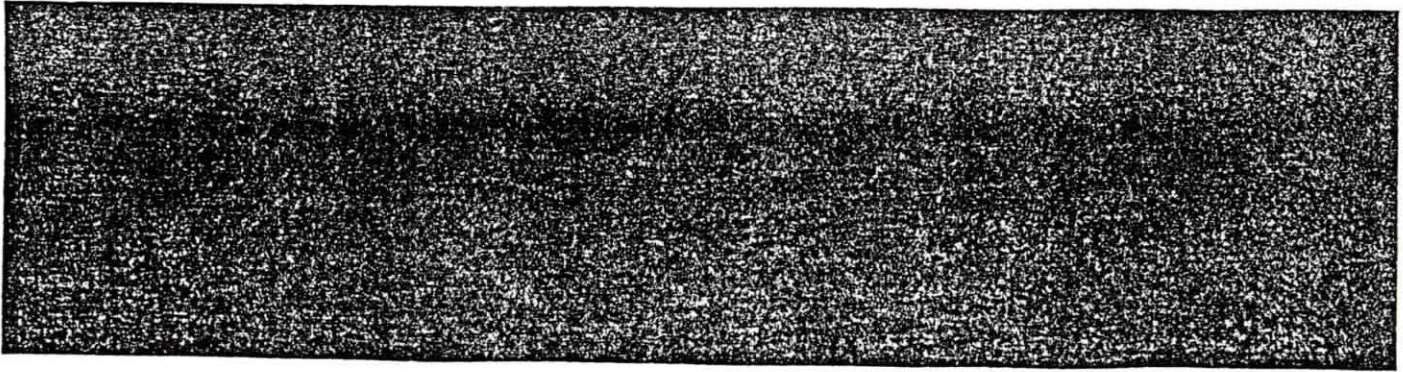
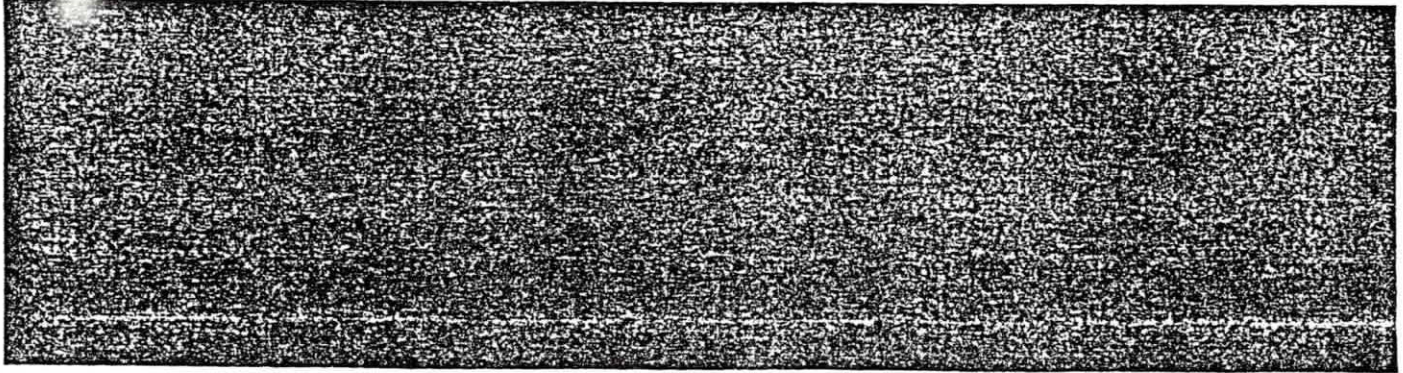


ISSUES AND CONSIDERATIONS IN THE USE OF VOLUNTEERS

AUGUST, 1988



THE HOSPITAL COUNCIL OF WESTERN PENNSYLVANIA
500 Commonwealth Drive • Warrendale, Pennsylvania 15086



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ISSUES AND CONSIDERATIONS IN THE USE OF VOLUNTEERS

The increasing use of volunteers by healthcare employers has given rise to the need for careful analysis of various legal issues and practical considerations which this use involves. All too often, health care institutions treat their entire volunteer program, in the same manner which was prevalent many years ago, and fail to consider current issues and practices in today's legal and practical context.

