VOLUNTEER POSITION DESCRIPTION

<table>
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<tr>
<th>Title of Position</th>
<th>Volunteer Driver (Peter James Centre)</th>
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<tr>
<td>Department</td>
<td>Rehabilitation &amp; Specialist Clinics - PJC &amp; Wantirna Health, Ambulatory and Community Services</td>
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| Supervised By              | Manager (Rehabilitation & Specialist Clinics)  
|                            | CRP Team Leader                       |
| Date Revised               | February 2019                          |

Duties/Responsibilities

Transport patients between their home and the Community Rehabilitation facility at Wantirna Health or Peter James Centre for therapy appointments within Ambulatory and Community Services.

Qualifications/Skills

Victorian Drivers Licence

Purpose

Support centre based therapy by providing transport for clients in the Eastern Region to enable client access to Peter James Centre Community Rehabilitation Program.

Hours

Hours are variable, however regular availability in set times is preferred.

Volunteers are NOT to take part in the following

- Not to give out meals/beverages to patients unless directed by the supervisor
- Not to offer any medical advice to patient or visitors
- Not to disclose any confidential information
- Not to handle any medical equipment
- Not to discuss patient information, ie. with family, friends or media
- Not to give any information or advice over the phone relating to a patient or a medical condition
- Not to handle any specimens, scripts, x-rays, case notes
- Not to take money from anyone
- Not to be a counsellor
- Not to assume any additional duties without approval from the supervisor
- Not to take on nursing duties or have physical contact with patients
- Not to assist staff or clients with any interpreting
- Not to translate any written documents for staff or clients

If in doubt, seek guidance from the supervisor or Nurse Unit Manager.
Support and Debriefing

- Talk to your supervisor first for support and debriefing as necessary
- Should any outstanding issues arise, your supervisor can also be contacted for advice/referral to our external debriefing provider

Confidentiality

It is absolutely essential to treat any personal details of medical, social or family history of a patient as strictly confidential. Volunteers may discuss only matters relevant to their own function and responsibility with their supervisor or other authorised staff at Eastern Health in the course of patient care. Any confidential information which may come into your possession by virtue of your position, is not to be divulged to any unauthorized person. Volunteers MUST respect patient confidentiality at all times.

Training

Volunteers must complete the following mandatory training prior to commencement:

- Eastern Health online Orientation
- Occupational Health & Safety modules
- Hand Hygiene module
- Child Safety module
- Other training as required by your department

Volunteers MUST also complete the refresher mandatory training every 12 months and other training as identified from time to time.

ORGANIZATIONAL INFORMATION

Our Vision

GREAT CARE, EVERYWHERE, EVERY TIME

Our Mission

Together we care, learn, discover and innovate.

Organisational Environment

Eastern Health provides a comprehensive range of high quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care and community health services to people and communities that are diverse in culture, age and socio-economic status. These services are provided both on an inpatient and outpatient basis. These services and programs are supported by staff who possess an unparalleled commitment to patient care as well as teaching and research.

The strategic goals are fully detailed in the Eastern Health ilearn orientation.
**Eastern Health Values**

Eastern Health values reflect who we are as individuals and as an organisation. Our values are:

*PATIENTS FIRST: KINDNESS, RESPECT, EXCELLENCE, AGILITY, HUMILITY*

The Eastern Health Values are fully detailed in the Eastern Health ilearn orientation.

**OH&S Statement**

As a Values-Based Safe Workplace, we are committed to providing and maintaining, so far as is practicable, a safe and healthy working environment for all staff, volunteers, contractors and visitors. This commitment is in accordance with the organisation's values and the requirements of the various Occupational Health & Safety Acts, associated Regulations and Codes of Practice.

**Equal Employment Opportunity**

You agree to adhere to the Equal Employment Opportunity policies and practices of the Health Service. Discriminatory practices, including sexual harassment, are unlawful. The Health Service will not tolerate discriminatory behaviour and any such conduct may lead to the invoking of disciplinary procedure, which may result in dismissal from your volunteer position.

**Important Points to Remember**

- If, whilst in the course of your duties as a volunteer, you are asked any medical question or any questions in regards to a patient, smile, explain that you are not a member of the medical or nursing staff and point out who they can talk to. You may also assist in bringing these enquiries to the attention of relevant staff in the area.
- If you have any queries or concerns, please direct them to your supervisor or the Volunteer Services office.
- Any information you may learn about any patient is confidential and must not be passed on to anyone.
- Approach patients and their families in a professional manner and maintain a high standard of service at all times.
- Be discrete and use basic common sense.
- If in doubt about doing something, always ASK the staff or seek advice from your supervisor.
- Work within State and Eastern Health organisational guidelines and responsibilities
- Complete all required mandatory training.
CERTIFICATION

I acknowledge that:

- I understand the requirements of, and am prepared to undertake the duties and responsibilities stated in this position description;

- The position description will be reviewed regularly in consultation with me; and

- I will be subject to a three month probationary period from my commencement date - after which my ongoing commitment will be reviewed.

Volunteer

Name ........................................................................................................................................

Signature .............................................................................. Date.................................

Volunteer Coordinator (or other as stated)

I have carefully reviewed the position description and am satisfied that it fully and accurately describes the requirements of the position.

Name ........................................................................................................................................

Signature .............................................................................. Date.................................