

New Volunteer Application Process

Thank you for your interest in volunteering for the Spaulding Adaptive Sports Centers. We rely on committed and passionate volunteers like yourself. Please read the following instructions outlining the steps needed to complete your volunteer application.

All Volunteers (including current Mass General Brigham Employees):

- ❑ Create a **Volunteer Profile** on the SASC website:
<https://sasc.spauldingrehab.org/join.aspx>
- ❑ Watch the General **Volunteer Training** at this web address:
<https://www.youtube.com/watch?v=RKUwzsHLkMM>
- ❑ Sign the digital SASC **Waiver** at this website: <https://redcap.link/2024Waiver>

Non-MGB employees also:

- ❑ Fill out and Sign the **Covid-19 Vaccination** Verification
<https://redcap.link/volunteervaccinationform>
- ❑ Read, Sign and Return the **Spaulding Rehabilitation Orientation Summary** pamphlet
- ❑ Read, Sign and Return the Partners **Confidentiality Agreement**
- ❑ Fill out, Sign and Return the **CORI Form** in its entirety (any blank fields will delay processing).
Please note, the CORI *does* need to be *notarized* prior to return
 - return with a copy of a valid **photo ID**
 - If you are under 18, please also fill out the parental consent form

Please return documents, or reach out with questions, to the Coordinator most relevant to you:

Boston or Skiing: Kathleen Salas
ksalas@mgb.org

North Shore: Jennifer Packard
jpackard@mgb.org

Cape Cod or Hockey: Elizabeth Dahlen
edahlen@mgb.org

Mountain Biking: Terry Downey
tdowney@mgb.org

Dance w/ Parkinson's and SPRINT: Sara Zoeller
szoeller@mgb.org

Other/General: Keja MacEwan
kmacewan@mgb.org

SRN ORIENTATION AND ANNUAL REVIEW SUMMARY



FOR USE BY: *INCLUDING BUT NOT LIMITED TO - CONTRACT PERSONNEL (E.G. IV ACCESS-RN, SODEXO, NOVA, ETC), VOLUNTEERS, STUDENTS, HAIRDRESSERS, INTERPRETERS, RESEARCH STAFF, COMMUNITY PARTNERS (E.G. ELDER SERVICES, SCI ASSOC. OF MA, MA COMMISSION, ETC.), MGB EMPLOYEES, OUTSIDE POLICE/SECURITY, AND OTHER NON-EMPLOYEES*

Welcome to the Spaulding Rehabilitation Network (SRN). We are pleased to have you as part of our team. Providing a safe and caring environment for our patients and staff is our utmost priority. Please thoroughly read this brochure to understand your role in maintaining this environment. Speak to your supervisor promptly if you have any questions or concerns.

SCC – Spaulding Cape Cod : SHC – Spaulding Hospital Cambridge :
SNS – Spaulding North Shore : SRB – Spaulding Rehabilitation
Brighton : SRH – Spaulding Rehabilitation Hospital

MISSION STATEMENT

SRN is committed to delivering compassionate care across the healthcare continuum to **improve quality of life** for persons recovering from or learning to live fully with illness, injury and disability.

VISION STATEMENT

SRN will be the nationally recognized leader in innovation, research and education, achieving exceptional patient outcomes and known for delivering a broad range of integrated health care solutions. We will exercise leadership to shape health policy and **advocate for our patients, their families and our staff.**

Important items to remember:

- You are required to **wear your picture ID badge at all times** while in SRN facilities.

- No weapons of any kind are allowed at our SRN facilities.
- Smoking/vaping is not allowed at our SRN facilities.
- You must complete your job-specific orientation program in your assigned work area.
- SRN InSite = www.pccinsite.partners.org

Helpful information, and SRN Policies, are located on SRN InSite

- Facility-specific emergency dial numbers:
SCC = 0 : SHC = 2222 : SRB = 60 : SRH = 86666 : Bldg. 79/96 = 911 : Stand alone outpatient = 911
Refer to your SRN employee badge emergency card

WORK PLACE VIOLENCE

If a person exhibits sudden and negative behavioral changes, call your supervisor to assist in de-escalating the situation. If necessary, dial the emergency number in your facility and request a "Security Alert," specifying the location. Specially trained staff will arrive to help resolve the situation. If you feel that you or someone else is at imminent risk of harm, please dial 911 immediately.

EMERGENCY MANAGEMENT

Familiarize yourself with the location of exits, fire extinguishers and fire alarm pull stations. Please notify your supervisor or call the operator to announce the following emergencies:

Types of Alerts:

- Medical Alert** – e.g. cardiac/respiratory arrest, or trach emergency
- Security Alert** – e.g. missing person, aggressive person, or active shooter.
- Weather Alert** – e.g. sudden or severe weather, tornado, hurricane or flash flood
- Facility Alert** – e.g. hazardous spills or fires

Rapid Response Team (RRT):

An RRT is activated when a patient has a significant change in medical status (BP, HR, O2, Cognition, Fall). Any member of the healthcare team or the patient/patient's family can activate the RRT. It is available at the following inpatient facilities: SCC, SHC, and SRH. A 'Medical Alert' should be requested in these circumstances at SRB and at stand-alone outpatient facilities. Follow all **current** facility-based response protocols.

