



VOLUNTEER  
DRIVER  
HANDBOOK

## DAV DRIVER'S MANUAL

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# HOW TO BECOME A VOLUNTEER DRIVER

PORTLAND VA MEDICAL CENTER  
PORTLAND AND VANCOUVER DIVISIONS



1. COMPLETE APPLICATION and MEET WITH VOLUNTARY SERVICE SPECIALIST TO DISCUSS VOLUNTEER OPPORTUNITIES
2. CLEAR FINGERPRINT BACKGROUND CHECK
3. PPD (TB TEST)
4. PASS A MODIFIED DOT PHYSICAL
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10. GET ID BADGE
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## VOLUNTEER VAN DRIVER

### A Cut Above

Being a volunteer driver is not for everyone. It requires excellent driving skills, clean driving record, good judgment and stamina. Volunteer drivers do not need to have a commercial driver license, but will need to show proof of a state driver license, liability insurance, in addition to passing a modified DOT physical conducted by the Occupational Health Service at the PVAMC. The job requires drivers to get up early in the morning, drive to the van location, do a vehicle inspection, arrive at their pickup points on time, drive to the medical center, wait for veterans to complete their appointments and drive home. The day can be a long one. Every veteran scheduled on the van has a needed appointment at the medical center that day and no other way to get there. Each year the transportation volunteers give rides to more than 10,000 passengers at no cost to the passenger, most of whom are older and may have chronic illnesses or disabilities. Except for the Portland van, the vans are located in communities 50-200 miles away from the medical center. Safety is the number one consideration in being a volunteer driver. Volunteers are responsible for providing safe transportation of veterans to and from medical center appointments. Volunteer drivers are expected to obey all of the rules of the road while driving in this program so that the passengers get to/from their appointments without incident or injury. Drivers are covered by the VA's Tort Claims Protection Act as long as they are driving within the confines of their volunteer job description. Volunteer drivers will be considered cleared to drive after all of the prerequisites to volunteer have been met. Because of the nature of this volunteer assignment, volunteer drivers are asked to do a number of things to become a driver which other volunteers are not asked to do. If this position assignment seems like something that you would love to do, we welcome you to apply for this critically important position.



BENEFITS OF BEING  
A  
VOLUNTEER  
VAN DRIVER



POLICIES  
AND  
PROCEDURES  
FOR  
VAN DRIVERS

PORTLAND VA MEDICAL CENTER  
Portland/Vancouver Voluntary Service

**POLICIES, PROCEDURES  
AND OTHER TIDBITS FOR THE VOLUNTEER**

WOC (WITHOUT COMPENSATION):

Volunteers are welcome at the Portland VA Medical Center under the authority of 38 U.S.C., Section 513 as without compensation employees. This means that volunteers will not receive monetary benefits for their service to the medical center in the VA Voluntary Service (VAVS) program. This authority is not related to other VA services or benefits that a person may be entitled to receive.

FINGERPRINT BACKGROUND CHECK:

In order to volunteer, prospective volunteers will submit to an electronic fingerprint background check. This is conducted by the VA at VA expense. It may take up to a week to get the results. Any felony conviction and misdemeanor convictions for drugs, assault, theft / burglary, child abuse and DUII for volunteer drivers will be grounds for disqualification for volunteer service at the VA.

HEALTH SCREENING:

All volunteers are asked to get a tuberculosis test (PPD) annually at the VA at VA expense. Volunteer drivers will pass a modified DOT physical given by healthcare practitioners in the Occupational Health Service at the VA. Volunteers (as well as employees) are asked to wash their hands frequently and stay home if they are ill to prevent the spread of germs. Volunteers are able to receive flu shots at the medical center as part of their volunteer service.