Given today's litigious climate, and the veritable mine field of legal and regulatory requirements, health care institutions must be at least mindful of the implications which may arise from the continuing or increasing use of volunteers if they are to avoid potential practical, and most importantly, legal difficulties. In February 1988, Hospital Council, in an effort to provide its membership with a checklist to assist in the assessment of current policies, conducted a survey on volunteer utilization, the results of which are attached as Exhibit "A." Based on the results of the survey, a task force comprised of Human Resource professionals from the Hospital Council of Western Pennsylvania membership, and legal counsel from the firm of Reed Smith Shaw & McClay, developed a checklist, in chart form, of issues and considerations arising from the most common uses of volunteers, including auxiliaries, candy strippers, non-paid interns/externs, non-paid students (excluding clinical affiliations), and employees who also act as volunteers, in both patient and non-patient related services, as well as general issues and considerations arising under volunteer personnel/human resource policies. A graphic presentation of our recommendations is attached as Exhibits "B" and "C".

In addition, certain area-specific conclusions have been reached, which are summarized in Exhibit "D" as footnotes to the numbered issues and considerations.

These materials are based upon interpretation of current applicable federal and Pennsylvania statutes, regulations and court decisions. Many of the issues have not been definitively interpreted by the courts or appropriate agencies. Specific decisions by our members should be made only after careful review of these materials with your own counsel.

Increased utilization of volunteers raises morale issues among employees or external candidates seeking employment or an increase in work status in the hospital. If you are unionized, in whole or in part, careful consideration must be given to avoiding agreement to contractual provisions which might limit or impinge upon your right to use volunteers.

The Hospital Council of Western Pennsylvania, headquartered in Warrendale with regional offices in Meadville and State College, is a non-profit voluntary association representing 92 member hospitals and health care facilities in 32 western Pennsylvania counties.

HOSPITAL COUNCIL OF WESTERN PENNSYLVANIA
VOLUNTEER UTILIZATION SURVEY RESULTS
FEBRUARY 1988

SUMMARY

A total of 65 hospitals, 72% of the membership, participated in the Volunteer Utilization Questionnaire. Data reported is as of January, 1988. Volunteers are the most frequently utilized group followed by candy strippers and auxiliaries.

The most often performed patient related services are:

- *Escorting patients
- *Delivering flowers to patients
- *Distributing mail to patients
- *Filling water pitchers

The most frequently provided non-patient related services are:

- *Gift Shop
- *Filing
- *Stuffing envelopes
- *Typing
- *Staffing an information center

The most commonly provided benefits are:

- *Free parking
- *Free meal
- *Paid liability insurance 1

The following institutional policies frequently apply:

- *Hours are recorded
- *Task related orientation
- *Incident/accident reporting requirements
- *Hospital orientation
- *Uniform requirements

1 It is unclear whether such coverage applies to injury to the volunteer or is applicable to injury to patients or employees as the result of volunteer activity. In addition, no indication was made by responding institutions as to whether or not existing coverage was achieved under volunteer-specific policies or policies of general applicability.