Unique RRT emergency dial number at SCC = 4222

For Active Shooter:

- Run
- Hide
- Fight

Call 911 to activate Emergency Response

FIRE SAFETY

Our code for fire is "Facility Alert." Upon discovery of a fire, smoke, or suspected fire, remember:

R-A-C-E: Rescue – Alarm – Contain – Extinguish

Rescue patients and get anyone out of danger

Alarm: Pull the alarm; indicate the location

Confine: Close all doors and windows

Extinguish the fire with a fire extinguisher or evacuate to a safe area. Do **not** move through the building. Do **not** use elevators. If you are in the immediate area of the fire, evacuate to a safe location, horizontally or vertically, bringing patients and visitors with you.

To use a fire extinguisher: P.A.S.S.

Pull pin

Aim nozzle

Squeeze handle

Sweep at base of fire

ELECTRICAL EQUIPMENT

To ensure continuous electrical power supply, patient care equipment should be plugged into the **red emergency receptacles**. All electrical equipment must be tested and approved by the Maintenance Department prior to use at SRN.

INFECTION PREVENTION and BLOODBORNE PATHOGENS

HAND HYGIENE is the single most important procedure in preventing the spread of infection. Specific hand hygiene requirements are noted at the entry to patient rooms:

Hand Washing – Use soap and water for a vigorous 20-second rubbing together of well-lathered hands followed by a thorough rinsing. (Must use when hands are visibly soiled and after using the bathroom and before eating)

Hand-Rub – Use alcohol-based hand sanitizer when frequent hand hygiene is required (entering/leaving patient rooms, donning/doffing gloves, before and after contact with patients or patient equipment.) Cover

entire hands and fingers rubbing all surfaces, allow to air dry.

Wear eye protection or face shield to protect mucous membranes during procedures and patient care activities that are likely to generate splashes or sprays of body fluid.

STANDARD PRECAUTIONS & PERSONAL PROTECTIVE EQUIPMENT (PPE) SRN recognizes Standard Precautions as the minimum infection prevention measures for patient care in both inpatient and outpatient settings. These practices protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions include:

- 1) hand hygiene,
- 2) use of appropriate PPE (e.g. gloves, gowns, masks, protective eyewear),
- 3) respiratory hygiene / cough etiquette,
- 4) safe injection practices, and
- 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

*Follow all **current** facility-based PPE protocols.*

TRANSMISSION-BASED PRECAUTIONS are used to supplement Standard Precautions for patients with known or suspected infection.

Transmission-Based Precautions include:

- 1) Contact Precautions (requires gown and gloves when entering a patient's room)
- 2) Contact Precautions Plus (as noted above plus handwashing and disinfection with bleach)
- 3) Droplet Precautions (requires a mask and goggles or face shield when entering a patient's room) and
- 4) Airborne Precautions (requires a fit-tested N95 respirator)
- 5) Enhanced Respiratory Isolation (requires gown, gloves, fit-tested N95 respirator, goggles or face shield – and door remains closed at all times)
- 6) Strict Isolation (gown, gloves, fit-tested N95, goggles or face shield – requires a NEGATIVE PRESSURE room and door remains closed at all times)

Precaution instruction signs are posted outside of patient rooms.

BLOODBORNE PATHOGENS All blood and body fluids are considered infectious. Any exposure to blood and/or other body fluids and sharps injuries must be washed immediately (for 5 – 10 minutes) and then

reported to the nursing supervisor for assistance to ensure timely activation of the Post Exposure protocol. Follow all **current** facility-based infection prevention protocols.

HAZARDOUS CHEMICALS & SDS

Safety Data Sheets (SDS) provide information about the chemical substances within products, safe handling procedures, first aid measures and procedures to be taken when a product is accidentally spilled or released. The SDS can be found on SRN InSite under 'Quicklinks.'

CORPORATE COMPLIANCE

Legal or ethical questions, or a belief that a member of the SRN community has violated a legal, ethical or regulatory responsibility, should be raised with your supervisor. You may also consult directly with SRN entity Directors of Quality and Compliance or the SRN Chief Compliance Officer (617-952-5991) or by calling the **confidential MGB Compliance Hotline at 1-800-856-1983.**

DIVERSITY, EQUITY & INCLUSION

At SRN, we have a commitment to respecting all people we serve, including our co-workers. We accept and embrace a wide variety of human differences and the values of cultural humility. Our policies protect our patients and our workforce from disrespect and discrimination. Please consult your supervisor for information and resources when needed.

ANTI - HARASSMENT

If any person believes that they have been subjected to sexual, racial or other types of harassment, the person has the right to file a complaint with SRN. This may be done in writing or verbally. The incident should be reported immediately to the supervisor, or your Human Resources representative.