ON-THE-JOB INJURY OR ILLNESS:

If a volunteer is injured or becomes seriously ill while performing his/her duties as a volunteer, emergency care through the VA Emergency Room is available. Your supervisor can help you obtain this service. (NOTE: There is no emergency care at the Vancouver Division.) The volunteer is responsible to see their own health providers for routine medical care or non-emergent care. If you become injured while performing the duties of your assignment or develop an occupational illness, please see your supervisor to complete the *Automated Safety Incident Surveillance and Tracking System (ASISTS)* forms.

#### TORT CLAIMS PROTECTION ACT:

A volunteer who is engaged in the specific activities of his/her volunteer assignment is covered by the federal Tort Claims Liability Protection Act.

#### PARKING POLICY:

Since parking is limited on both campuses, all volunteers are encouraged to take public transportation, if possible. If you must drive, any car you park on campus is required to have a parking decal attached to the back window or bumper. After you have been accepted as a volunteer, you will complete the parking form, be issued a decal by the Parking Coordinator located in the VA Police Office building 101 in Portland. Cars without decals or parked inappropriately may be subjected to ticketing and/or towing.

#### ID BADGE:

All volunteers and employees are required to wear an ID badge while in the medical center or on duty as a volunteer. After being accepted as a volunteer, you will complete the request for ID Badge form and present photo identification to the Medical Media photographer who will take your picture and give you an ID Badge. When you stop being a volunteer, you are requested to return your ID Badge to Voluntary Service.

#### TIMEKEEPING:

All volunteers are required to sign in on the VSS log in computer located in Voluntary Service at the beginning of your volunteer shift. If there are extenuating circumstances which prevent you from using this computer, a paper time sheet must be completed and turned in to Voluntary Service weekly. Volunteers will receive credit for each authorized hour worked. Hours authorized are those given at the medical center. Hours for travel time and work done at home are not authorized hours. Logging in your hours is very important. If you are injured or accidentally cause injury to someone while on the job but have not logged in, there is no proof that you were here.

## TRAINING AND COMPETENCY:

In order to maintain a well trained volunteer workforce, all volunteers will review the training materials annually and complete a competency form indicating that you understand the material. Supervisors of volunteers are asked to provide on-the-job training for volunteers so that volunteers will be successful in their work assignments.

Volunteer drivers will complete an annual Defensive Driving Course, review the Government Vehicle Use policy in addition to the medical center safety policies.

## RESIGNATION FROM VOLUNTEER ASSIGNMENT:

While we hate to lose our valued volunteers, we know that changes in a persons circumstances occur which may necessitate leaving volunteer service. If for any reason a volunteer needs to leave volunteer service, we ask that our volunteers let us know. You will need to return your ID Badge at the end of day on your last day of service (or mail it in) and supply us with your address if it is different from the one we have on file. If a change in your volunteer assignment is desired, please let Voluntary Service know so that a placement which better meets your needs can be found.

## AWARDS:

We recognize the great contributions of our volunteers. Once a year, we sponsor an event which gives us an opportunity to formally say thank-you to the many volunteers who have contributed their time and talents to improve the lives of our veterans. All volunteers are invited to attend this event.