| WHICH OF THE FOLLOWING SERVICES, IF ANY, DO THE INDIVIDUALS PERFORM? | VOLUNTEERS | AUXILIARIES | CANDYSTRIPEMS | NON-PAID INTERNS/EXTERNS | NON-PAID STUDENTS (EXCLUDING CLINICAL AFFILIATIONS) | NON-PAID PSYCHO-SOCIAL COUNSELORS | EMPLOYEES WHO ALSO ARE VOLUNTEERS |
|--|------------|-------------|---------------|--------------------------|---|-----------------------------------|-----------------------------------|
| I. SERVICES | | | | | | | |
| A. PATIENT RELATED | | | | | | | |
| ESCORT | 55 | 19 | 34 | 6 | 6 | 0 | 2 |
| VISIT &/OR ENTERTAIN PATIENT (i.e. Recreation) | 38 | 5 | 16 | 4 | 3 | 0 | 0 |
| FEED PATIENT | 29 | 5 | 24 | 3 | 6 | 0 | 0 |
| MAKE BEDS | 29 | 5 | 29 | 2 | 6 | 0 | 0 |
| FILL WATER PITCHERS | 35 | 4 | 38 | 3 | 6 | 0 | 0 |
| PATIENT EDUCATION | 14 | 4 | 2 | 3 | 2 | 0 | 1 |
| PASTORAL CARE | 33 | 7 | 1 | 1 | 1 | 0 | 2 |
| PATIENT REPRESENTATIVE | 16 | 8 | 0 | 0 | 0 | 0 | 0 |
| TREAT PATIENT | 0 | 0 | 0 | 2 | 2 | 0 | 0 |
| TRANSPORT PATIENT TO AND FROM FACILITY | 12 | 4 | 3 | 4 | 3 | 0 | 1 |
| PLACE TELEPHONE CALLS TO DISCHARGED PATIENTS | 16 | 7 | 0 | 1 | 3 | 0 | 0 |
| VISIT PATIENT POST-DISCHARGE | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| PARTICIPATE IN ON-SITE & OFF-SITE HEALTH SCREENING | 30 | 22 | 12 | 2 | 1 | 0 | 6 |
| STAFF FAMILY WAITING ROOMS | 32 | 16 | 2 | 0 | 1 | 0 | 0 |
| DELIVER FLOWERS TO PATIENTS | 32 | 20 | 32 | 1 | 2 | 0 | 3 |
| DISTRIBUTE PATIENT MAIL | 38 | 25 | 23 | 1 | 1 | 0 | 2 |
| OTHER (LIST) GIFT CART | | | | | | | |

ASSIST WITH PT. MEAL SVCE.

PATIENT REGISTRATION

B. NON-PATIENT RELATED

| | VOLUNTEERS | AUXILIARIES | CARDSTRIPPERS | NON-PAID INTERNS/EXTERNS | NON-PAID STUDENTS (EXCLUDING CLINICAL AFFILIATIONS) | NON-PAID PSYCHO-SOCIAL COUNSELORS | EMPLOYEES WHO ALSO ARE VOLUNTEERS |
|------------------------------------|------------|-------------|---------------|--------------------------|---|-----------------------------------|-----------------------------------|
| FILE | 48 | 13 | 29 | 8 | 7 | 0 | 2 |
| TYPE | 44 | 12 | 20 | 8 | 6 | 0 | 2 |
| STUFF ENVELOPES | 34 | 18 | 33 | 8 | 7 | 0 | 1 |
| SCHEDULE APPOINTMENTS | 13 | 3 | 2 | 3 | 1 | 0 | 0 |
| DISTRIBUTE BUSINESS MAIL | 23 | 6 | 10 | 2 | 1 | 0 | 1 |
| PACK BANDAGES/LINENS | 15 | 5 | 11 | 0 | 1 | 0 | 0 |
| STAFF INFORMATION CENTER | 45 | 22 | 18 | 0 | 2 | 0 | 0 |
| PERFORM SERVICES IN CENTRAL SUPPLY | 23 | 7 | 16 | 0 | 3 | 0 | 0 |
| PERFORM SERVICES IN DARKROOM | 5 | 0 | 3 | 2 | 1 | 0 | 1 |
| MONITOR LIFELINE PROGRAM | 17 | 6 | 1 | 0 | 0 | 0 | 0 |
| PERFORM LAWN CARE | 5 | 1 | 0 | 0 | 0 | 0 | 0 |
| PERFORM SNOW REMOVAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| GIFT SHOP | 41 | 44 | 20 | 1 | 0 | 0 | 2 |
| SEWING IN-SERVICES | 16 | 11 | 1 | 0 | 0 | 0 | 0 |
| WHEELCHAIR REPAIRS | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| TV REPAIRS | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| MEALS ON WHEELS | 7 | 4 | 0 | 0 | 0 | 0 | 0 |
| INFANT PHOTO SERVICE | 11 | 18 | 1 | 0 | 0 | 0 | 0 |
| CAR SEAT RENTAL PROGRAM | 12 | 14 | 0 | 0 | 0 | 0 | 0 |
| PUBLIC SPEAKING | 10 | 9 | 0 | 0 | 0 | 0 | 4 |

