



## Visitation Guidelines—Group

Our goal is to create a successful, appropriate environment for our patients to participate in activities generously donated by the community. Groups must always check-in with the designated staff person at the Nursing Station of the unit

#### **BEHAVIOR GUIDELINES**

Adherence to all guidelines presented by the VA staff, to include respecting the confidentiality of all patients and any contact precautions is expected. Voluntary Service reserves the right to terminate a volunteer or group for any of the following reasons: <u>children under 14</u>, inappropriate behavior, under the influence of drugs or alcohol, negative attitudes, poor customer service, taking government property, violating patient confidentiality or taking pictures without authorization.

#### ANIMALS

Only certified therapy dogs and certified service dogs are permitted with pre-approval.

#### PHOTOGRAPHS

Requests to take photos with patients must be approved with Public Affairs prior to the visit. Signed patient consent forms are required.

#### MEDIA

Both the Hospital Director and Public Affairs must review any media requests at least one week prior to the event date.

#### PARKING

Parking is available in any legal spot not otherwise designated with specific space or parking lot signage.

#### ALCOHOL

Alcohol is never permitted at any activity at VA Puget Sound Health Care System coordinated by Recreation Therapy or Voluntary Service.

#### FOOD SAFETY

Food distribution must be approved by Voluntary Service and Recreation Therapy prior to the event.

- Patient activities are only open to the designated patients/unit for which the event is approved.
- Patients from other units should not be invited to activities unless previously cleared by the Recreation Therapy or Nursing staff.
- Only bring enough food to serve the number of patients on the unit of the pre-approved event. Please do not take food to patients in other areas of the hospital.

\*Clinicians review and approve patients attending activities for dietary guidelines, special dietary and safety restrictions, allergies, and other medical conditions that may not be obvious to guests.

# **VOLUNTEER SIGN - IN | GROUP**

Event:	_Event Location:	Campus / Dept. / Unit
Event Supervisor:	Signature:	
Organization:	Date:	

#### **REQUIREMENTS:**

- Event / group supervisors are required to have a valid VA badge. If there is no badged supervisor, the event will be canceled.
- Event / group supervisors are responsible for all occasional volunteers in the group and are required to go over the Visitation Guidelines (see back of this form) with all the Volunteers before allowing them to sign in.
- This form must be returned to Voluntary Service at the conclusion of your event.

By signing this form volunteers agree to abide by all visitation guidelines (see back or this form), for an indefinite period, with the following statement:

"I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a without compensation basis. I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled."

\*VA has entered into this agreement by the authority of 38 U.S.C., Section 513. Either party upon written notification may cancel this agreement

#### Only Sign-in on this form if you did NOT log these hours on the Voluntary Service computer

PRINT NAME	HOURS	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

### Return form to Voluntary Service