer on important new policies and procedures.
- Understand the risks of COVID-19 and its impact on volunteering as part of an Allina Health program.

If you are choosing to volunteer, you need to understand the risks and efforts involved in COVID-19 preparation.

For your safety and the safety of our patients, visitors and employees, we want you to be familiar with:

- COVID-19 background
- Prevention standards
- Personal Protective Equipment (PPE) expectations
- Allina Health policy review

What is COVID-19?



- A new strain of coronavirus was first identified in Wuhan, China.
- It has the potential to cause severe illness and pneumonia in some people.
- The Center for Disease Control and Prevention (CDC) is still learning how it spreads and the severity of illness.
- This is a rapidly developing and changing situation.

How does COVID-19 spread?

- The virus may spread from **person-to-person** and possibly from **contaminated objects and surfaces**.
- When a person sick with COVID-19 coughs or sneezes they can release droplets that contain the virus.
- These droplets can land in the mouths or noses of people who are nearby and be inhaled into the lungs.
- These droplets may also land on objects and surfaces within six feet of the sick individual.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

Personal Protective Equipment (PPE)

Healthcare personnel and volunteers must protect themselves when caring for patients by adhering to infection prevention and control practices, which includes the appropriate use of personal protective equipment (PPE).

Based on your service assignment you will be required to wear appropriate PPE at all times while volunteering. As part of universal masking, all volunteers will wear a face mask, and as dictated by assignment, eye protection and/or face shield.



Prevent the Spread of any Illness

COVID-19 is an urgent concern, but we still have patients and programs that need our attention, care and support to keep our communities resilient and healthy.

It almost goes without saying to those working or volunteering in a health care setting, but as an important reminder the key actions are:

- Regularly clean your hands thoroughly with soap and water or alcohol based hand sanitizer.
- Stay home if you feel ill. Contact your supervisor per attendance policy.
- Cover coughs and sneezes.
- Regularly disinfect frequently touched surfaces and objects.
- Wear droplet mask and other appropriate personal protective equipment (PPE) at all times while volunteering.



PPE & Infection Control

All staff and volunteers at Allina Health hospitals, clinics and facilities must continuously wear a face mask while on premises to protect staff and patients from COVID-19.

- Patient facing staff and volunteers will wear a droplet (medical grade) mask & eye protection
- Non-patient facing staff will use a droplet mask
- All patients and visitors are asked to mask while in Allina Health hospitals, clinics and facilities
- Patients and visitors will be given a droplet mask.
- Patients are asked to mask when in the presence of healthcare workers or visitors and while walking the hallways or when in other public areas.
- Visitors, employees and volunteers are expected to mask continuously while on premises.
- Volunteers may remove their mask when working by themselves in a room.

Each Day You Volunteer:

Before you leave home:

Check your temperature. If your temperature is 100 degrees or higher, DO NOT VOLUNTEER. Call your supervisor to let her/him know that you will be staying home.

When you arrive to volunteer:

Every volunteer must have a volunteer issued badge that is visible and must be wearing a face mask when entering the facility. You will need to switch into a droplet mask when arriving to your post.

If you do not have a volunteer badge or a mask, please contact your volunteer leader and they can assist you.

Each site has a unique plan to screen employees and volunteers at the beginning of each shift. Part of that screening will include a process to sign off on the daily attestation (see sample attestation on slide 14).

Your supervisor will provide you with specific details on how and where to be screened when you receive your first schedule.

COVID-19 Attestation & Daily Screening

Each time you begin a volunteer shift it is important that you review the list below and attest that you do not have any of the symptoms of COVID-19.

If you have any ONE or more of the following **NEW** symptoms within the last 72 hours, you cannot volunteer at this time:

- Fever of 100F or greater
- Cough
- Sore throat
- Shortness of breath/difficulty breathing
- Body/muscle aches
- Unexplained headache
- Diarrhea – greater than 3 loose stools in a 24 hour period
- Loss of smell or taste, or a change in taste

****If you have any of these symptoms please notify your manager and return home.****

Thank you for helping keep patients and staff members safe.

Stay Informed

Throughout the COVID-19 Pandemic we continue to learn and improve.

You are encouraged to stay up to date on Allina specific information by referring to the AKN COVID-19 page, checking your Volunteer Services area for news, or talking with your volunteer supervisor.

As always, please feel free to visit the trusted and reputable sites below for current COVID-19 outbreak information:

- [Minnesota Department of Health website](#)
- [Centers for Disease Control and Prevention website](#)
- [World Health Organization website](#)

As COVID-19 conditions in our community evolve, Allina Health and our Volunteer Programs will also continue to adapt.