| | VOLUNTEERS | AUXILIARIES | CAMPYSTRIPERS | NON-PAID INTERNS/EXTERNS | NON-PAID STUDENTS (EXCLUDING CLINICAL AFFILIATIONS) | NON-PAID PSYCHO-SOCIAL COUNSELORS | EMPLOYEES WHO ALSO ARE VOLUNTEERS |
|---|------------|-------------|---------------|-----------------------------|---|---|--------------------------------------|
| CONDUCT STUDENT TOURS AND SCHOOL PROGRAMS | 18 | 9 | 4 | 0 | 0 | 0 | 3 |
| FUND RAISING | 23 | 39 | 10 | 0 | 0 | 0 | 4 |
| OTHER (LIST) PHOTOCOPY | | | | | | | |
| RUN ERRANDS | | | | | | | |
| WORK IN LIBRARY | | | | | | | |
| PERFORM INVENTORY | | | | | | | |
| WHICH OF THE FOLLOWING BENEFITS, IF ANY, DO THEY RECEIVE? | | | | | | | |
| <u>II. BENEFITS</u> | | | | | | | |
| FREE MEAL | 45 | 23 | 35 | 11 | 12 | 2 | 5 |
| REDUCED RATE MEAL | 9 | 9 | 8 | 3 | 2 | 0 | 0 |
| FREE PARKING | 57 | 40 | 42 | 16 | 15 | 2 | 8 |
| REDUCED RATE PARKING | 2 | 0 | 1 | 1 | 0 | 0 | 0 |
| HOSPITAL SERVICE DISCOUNT | 3 | 3 | 3 | 0 | 2 | 0 | 2 |
| PHARMACY DISCOUNT | 17 | 12 | 12 | 5 | 4 | 0 | 3 |
| EDUCATIONAL REIMBURSEMENT | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| PAID LIABILITY INSURANCE | 35 | 22 | 28 | 12 | 11 | 1 | 3 |
| PRE-SERVICE PHYSICAL | 8 | 2 | 1 | 2 | 3 | 0 | 2 |
| ANNUAL PHYSICAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| COVERED BY WORKERS' COMPENSATION | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| ABLE TO PARTICIPATE IN: | | | | | | | |
| DISABILITY INSURANCE | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| HEALTH INSURANCE | 2 | 1 | 2 | 0 | 1 | 0 | 1 |
| LIFE INSURANCE | 1 | 0 | 1 | 0 | 1 | 0 | 1 |
| OTHER (LIST) CREDIT UNION | | | | | | | |

| | VOLUNTEERS | AUXILIARIES | CANDYSTRIPEERS | NON-PAID INTERNS/EXTERNS | NON-PAID STUDENTS (EXCLUDING CLINICAL AFFILIATIONS) | NON-PAID PSYCHO-SOCIAL COUNSELLORS | EMPLOYEES WHO ALSO ARE VOLUNTEERS |
|---|------------|-------------|----------------|-----------------------------|---|--|--------------------------------------|
| EDUCATION PROGRAMS | | | | | | | |
| FLU VACCINE | | | | | | | |
| FREE UNIFORMS | | | | | | | |
| VOLUNTEER ACCIDENT INSUR. | | | | | | | |
| WHICH OF THE FOLLOWING POLICIES APPLY? | | | | | | | |
| <u>III INSTITUTIONAL POLICIES</u> | | | | | | | |
| COMPLETE APPLICATION FORM | 49 | 24 | 39 | 16 | 15 | 0 | 11 |
| CONDUCT CHILD ABUSE CHECK (ACT 33) | 2 | 2 | 1 | 0 | 0 | 0 | 1 |
| RECEIVE A JOB DESCRIPTION | 49 | 24 | 38 | 12 | 11 | 0 | 10 |
| RECEIVE ORIENTATION TO HOSPITAL | 50 | 37 | 46 | 19 | 17 | 0 | 11 |
| RECEIVE TASK RELATED ORIENTATION | 51 | 34 | 46 | 20 | 18 | 0 | 12 |
| RECEIVE TRAINING IN INFECTION CONTROL | 42 | 23 | 37 | 14 | 11 | 0 | 9 |
| SUBJECT TO EMPLOYEE HANDBOOK | 10 | 5 | 6 | 6 | 3 | 0 | 2 |
| SUBJECT TO COMPETENCY REVIEW | 28 | 12 | 26 | 12 | 11 | 0 | 10 |
| SUBJECT TO DISCIPLINE | 38 | 19 | 33 | 14 | 17 | 1 | 9 |
| SUBJECT TO OSHA RECORD- KEEPING | 2 | 2 | 2 | 1 | 0 | 0 | 1 |
| HOURS WORKED ARE RECORDED | 58 | 36 | 48 | 19 | 19 | 0 | 12 |
| INCIDENT/ACCIDENT REPORTS COMPLETED | 52 | 38 | 42 | 19 | 18 | 0 | 11 |
| WEAR IDENTIFYING UNIFORM | 53 | 36 | 50 | 14 | 14 | 0 | 9 |
| SIGN A RELEASE FROM LIABILITY | 5 | 5 | 5 | 1 | 3 | 0 | 3 |

