

# Volunteer Position Description

<b>Position Title:</b>	Pet Therapy
<b>Position Type:</b>	Non-patient Care or Service Personnel
<b>Facility:</b>	Edg, Flo, Ft.T, Cov, GC
<b>Position Summary:</b>	
Pet Therapy volunteers work with healthcare providers to provide opportunity for motivational, supportive, and /or therapeutic benefits to enhance quality of life for patients, visitors and staff by promoting the human/companion animal bond.	
<b>Qualifications:</b>	
<ul style="list-style-type: none"> <li>• All volunteer handlers and their animals must be registered by and currently certified by Pet Partners or an approved local affiliate of Pet Partners after January 1, 2016.</li> <li>• Meets and follows all other requirements for the registration with Pet Partners or local affiliate.</li> <li>• All new animals and handlers must successfully complete a mentored visit.</li> <li>• All animals must be wearing approved SEH Pet Visitation vest as well as both their SEH Volunteer badge and their Pet Partners ID badge.</li> <li>• Animals must remain on leash or tether and in the Volunteer handler's possession at all times.</li> <li>• Volunteer handler and animals must comply with all requirements and follow all SEH and Volunteer-Pet Visitation program procedure at all times.</li> </ul>	
<b>Duties &amp; Responsibilities:</b>	
<ul style="list-style-type: none"> <li>• Maintain patient confidentiality.</li> <li>• Maintain registration with Pet Partners or an approved local affiliate of Pet Partners.</li> <li>• Animal must be current with immunizations and health requirements and deemed healthy by local Veterinarian including an annual negative fecal parasite screen and rabies vaccination in accordance to local laws.</li> <li>• A copy of the animal's current health record is to be carried with the animal/handler whenever volunteering</li> <li>• Certification by Pet Partners/Affiliate will serve as compliant with health requirements and no documentation will be kept in the Volunteer Services office.</li> <li>• The animal should be clean and well groomed within 24 hours of visit.</li> </ul>	
<b>Key Accountabilities:</b>	
<ul style="list-style-type: none"> <li>• Maintains active registration with Pet Partners or an approved local affiliate of Pet Partners.</li> <li>• Interacts tactfully, courteously and patiently with patients, guests and staff.</li> </ul>	
<b>Time Commitment:</b>	
<ul style="list-style-type: none"> <li>• 1 – 1 ½ hours per visit</li> <li>• 2 visits a month</li> </ul>	
<b>Uniform:</b>	
<ul style="list-style-type: none"> <li>• Regular volunteer uniform; volunteer badge must be worn on shirt collar or upper portion of body so it is visible to guest/patients.</li> <li>• Pet must wear SEH volunteer badge and vest/bandana identifying pet's therapy role (rather than service animal role).</li> </ul>	
<b>Date Originated:</b>	Unknown
<b>Date Revised:</b>	7/2015, 3/2012

<b>Depart Contact &amp; Phone #:</b>	EDG- Reina Lonnemann - 301-2140 Florence/Grant- Erin Pittman- 212-5375 Ft. Thomas/Covington- Margie Kuechler- 572-3166
<b>Volunteer Supervisor:</b>	EDG- Reina Lonnemann - 301-2140 Florence/Grant- Erin Pittman- 212-5375 Ft. Thomas/Covington- Margie Kuechler- 572-3166

## 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 "Mental 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

Sitting

Standing with little movement

Walking

Hearing

Talking

Lifting objects up to waist

Lifting objects overhead

Carrying objects

Pushing/pulling objects

Filing

Finger dexterity/handling/feeling

Typing/keying data

Eye-hand coordination

Near vision

Color vision

Far vision

Night vision

Driving

Reaching

Ascending/descending stairs

Climbing/balancing

Bending/stooping

Kneeling/crouching/crawling

Other, please list

[Click here to enter text.](#)

#### Frequency Code

Not Required

Moderate

Extensive

Moderate

Moderate

Not Required

Not Required

Not Required

Not Required

Not Required

Not Required

Not Required

Moderate

Moderate

Moderate

Not Required

Not Required

Not Required

Not Required

Not Required

Not Required

Not Required

#### Intensity Code

Not Required

Not Required

Not Required

Not Required

Not Required

**Volunteer Position Requirements (Cont.)**

**Mental Requirements**

	<b><u>Frequency Code</u></b>	<b><u>Intensity Code</u></b>
Writing	Occasional	
Spelling	Not Required	
Reading	Occasional	
Remembering		Not Required
Recognition/identification		Not Required
Understanding instructions, information and/or concepts	Occasional	Light
Math Skills	Not Required	Not Required
Analysis of information	Occasional	Light
Problem solving	Moderate	Moderate
Communication instructions, information and/or concepts		Light
Decision making		Moderate
Learning new tasks		Not Required
Drawing	Not Required	Not Required
Originality/creativity	Not Required	Not Required
Others, please list		
<a href="#">Click here to enter text.</a>		

**Working Condition (Environment)**

**Please check these apply to the position**

Normal office environment	<input type="checkbox"/>
Patient care areas	<input checked="" type="checkbox"/>
Medical (non-patient) area	<input checked="" type="checkbox"/>
Alone in department or shift	<input type="checkbox"/>
Low lighting	<input type="checkbox"/>
Low ventilation	<input type="checkbox"/>
Tight work space	<input type="checkbox"/>
Potential exposure to disease	<input checked="" type="checkbox"/>
Potential exposure to chemicals	<input type="checkbox"/>
High noise levels	<input type="checkbox"/>
Potential electrical hazards	<input type="checkbox"/>
Potential mechanical hazards	<input type="checkbox"/>
Potentially dangerous equipment	<input type="checkbox"/>
Wet environment	<input type="checkbox"/>
Heights	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>
Potential exposure to dust/dirt	<input type="checkbox"/>
Other possible safety risks please list: <a href="#">Click here to enter text.</a>	

**Work Schedule**

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

Varying shifts	<input type="checkbox"/>
Overtime work	<input type="checkbox"/>
Weekend work	<input type="checkbox"/>
On-Call work	<input type="checkbox"/>
Travel	<input type="checkbox"/>
Other, please list: <a href="#">Click here to enter text.</a>	

### **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: Volunteer Services

Position Title: Pet Therapy

Date: December 1, 2011

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>	NA	NA	NA	NA	NA	NA
<b><u>Modify</u></b>	NA	NA	NA	NA	NA	NA
<b><u>Use</u></b>	NA	NA	NA	NA	NA	NA
<b><u>View</u></b>	I	NA	NA	NA	NA	NA
<b><u>Disclose</u></b>	NA	NA	NA	NA	NA	NA
<b><u>Transport</u></b>	NA	NA	NA	NA	NA	NA
<b><u>Maintain</u></b>	NA	NA	NA	NA	NA	NA
<b><u>Destroy</u></b>	NA	NA	NA	NA	NA	NA

## 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.