

## Welcome to Volunteering at Peace Arch Hospital,

Prior to becoming a fully registered volunteer at Peace Arch Hospital you are required to complete the following:

- Produce 2 pieces of government issue ID
- Online orientation and training
- 2 references using the form provided
- Online criminal records check (Link sent to you by VR)
- Volunteer immunization and TB screening documentation
- Site orientation

### **Online Orientation & Training**

As part of your orientation and training you are required to complete a series of online learning modules that will help to prepare you for your volunteer experience.

#### **At this time you are required to complete:**

- Fraser Health New Volunteer Online Orientation (one certificate for the whole course)
- Introduction to Violence Prevention
- Recognizing Risks and Behaviours
- Code Red
- Resident neglect & Abuse module (only required if volunteering in long term care)

**Important Note:** There are 7 Violence Prevention modules in total. **You are welcome to complete all 7 however as noted above you are ONLY required to complete the first two modules.**

To access the LearningHub learning CLICK here:

<https://learninghub.phsa.ca/Courses/17970/fraser-health-volunteer-online-learning-curriculum>

- You will need to create a Learning Hub account by clicking on “sign up”. *If you already have an account click “log in” and enter your chosen username and password. Most new volunteers will not already have an account.*
- Once you have created your learning hub account you will be sent an activation email. Click on the link provided in the email which will prompt you to activate your account and create your learning profile.

The following information will be required to complete your profile:

- Department: **Volunteer Resources**
- Job Title: **Volunteer**
- Facility Site: Peace Arch Hospital
- Manager: Jenn Walker
- Managers Email – [jenn.walker@fraserhealth.ca](mailto:jenn.walker@fraserhealth.ca)
- Search for course number 17970 and click on the **Fraser Health New Volunteer Orientation**
- To take the course click “register course” then “start course” once the page reloads. You can now begin the course.

Within thirty minutes of the successful completion of the orientation, your Certificate of Completion will be available to you in the Learning History section of your LearningHub account.

Once you have completed the mandatory courses you will print off the certificates that are generated at the end of each learning module (located in the [learning history](#) section on the Learning Hub) that will become a part of your volunteer file.

## **References**

Volunteers are required to submit two written references. Volunteer Resources will email you the information you need to complete your references.

## **Criminal Records Check (CRC)**

Volunteer Resources will email you the information you need to complete your online CRC. **(DO NOT GO TO THE RCMP OR CITY POLICE STATION)** PAH CRC's are done online through the Ministry. If you are unable to complete your CRC online we will be able to fill out a manual form at the hospital when you come in for your site orientation.

## **Immunization and TB Screening Records**

Volunteers are required to submit immunization records that will be placed in your volunteer file. If you have a complete documented history of immunizations please scan and email us a copy. Alternately you can bring in your documents to be photocopied and placed in your volunteer file.

If you do not have a record of your immunizations we have provided you with an employee immunization record that you will complete to the best of your

knowledge. If you do not know if you have had the required immunizations you will indicate this on the form provided. Please also complete the attached TB screening form.

**TIPS FOR SUBMITTING YOUR REQUIRED DOCUMENTATION:**

- All forms/certificates **should be submitted at the same time** whether by scan and email to [pahvolunteerservices@fraserhealth.ca](mailto:pahvolunteerservices@fraserhealth.ca) or in hard copy at your new volunteer site orientation.
- All paperwork indicated must be completed prior to participating in your site orientation.
- **You have ten days** from receipt of this information to have everything completed (not including your site orientation). If you require more time than the allotted ten days please contact Volunteer Resources to discuss. If we do not hear from you after ten days we will assume you are no longer interested in volunteering and your file will be archived.

**Any questions about this process should be emailed to:**

[pahvolunteerservices@fraserhealth.ca](mailto:pahvolunteerservices@fraserhealth.ca)

As vaccination recommendations change frequently, please check the BC Communicable Disease Centre website for current recommendations.

Employee Name: \_\_\_\_\_

### EMPLOYEE IMMUNIZATION RECORD

#### PART A – To be completed by the employee upon hire

Recommended Immunizations: (Check one box for each immunization)

Immunization	Yes	No	Unknown	Frequency of Booster
• Tetanus & Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster (if known)- _____
• Measles <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- none
• Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- none
• Mumps (MMR) <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- none
• Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- annually Date of last immunization (if known) _____
• Poliomyelitis (OPV/IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- One-time adult booster for health care workers
• Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- No booster required.

Medical certificate/record of vaccinations is provided (if available)      yes     no

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### PART B – To be completed by the Employer

Employee immunization status for the above recommended immunizations is:

- Complete (employee has all recommended immunizations)  
Medical certificate/record is on file     Yes     No     Not available

- Incomplete  
If incomplete or unknown immunization status: (check all that apply)
- Employee encouraged to obtain recommended immunizations.
  - Employee has obtained recommended immunizations or boosters and provided verification.
  - Facility's policy regarding accommodating employees who are not immunized or incompletely immunized was reviewed with this employee.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

# New Volunteer Orientation

## Peace Arch Hospital



### Tuberculosis Screening for Staff/Volunteers/Students

The BC TB Screening Guidelines have been recently updated (November, 2015). BC TB Screening Guidelines are explicit for Health Care Providers, and **recommendations for screening of volunteers and students are determined locally based on risk.**

Due to the low prevalence of TB within Adult Licensed Residential Community Care Facilities within Fraser Health, the **following local guidance has been authorized by the Medical Health Officer:**

- 1) **All health care providers, volunteers and students are required to be screened for symptoms of active TB disease and risks for developing active TB disease, and provide proof of follow-up assessment if symptomatic or at risk prior to commencing work.**
  - a) **Symptoms of active TB include:**
    - Productive, prolonged cough (lasting more than three weeks)
    - Hemoptysis (coughing up blood)
    - Fever, weight loss, night sweats, unexplained weight loss, fatigue (with no other confirmed diagnosis)
    - Non-resolving pneumonia
  - b) **Risk factors for development of active TB disease include:**
    - Those with substantial immune suppression, especially people with HIV infection/AIDS
    - Known contacts to infectious TB disease within the prior two years, especially those with substantial immune suppression

#### **Symptom and Risk Factor Screening (select one)**

- I confirm that I do NOT have symptoms of active TB OR risk factors for developing active TB disease; OR
- I will provide the facility documentation from my health care provider that I have been assessed for either my symptoms of active TB or my risk for developing active TB disease

- 2) **All health care providers, volunteers and students are recommended to undergo a TST upon starting employment. A chest x-ray and referral to TB Services may be necessary if the individual is symptomatic, a TST is contraindicated, the TST is positive (>10 mm) or the individual is immune compromised. Health care providers, volunteers and students are no longer required to provide proof of TST/chest x-ray screening to the Facility.**
  - a) Staff/volunteers/students seeking TST screening and do NOT have symptoms or risk factors for developing active TB should follow-up with their health care provider or a local travel medicine clinic. Please note, local public health units are no longer providing TST screening for employment purposes

#### **Acknowledgement of receipt of information of TB screening**

- I acknowledge that I am aware of the recommendation to undergo TB screening (TST and/or chest x-ray and referral to TB Services as required).

Name (please print): \_\_\_\_\_

- Volunteer
- Student

\_\_\_\_\_  
Signature of Volunteer/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under 19 years old)

\_\_\_\_\_  
Date