HIPAA – CONFIDENTIALITY & PRIVACY

Privacy and Security of protected health information (PHI) is a patient right. Only access information that is needed to perform your job. Do not discuss PHI in public areas. Encrypt all devices used for SRN business – contact IS for assistance (617) 952-5555. Instead of email, use MyChart/Patient Gateway whenever possible to communicate with patients.

CYBER-SECURITY

Healthcare organizations are targets for online attacks launched to gain access to patient and employee health

and financial data. Do your part to guard against cyber phishing – never click on attachments or links from unknown individuals. When in doubt – send an email to "Report Phishing" or nospam@partners.org. Lock your computer screen when you leave your work station. Never share your passwords. Make sure to encrypt all devices.

RESTRAINTS

Non-behavioral restraints may be used if a person is at risk of interfering with medical treatment, and only after alternative, less-restrictive methods are proven ineffective. Please refer to the SRN Restraint Policy/Procedure for details.

ABUSE NEGLECT / DOMESTIC VIOLENCE

All staff are mandated reporters for the possible abuse and neglect of a minor child, adult disabled person or elderly person. The Joint Commission requires healthcare providers to share resource information with persons who may be involved with domestic violence. If you suspect abuse and neglect or domestic violence, immediately contact your supervisor.

NATIONAL PATIENT SAFETY GOALS (NPSG)

Recognizing and responding to changes in a patient's status is a primary patient safety goal. SRN actively addresses recognized NPSGs. Information about the current NPSGs can be located on SRN InSite under 'Quicklinks' and 'Joint Commission Resources.'

PATIENT RIGHTS

Patient Rights are posted in a public area at all sites. If you observe or suspect a breach of patient rights, you have a responsibility to contact your supervisor.

PATIENT FALLS

It is everyone's job to prevent patient falls. If you see a fall, please do not attempt to move the patient. Someone must always stay with the patient. Alert a nurse or notify a supervisor.

Please keep this brochure for your reference and give a signed copy to your SRN supervisor/liaison.

I have read and understand the Orientation Summary brochure.

Name(print): _____

Position: _____

Signature: _____

Date: _____

Mass General Brigham
CONFIDENTIALITY AGREEMENT

Mass General Brigham, its affiliates and joint venturers, have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Mass General Brigham, its affiliates and joint venturers, must assure the confidentiality of its patient, fiscal, research, computer systems, management and other business information. In the course of my employment/assignment at a Mass General Brigham organization/practice, I may come into the possession of confidential information. In addition, my personal access code [User ID and Password] used to access computer systems is also an integral aspect of this confidential information.

By signing this document, I understand the following:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job - whether or not that information is inappropriately shared - is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to outsiders (including family or friends) or to other employees who do not have a need-to-know.
2. I agree not to discuss confidential patient, fiscal, research, computer systems, management and other business information, where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
3. I agree not to make inquiries for other personnel who do not have proper authority.
4. I know that I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own.
5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Mass General Brigham's computer systems to unauthorized locations, e.g., home.
6. I agree to log off a Mass General Brigham workstation prior to leaving it unattended. I know that if I do not log off a computer and someone else accesses confidential information while the computer is logged on with my password, I am responsible for the information that is accessed.

Mass General Brigham, its affiliates and joint venturers, have the ability to track and monitor access to on-line records and reserves the right to do so. Mass General Brigham, its affiliates and joint venturers, can verify that those who accessed records did so appropriately.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any User ID and/or Password to be issued to me, this form must be completed.

Name

Date

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Mass General Brigham is registered under the provisions of M.G.L.c. 6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Mass General Brigham to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Mass General Brigham written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

Mass General Brigham may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Mass General Brigham must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

If applicable:

On this ____ day of _____, 20 ____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____ to be the person who signed the preceding or attached document in my presence, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his/her) knowledge and belief.

_____(official signature and seal of notary)_____(Comm Ex)

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

Ref # _____

172C _____ 172 B&C _____ 172 E _____ 172G _____

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

*Position applied for: _____

*Sex: ____ Height: ____ ft. ____ in. Eye Color: ____

*Driver's License or ID Number: _____ *State of Issue: _____

Mother's Full Maiden Name _____ Father's Full Name _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification: _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

* _____
Signature of CORI Authorized Personnel

*Entity: _____

Please Fill Out if Volunteer Applicant is Under 18 years of Age

MGB POLICE & SECURITY

PARENTAL/LEGAL GUARDIAN CONSENT
(Under age 18)

CORI CRIMINAL BACKGROUND CHECK

Candidate Name: _____

Date of Birth: _____

To **MGB** Policy & Security,

I give permission for my child, as listed above, to have a criminal background check submitted by Massachusetts General Brigham, Police & Security through the Criminal History Systems Board. Criminal Offender Records information will reflect all court arraignments relative to any misdemeanors and/or felony arrests and to any felony convictions that apply.

I further understand that any falsifications or omission of information may disqualify my child from employment consideration. I freely attest the information on this document to be true and to the best of my knowledge.

Signature (Parent/Guardian)

Date