| | VOLUNTEERS | AUXILIARIES | CANDYSTRIPEERS | NON-PAID INTERNS/EXTERNS | NON-PAID STUDENTS (EXCLUDING CLINICAL AFFILIATIONS) | NON-PAID PSYCHO-SOCIAL COUNSELLORS | EMPLOYEES WHO ALSO ARE VOLUNTEERS |
|---|------------|-------------|----------------|--------------------------|---|------------------------------------|-----------------------------------|
| USE INSTITUTION VEHICLES AND/OR POWER EQUIPMENT | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| ARE BONDED | 4 | 7 | 1 | 1 | 2 | 0 | 0 |
| PARTICIPATE IN DISASTER DRILLS | 22 | 14 | 15 | 6 | 7 | 0 | 5 |
| OTHER (LIST) | | | | | | | |

IV ADDITIONAL QUESTIONS

DO YOU USE VOLUNTEERS UNDER ANY TYPE OF INSTITUTIONAL PRE-RELEASE PROGRAM?
(i.e. mental hospital or corrections facility)

| | |
|-----|----|
| YES | NO |
| 12 | 52 |

IF YES, IS THERE A FORMAL WRITTEN AGREEMENT?

| | |
|-----|----|
| YES | NO |
| 7 | 5 |

DO YOU ADVERTISE FOR VOLUNTEERS?

| | |
|-----|----|
| YES | NO |
| 36 | 27 |

IF YES, WHAT SOURCES DO YOU USE?

NEWSPAPERS - 30

PUBLIC SERVICE ANNOUNCEMENTS - 17

CHURCH BULLETINS - 10

NEWS RELEASES - 5

LIST WITH VOLUNTEER ACTION CENTER - 5

**CONSIDERATIONS IN THE USE OF VOLUNTEERS
IN HEALTHCARE FACILITIES**

The use of volunteers in healthcare facilities places obligations on the facility and gives rise to possible liability to third parties, including patients, other volunteers and employees, through errors of omission or commission on the part of volunteers. For these reasons, hospitals should take certain precautions when utilizing volunteers. Those precautions are specific to the type of activity undertaken by the volunteers. The chart below sets forth, for each given activity or group of activities, the precautions or interventions which hospitals should exercise with volunteers. The listing of activities reflects those most frequently performed by volunteers as based on the results of the survey conducted in February, 1988 by Hospital Council. The term volunteers includes auxiliaries, candy strippers, non-paid interns and externs, non-paid students, and employees who also volunteer.

| ACTIVITY | PATIENT CONFIDENTIALITY ISSUES | POSSIBLE LIABILITY EXPOSURE TO THIRD PARTIES | POTENTIAL FOR ACCIDENT/ INJURY TO THE VOLUNTEER | TRAINING NEEDED | SUPERVISION NEEDED | INFECTION CONTROL/ UNIVERSAL PRECAUTIONS |
|---|--------------------------------|--|---|-----------------|--------------------|--|
| 1. ESCORTING PATIENTS | X | X | X | X | X | X |
| 2. FEEDING PATIENTS | X | X | X | X | X | X |
| 3. ASSISTING WITH MEAL SERVICES | X | | X | X | X | X |
| 4. WORKING IN CENTRAL SUPPLY | | X | X | X | X | |
| 5. WORKING IN THE DARKROOM | | X | X | X | X | |
| 6. TRANSPORTING PATIENTS TO AND FROM FACILITY | | X | X | X | X | X |
| 7. OFFICIAL VISIT TO PATIENTS POST-DISCHARGE | X | X | X | | X | |
| 8. MONITORING LIFELINE | | X | | X | X | |
| 9. INSTALLING/ MAINTAINING LIFELINE | | X | X | X | X | |
| 10. INDIRECT PATIENT * RELATED SERVICES | X | X | X | X | X | |
| 11. NON-PATIENT ** RELATED SERVICES | X | X | X | X | X | |

