



## University of Colorado Hospital

### **COVID-19 Volunteer Requirements**

University of Colorado Hospital (“UCH”) is grateful to our volunteers for the tremendous service provided to the hospital, staff, and patients. UCH wants volunteers to be able to volunteer in a safe environment that follows the Hospital’s COVID-19 protocols. Before starting service if selected for the program, each volunteer must review and agree to the following COVID-19 related safety requirements and expectations.

1. I will wear a mask when entering and while in the hospital or any hospital site until such time that it is determined by UCHealth Infection Prevention that we no longer are required to wear masks. I understand that UCH will provide a surgical mask for me and that I may use it over several shifts at the hospital. I will have it replaced when it has become soiled or damaged.
2. I will review the online donning and doffing personal protective equipment (“PPE”) training on the UCHealth Volunteer Services website if selected for the program. I will follow that training when donning and doffing PPE.
3. I will make myself aware of and follow UCH’s social distancing guidelines in effect while volunteering and while traveling through the hospital and hospital sites related to my assignment. I will respectfully assist others in doing the same.
4. I will make myself aware of and follow UCH’s hand hygiene requirements then in effect.
5. I will make myself aware of and follow UCH’s cleaning guidelines with respect to my workspace and frequently touched surfaces then in effect. I will disinfect transport chairs and wheelchairs after EACH use or when one is returned to the Information Desk as instructed.
6. I will follow expectations about keeping attire clean, including laundering my volunteer shirt after each shift.
7. I understand that by being in a hospital or at a hospital site there is a risk of exposure to COVID-19. By returning to volunteer, I assume the risk of any COVID-19 exposure. I am aware of the CDC’s COVID-19 guidance for individuals who may be at risk due to age or pre-existing conditions. My decision to volunteering is my own.
8. I understand that I may not enter units caring for COVID-19 patients or rooms of a patient with confirmed or suspected COVID-19. I will continue to abide by all HIPAA and confidentiality laws pertaining to the privacy of patient information. This includes information pertaining to any COVID-19 patients.
9. I will not come to the hospital to volunteer if I have any COVID-19 or flu-like symptoms. I will also promptly notify the Volunteer Services Office if I have any COVID-19 or flu-like symptoms, including but not limited to: cough, shortness of breath, difficulty breathing, fever, chills, headache, sore throat, and loss of taste or smell. I will not return to volunteer until the Volunteer Services Office has cleared me to do so. I will contact my personal health care provider and follow their guidance related to my healthcare.



10. I understand that the situation is dynamic and the COVID-19 safety protocols may change over time. It is my responsibility to follow the protocols as they change. By coming to volunteer for my assignment, I acknowledge that I agree to and will follow COVID-19 related protocols and all hospital policies.

As a condition to applying for a volunteer position, I understand and agree to abide by these requirements. If at any time I decide I do not want to comply with the COVID-19 safety protocols or other hospital policy, I will discuss when and how I can return to serving as a UCH volunteer.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_

Parent or Guardian Approval

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_