We understand that choosing to volunteer is an individual decision and we support each person to choose what fits best for their own situation.

For those who choose to return at this time, please send your attestation and TB screening form (at the end of this presentation) to the Volunteer Office; we will contact you to discuss placement.

If you decide that this is not the time to return to volunteer, we understand and support your decision. We will continue to communicate with you as the situation and our volunteer supported programs evolve.

THANK YOU



BEFORE making the decision to return to volunteering, it is important to consider your personal and family health circumstances.

Please speak with your personal physician if needed to determine if your current health conditions may put you at an increased risk for severe illness from COVID-19.

Please note: Any costs associated with COVID-19 testing and treatment will be the responsibility of the volunteer.

As needed, please work with your volunteer leader to ensure you are comfortable with your service area and its risk level.

Returning Volunteer Health Clearance Form

Thank you for your willingness to continue to volunteer at Allina Health!

For the protection of patients, employees, students, volunteers and visitors, and in compliance with state and federal regulations, Allina Health requires all volunteers to be screened for Tuberculosis and provide immunization status before you can begin volunteering once again.

Returning Volunteer Health Clearance Form for Minors

Applicants under the age of 18 (Minors):

For applicants under 18 years of age, a parent or guardian must sign the “Consent to Volunteer” (found on page 2 of the Health Clearance Form) in order for to receive necessary vaccinations from Employee Occupational Health. If a parent/guardian has not signed the consent or does not accompany the minor, Employee Occupational Health will contact the parent/guardian via phone to obtain verbal consent. If unavailable by phone, the required vaccinations will not be given and the prospective volunteer must come back another time.

If you have questions regarding the health screening process, please call Allina Employee Occupational Health: 612-262-4490 to speak with one of the nurses.

Protecting Patient Information (PPI) & Privacy

At Allina Health, it's our commitment and duty to protect the confidentiality of every patient's information.

Patient privacy is an important part of the care we provide and respect for privacy is not only expected by patients, but required by law.

Remember that access, use and disclosure of protected health information is allowed only for a legitimate business-related purpose, for example:

- care team member looking up patient information in Excellian
- preparation of reports that include patient information for regulatory concerns

Protecting Patient Information (PPI) & Privacy (continued)

An example of disclosure is talking about a patient's health information to a colleague.

Any potential violation of the privacy and security policies and procedures is taken very seriously and will be investigated.

Consequences for privacy violations may include corrective action (up to and including termination), legal action and/or notification to law enforcement officials.

Privacy violations may also be reported to licensing boards.

For more information, please contact your volunteer leader.

- Remember to protect patient privacy every time
- Report a privacy concern to your leader

Overview of COVID Re-Entry Education Attestation and Agreement

Note: an attestation and agreement form will be send sent separately for signature and date and must be completed following completion of this education module and prior to volunteering.

I have completed and understand this educational activity and have no questions at this time. I will utilize my resources at Allina Health if I have further questions.

I understand that my participation as a volunteer may expose me to risks of bodily injury, personal injury, illness, communicable disease, death, or property damage. Further, I acknowledge that I may be exposed to risks that may not be foreseeable. I knowingly and freely assume all such risks and voluntarily participate.

I certify that, to the best of my knowledge, I am medically, physically, and otherwise able to participate in the activities required to serve as a volunteer.

Overview of COVID Re-Entry Education Attestation and Agreement

(continued)

CORONAVIRUS / COVID-19 WARNING. Coronavirus, COVID-19 is a contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing and wearing a mask as ways to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating as a volunteer at Allina Health facilities could increase the risk of contracting COVID-19.

Allina Health in no way warrants that COVID-19 infection will not occur through volunteer work at Allina Health facilities.

I understand and acknowledge that I will be responsible for my own health care costs related to testing or treatment related to any medical conditions that I may be exposed to while volunteering at an Allina Health facility, including COVID-19 or any other communicable disease.

I agree, represent, and warrant that I will not volunteer at Allina Health facilities within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and I agree that I am aware of this list and the countries listed.

I agree to check the CDC Travel Health Notices list before volunteering at an Allina Health facility, on a daily basis if necessary. I agree, represent, and warrant that I will not volunteer at an Allina Health facility if I (i) experience symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Allina Health immediately if I believe that any of the foregoing access/use restrictions may apply. I acknowledge and assume both the known and potential dangers of volunteering at an Allina Health facility and acknowledge that volunteering may, despite Allina Health's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.