* INCLUDES: STAFFING FAMILY WAITING ROOMS, DISTRIBUTING PATIENT MAIL, VISITING PATIENTS, FILLING WATER PITCHERS, PASTORAL CARE, DELIVERING FLOWERS

** INCLUDES: DELIVERING MAIL, FILING, TYPING, STAFFING INFORMATION CENTERS, CONDUCTING TOURS, STAFFING GIFTSHOP

THE APPLICABILITY OF POLICIES AND PRACTICES
TO VOLUNTEERS

EXHIBIT "C"

The use of volunteers in healthcare facilities gives rise to questions of the applicability of certain hospital policies and practices. In some instances, the hospital has broad discretion in making those determinations while in others, for legal or other reasons, discretion is limited. The chart below identifies general policy areas and the suggested practice regarding applicability to volunteers. The term volunteers includes auxiliaries, candy strippers, non-paid interns and externs, non-paid students, and employees who also volunteer.

| POLICY AREA | | MUST APPLY | SHOULD APPLY | MAY APPLY | SHOULD NOT APPLY |
|------------------------------------|---|------------|--------------|-----------|------------------|
| 12. ELIGIBILITY FOR PAID BENEFITS | 1 | | | | X |
| 13. PAID LIABILITY INSURANCE | 2 | X | | | |
| 14. WORKERS' COMPENSATION COVERAGE | | | | | X |
| 15. APPLICATION FOR SERVICE FORM | | X | | | |
| 16. PRE-SERVICE PHYSICAL EXAM | | | X | | |
| 17. PERIODIC PHYSICAL EXAM | | | X | | |
| 18. CHILD ABUSE CHECK | 3 | X | | | |
| 19. ORIENTATION | | X | | | |
| 20. INFECTION CONTROL TRAINING | 4 | X | | | |
| 21. EMPLOYEE HANDBOOK | 5 | | | | X |
| 22. OSHA RECORDKEEPING | 6 | | | | X |
| 23. INCIDENT REPORTING | | | X | | |
| 24. RELEASE FROM LIABILITY | | | X | | |

- 1 TO THE EXTENT THEY EXCEED OUT OF POCKET EXPENSES (I.E., PARKING, MEALS, REQUIRED UNIFORMS, ETC.).
- 2 LIABILITY COVERAGE MUST INCLUDE COVERAGE FOR INJURY TO THE VOLUNTEER AS WELL AS COVERAGE FOR INJURY TO THIRD PARTIES, INCLUDING, STAFF, EMPLOYEES, OTHER VOLUNTEERS, VISITORS AND BUSINESS INVITEES.
- 3 IF SERVICES PROVIDED ARE THE SAME AS THOSE PROVIDED BY EMPLOYEES COVERED UNDER ACT 33.
- 4 IF SERVICES PROVIDED WOULD WARRANT TRAINING FOR EMPLOYEES FUNCTIONING IN A SIMILAR CAPACITY.
- 5 CONSIDERATION SHOULD BE GIVEN TO DEVELOPING A SEPARATE HANDBOOK FOR VOLUNTEERS.
- 6 ALTHOUGH WE BELIEVE, AND OSHA HAS INFORMALLY INDICATED THAT VOLUNTEERS ARE NOT COVERED BY OSHA AT THIS TIME, OSHA MIGHT EXERT COVERAGE IN THE FUTURE IN APPROPRIATE CIRCUMSTANCES. UNTIL A CHANGE IN COVERAGE IS CLEARLY INDICATED, COVERAGE OF VOLUNTEERS SHOULD NOT BE ASSUMED OR ADMITTED.

