

# Volunteer Position Description

<b>Position Title:</b>	Patient Transporter
<b>Position Type:</b>	Patient Services Personnel
<b>Facility:</b>	Flo, Ft.T
<b>Position Summary:</b>	
The volunteer will assist transport staff by facilitating patient discharges via wheelchair to car. This will be dispatched via electronic device to volunteer. Stock wheelchairs to assigned work areas.	
<b>Qualifications:</b>	
<ul style="list-style-type: none"> <li>• Maintain confidentiality</li> <li>• Ability to verify patient information</li> <li>• Strong Customer Service skills</li> <li>• Effective communication with hospital staff and patients and family</li> <li>• Ability to stand and walk to transport patient in a safe and efficient manner</li> <li>• Ability to assist a patient to a standing position if needed</li> <li>• Ability to function on a iPod application and phone</li> <li>• Ability to work independently, interdependently</li> </ul>	
<b>Duties &amp; Responsibilities:</b>	
The volunteer will assist transport staff by facilitating patient discharges via wheelchair to car. Assist with the maintenance and disinfecting of departmental equipment such as stretchers and wheelchairs during downtime. Ensures storage areas are stocked with wheelchairs.	
<b>Key Accountabilities:</b>	
<ul style="list-style-type: none"> <li>• Follows Direction well</li> <li>• Maintains Patient confidentiality</li> <li>• Maintains regular weekly schedule</li> <li>• Efficient</li> <li>• Strong Communication skills</li> </ul>	
<b>Time Commitment:</b>	
<ul style="list-style-type: none"> <li>• Hours 3pm to 8pm daily</li> <li>• Request each volunteer work 2 shifts weekly</li> </ul>	
<b>Uniform:</b>	
<ul style="list-style-type: none"> <li>• Standard Volunteer uniform, comfortable walking tennis shoes</li> </ul>	
<b>Date Originated:</b>	February 4, 2015
<b>Date Revised:</b>	N/A
<b>Depart Contact &amp; Phone #:</b>	Amy Finnell
<b>Volunteer Supervisor:</b>	Kevin McDermott; 212-4620

# Volunteer Position Requirements

(ADA Checklist)

## Requirement Codes

### FREQUENCY CODES

Defined as the percentage of time this particular activity is required in the performance of the job. Use one of the following letters as defined below.

- N** = Not Required (0% of time)
- O** = Occasional (5-20% of time)
- M** = Moderate (21-50% of time)
- E** = Extensive (51% and greater of time)

### INTENSITY LEVEL

Defined as the level of importance of this particular requirement. Used more often in lifting, carrying or moving and in the “Physical Requirements” section.

- N** = Not Required
- L** = Light
- M** = Moderate
- S** = Significant

### INTENSITY LEVEL FOR LIFTING AND CARRYING

- N** = Not Required
- L** = Light (2 - 7 lbs)
- M** = Moderate (8 – 24 lbs)
- S** = Significant (25 – 49 lbs)
- H** = Heavy (50+ lbs)

## Physical Requirements

	<u>Frequency Code</u>	<u>Intensity Code</u>
Sitting	O	
Standing with little movement	N	
Walking	E	
Hearing	E	
Talking	M	
Lifting objects up to waist	O	Moderate (8 - 24 lbs)
Lifting objects overhead	O	<u>Light (2 - 7 lbs)</u>
Carrying objects	O	<u>Light (2 - 7 lbs)</u>
Pushing/pulling objects	E	<u>Heavy (50+ lbs)</u>
Filing	N	
Finger dexterity/handling/feeling	M	
Typing/keying data	O	
Eye-hand coordination		M
Near vision	M	
Color vision	M	
Far vision	M	
Night vision	M	
Driving	N	
Reaching	M	

### Physical Requirements(cont.)

Ascending/descending stairs  
Climbing/balancing  
Bending/stooping  
Kneeling/crouching/crawling  
Other, please list

[Click here to enter text.](#)

### Frequency

#### Code

O  
N  
M  
N

### Intensity

#### Code

### Mental Requirements

Writing  
Spelling  
Reading  
Remembering  
Recognition/identification  
Understanding instructions, information and/or concepts  
Math Skills  
Analysis of information  
Problem solving  
Communication instructions, information and/or concepts  
Decision making  
Learning new tasks  
Drawing  
Originality/creativity  
Others, please list

[Click here to enter text.](#)

### Frequency

#### Code

O  
O  
O  
E  
E  
N  
M  
O  
  
N  
N

### Intensity

#### Code

S  
S  
N  
M  
L  
  
S  
L  
M  
N  
N

### Working Condition (Environment)

### Please place an (X) if these apply to the position

Normal office environment   
Patient care areas   
Medical (non-patient) area   
Alone in department or shift   
Low lighting   
Low ventilation   
Tight work space   
Potential exposure to disease   
Potential exposure to chemicals   
High noise levels   
Potential electrical hazards   
Potential mechanical hazards   
Potentially dangerous equipment   
Wet environment   
Heights   
Outdoors   
Potential exposure to dust/dirt

Other possible safety risks please list: [Click here to enter text.](#)

**Work Schedule**

- Varying shifts
- Overtime work
- Weekend work
- On-Call work
- Travel
- Other, please list: [Click here to enter text.](#)

**Please place an (X) if these apply to the position**

**Working Demands**

- Handles highly confidential data
- Productivity demands (identified)
- Accuracy demands (identified)
- Extended visual concentration
- Other, please list: [Click here to enter text.](#)

**Tools, equipment used**

Please list:  
[Click here to enter text.](#)

**PROTECTED HEALTH INFORMATION: ROLE BASED ACCESS FORM**

Department: Patient Transport

Position Title: Volunteer Transporter

Date: 2-2-15

Does access need to be restricted by location? Yes  No

**TYPE OF ACCESS**

Enter one of the following for each box below:

**R** = Required

**I** = Incidental

**N** = Not Applicable

	<b>Demographic</b>	<b>Insurance</b>	<b>Financial</b>	<b>Clinical</b>	<b>Codified</b>	<b>All</b>
<b><u>Create</u></b>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	N
<b><u>Modify</u></b>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	N

<b><u>Use</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	N
<b><u>View</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	N
<b><u>Disclose</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	N
<b><u>Transport</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	N
<b><u>Maintain</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	N
<b><u>Destroy</u></b>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	<u>Choose an item.</u>	I

### Legend

#### **Type of access:**

**Create:** Primary source documentation. (Dictated reports, nurses notes, notations on the MAR)

**Modify:** Change incorrect data (According to policy)

**Use:** Read and view the information to make decisions appropriate for your position.

**View:** Employee may view certain information, but not expected to make decisions based on what they know.

**Disclose:** Conveyance of the information to persons or entities outside SEMC.

**Transport:** Moving information from one place to another. (Should not view)

**Maintain:** To retain documents/files within office/department.

**Destroy:** Final legal disposition of our business records.

#### **What Information:**

**Demographic:** Information to identify a person (name, address, race, marital status, religion)

**Insurance:** Information used to identify payers and insured.

**Financial/Claims:** Payments rates, account balances, payer analysis, etc.

**Codified:** Clinical information that is in (alpha) numeric format (ICD-9CM, CPT, Rev. Codes)

**Clinical:** Information that describes a patient's health status.

**All:** All of the above.