FOOTNOTES TO EXHIBITS B AND C

EXHIBIT B - CONSIDERATIONS IN THE USE OF VOLUNTEERS IN HEALTHCARE FACILITIES

1. ESCORTING PATIENTS - The use of volunteers to escort patients within the premises of the health care institution raises concern for breaches of confidentiality of patients' records which must be carried with the patient. Liability of the institution may arise if disclosure of such information by a volunteer is intentional or otherwise. Strict adherence to, and training in, confidentiality policies must be required of volunteers. In addition, the performance of escort services gives rise to substantial potential for injury to either the patient or the volunteer escort, thus necessitating the carrying of liability insurance to protect the volunteer and/or the institution in the event of suit by third parties or volunteers following injury. Consideration should be given to treating volunteers as the institution would all individuals performing similar duties, particularly with respect to training, supervision, insurance coverage, and infection control/universal precautions inservice.

2. FEEDING PATIENTS - If volunteers are utilized to feed patients, careful and complete instruction and education with regard to infection control generally, and "universal precautions" if appropriate, is essential in order to prevent the possible transmission of infectious diseases, including AIDS, either to or from the volunteer. Here again, consideration should be given to treating volunteers as the institution would treat all individuals performing similar duties, particularly with respect to training and education, supervision, and liability coverage.

3. ASSISTING WITH PATIENT MEAL SERVICE - The use of volunteers in meal service activities requires special attention to volunteer training and education regarding infection control in order to prevent the transmission between patient-volunteer or volunteer-patient of various contagious diseases, including AIDS. Consideration should be given to training volunteers, providing supervision, and imposing upon them the same protocols applicable to all individuals performing similar duties.

4. WORKING IN CENTRAL SUPPLY - The performance of such services by volunteers carries the potential for injury to the volunteer. Here again, consideration should be given to treating volunteers as the institution would all individuals performing similar duties including liability insurance coverage, training and supervision.

5. WORKING IN THE DARKROOM - The performance of darkroom duties by volunteers, and the resulting potential for injury, necessitates treating volunteers as any individual performing similar duties, including liability insurance, training and supervision.

6. TRANSPORTING PATIENTS TO AND FROM FACILITY - This volunteer activity necessitates review and consideration of liability insurance coverage, both for the protection of the institution and for the protection of the volunteer. Here again, consideration should be given to treating volunteers as the institution would all individuals performing similar duties including the necessity for appropriate training and supervision.

7. VISITING PATIENTS POST-DISCHARGE - Injury to a volunteer while visiting a patient in an official volunteer capacity at an off-premises location is a real possibility. Liability insurance policies should be reviewed to confirm the existence of coverage for injuries suffered by either the patient or the volunteer in these situations. Supervision should be available for reporting purposes.

8. MONITORING LIFELINE - With respect to monitoring activities conducted on the institution's premises, liability insurance coverage should be reviewed to ascertain coverage for acts of omission in the performance of these duties. In addition, appropriate training and supervision is warranted.

9. INSTALLING/MAINTAINING LIFELINE - As with post-discharge visits by volunteers to a patient's home or place of recovery, visits to check or repair lifeline equipment could subject the volunteer to injury, and could subject the volunteer to an individual negligence claim should faulty procedures be followed. Accordingly, liability insurance coverage should be reviewed to confirm the existence of coverage for injuries suffered by either the patient or the volunteer during the course of such activities or as the result of the performance hereof. In addition, appropriate training and supervision is warranted.

10. INDIRECT PATIENT RELATED SERVICES - The performance of these duties by volunteers raises the possibility of breach of confidentiality of patients' records and personal information. In addition, consideration must be given to appropriate training, supervision, and liability insurance coverage.

11. NON-PATIENT RELATED SERVICES - The performance of these duties by volunteers, while mostly clerical in nature, raises the possibility of breach of confidentiality and necessitates consideration of appropriate training, supervision, and liability insurance coverage.

EXHIBIT C - THE APPLICABILITY OF POLICIES AND PRACTICES
TO VOLUNTEERS

12. ELIGIBILITY FOR PAID BENEFITS - Caution must be followed in extending benefits to volunteers which go beyond reimbursement for direct or minimal "out-of-pocket" expenses. To the extent that such benefits exceed actual "out-of-pocket" expenses, the potential for coverage of volunteers as "employees" under the "Fair Labor Standards Act" and other legislation increases, thus triggering minimum wage, recordkeeping, etc., requirements.

13. PAID LIABILITY INSURANCE - To utilize volunteers absent a comprehensive liability insurance program protecting the volunteer from potential personal suit brought by patients, relatives or the families thereof, and protecting the institution in the event of injury to the volunteer, unnecessarily exposes the institution and/or the volunteer to potential enormous liability. Here again, consideration should be given to treating volunteers as the institution would all other personnel. The institution must carefully review all insurance policies, to determine that the institution is protected; that volunteers are named as additional insureds, and accurately defined; and that both the institution and volunteers are covered for accidents and injury to volunteers or caused by volunteers while on the institution's premises or off the premises while conducting volunteer duties on behalf of the institution.

14. WORKERS' COMPENSATION COVERAGE - While this is the most cost-effective way for an institution to limit its potential liability to its employees to medical expenses and lost wages based on the minimum benefit level in the event of injury to an employee during the course of performing their duties, this approach is not as persuasive vis-a-vis volunteers whom the institution may seek to voluntarily cover under workers' compensation. In addition, while the hospital might successfully argue that workers' compensation benefits constitute the exclusive remedy of the injured employee, this argument is unlikely to prevail with volunteers under the current state of the law. In addition, many carriers will not presently write such coverage for volunteers.

15. APPLICATION FOR SERVICE FORM - Volunteers must be required to fill out an application form, similar, if not identical in most respects to that filled out by applicants for paid positions, in order to comply with possible coverage under the myriad of existing and proposed recordkeeping and regulatory requirements.

16. PRE-SERVICE PHYSICAL EXAM - Consideration should be given to treating volunteers as an applicant for employment, particularly given the need to prevent the spread of airborne or other communicable diseases, such as tuberculosis. Here again, consideration should be given to treating volunteers as the institution would all individuals making application. An alternative would be requiring the volunteer to submit a physician's statement evidencing absence of communicable diseases and limiting duty-related disabilities.

17. PERIODIC PHYSICAL EXAM - Here again, consideration should be given to treating volunteers as the institution would all other personnel performing similar duties. An alternative would be requiring the volunteer to submit a physician's statement evidencing absence of communicable diseases and limiting duty-related disabilities.

18. CHILD ABUSE CHECK - A "must" if the volunteer performs duties identical to or similar to employees covered by various child abuse legislation and regulations.

19. RECEIVE ORIENTATION TO HOSPITAL - Treat volunteers like all employees, if only on a appropriately modified basis. Orientation to all aspects of safety rules should be made available.

20. INFECTION CONTROL TRAINING - If the volunteer is to perform duties similar or identical to those performed by other individuals who receive such training, volunteers must be afforded such training. Included would be appropriate mandatory training in "universal precautions" and AIDS.

21. EMPLOYEE HANDBOOK - If an employee handbook exists for employees, we would suggest that it not be made applicable in whole or in part to volunteers, nor should it be distributed to them. A separate "volunteer handbook" is strongly recommended.

22. OSHA RECORDKEEPING - Counsel has advised that volunteers are not currently covered under OSHA's record keeping requirements. However, OSHA might in the future, in appropriate circumstances, claim coverage. This conclusion is in line with OSHA's past record of asserting broad coverage of the Act unless or until successfully challenged. Accordingly, the institution should not take any action at this time to assume or admit coverage. If, however, pending resolution of the issue, and without conceding coverage, the institution considers following a conservative "safe" posture involving the keeping of separate OSHA like records for volunteers, such records and forms should avoid all references to OSHA, and should be clearly marked as "volunteer" statistics.

23. INCIDENT REPORTING - Here again, treat like all employees, particularly if liability coverage is extended to volunteers. Particular attention should be paid to incidents relating to communicable diseases including AIDS, and responses thereto. Again, these reports/records should be clearly marked as "volunteer" matters, and should avoid all references to OSHA.

24. RELEASE FROM LIABILITY - This issue is extremely complex under Pennsylvania law, and must be carefully reviewed in detail with your own counsel. Although an executed written release of the hospital from liability by a volunteer may not be enforceable as against public policy, if the release speaks only to release from liability following injury which is not the result of "gross negligence" or intentional infliction of injury by the hospital, and/or is limited to action by a patient causing injury to the volunteer, its value and effectiveness may be increased. Consideration should be given to incorporating an appropriate release into the volunteer application for service or as part of the orientation procedure.