## **PASSENGER GUIDELINES**

1. Veterans will call the DAV HSC or area coordinator at least 72 hours in advance to arrange a ride to a scheduled VAMC appointment. VAMC staff and/or providers also can arrange for patient transportation to scheduled appointments. Veterans need to be dressed and ready to leave the pickup point at the specified time. Out of consideration for all the passengers who need to get to their appointments, van drivers will not wait beyond scheduled departure. Veterans and/or family members must contact the DAV HSC or area coordinator immediately if their appointment is cancelled or changed. If the clinic or medical center notifies veteran of appointment change, Veteran must contact the HSC or area coordinator to reschedule. Veteran will still be transported if this lead-time is less than 72 hours.
2. Veterans will be transported to scheduled medical center appointments only. The Transportation network may be available for passengers who need to go to the Emergency Room, Unscheduled Urgent Care or Walk-In visits but such is dependent upon medical condition and/or space availability. However, if a veteran is allowed to ride on an emergency basis and a verification check indicates that the veteran did not actually check-in at the ECU, no further rides will be scheduled for that veteran. A veteran can be transported to a Fee Basis provider only if that appointment was scheduled by a VA provider and has been verified.
3. Patients with weekend passes will be transported home on a space available basis and only if the van is at the medical center on a scheduled run. No transportation network vans will be called in to specifically transport a veteran with a weekend pass.
4. Veterans can be picked up from and returned to the airport if they have arranged with the DAV HSC at least 72 hours in advance of their arrival. Veterans must have a scheduled appointment at the medical center or outpatient clinic. Runs to the bus station or airport will not be made for patients being discharged.
5. Veterans using the DAV Transportation Network are not eligible to receive travel pay or canteen books for meals. Veterans who do so will not be transported home.
6. For some runs, a relay system may be used. Starting with the van furthest out, these vans will pick up passengers on a scheduled route along the way until they have reached capacity.
7. For the safety of all of the passengers and the driver, passengers are expected to behave in a manner that will not put others at risk. Veterans who create a disturbance, arrive drunk or drink on the van, use foul language or are

behaving in an offensive manner toward the driver and/or other passengers, either directly or indirectly, will not be transported. Using the DAV TN is a privilege not a right.

8. Items that can be secured under the seat or carried on the passenger's lap may be carried on the van. Wheelchairs, walkers, oxygen tanks will be transported at the drivers' discretion and only if they can be secured in such a way as to remain secured in the event of an accident.

9. Passengers must be able to attend to their own medical needs and be able to board and disembark the van independently. Van drivers may provide stand by assistance if training has been provided. Van drivers will not provide medical treatment. In the event of an emergency, drivers will call 911 for assistance and may begin emergency procedures such as CPR or First Aid.

10. Only veterans with scheduled rides will be allowed to ride on the van with the following exceptions:

a. A veteran's spouse with a current letter of permission from VA provider may accompany veteran to provide assistance and/or attend VA appointment and

b. A caregiver authorized by the VA to provide the veteran with "aide and attendance".

The veterans' provider will authorize exceptions to this policy. The volunteer driver may decline to transport a passenger who appears to be too ill to ride the van. The DAV HSC may request a written statement from such veterans' provider stating that it is permissible for the veteran to travel.

11. Passengers are expected to engage in behavior that will not distract the driver's attention. Seat belts will be worn at all times. Refusal to wear a seat belt is grounds to disallow a ride. There may be rare exceptions to the seatbelt rule based upon documented medical condition. A passenger will need to show a new letter of proof from his/her provider for each ride until condition permits the use of a seatbelt. All trash is to be placed in proper trash receptacle.

12. Drivers and passengers are not permitted to smoke, chew tobacco, drink alcohol, use foul language, bring weapons, or possess or use street drugs or other illegal substances on the van. The Van driver will not transport passengers who are intoxicated, abusive or pose a threat to the driver or other passengers on the van. DAV TN will not transport incarcerated veterans.

13. The DAV Transportation Network is a service provided to veterans at no cost to participants. Passengers are not to pay or offer to pay the driver money or give gifts.

## **DRIVER GUIDELINES**

1. Drivers completing their runs will check in with the HSC office to verify patients transported. Drivers will log in their hours and miles with the HSC and sign in at Voluntary Services. Drivers will give the VA Travel office a copy of the passenger list. Before leaving the medical center at the end of the day, drivers will verify with the HSC all passengers on the run sheet before passengers board the van. Drivers will not leave before the specified time unless all passengers are ready to leave early. Drivers must have clearance from HSC to leave early in case of any last minute changes to the run sheet.
2. Volunteer drivers are eligible to receive a breakfast and a lunch meal ticket. Sign in at Voluntary Services to receive the meal ticket.
3. Potential drivers must provide proof of safe driving record, a copy of valid driver license, a copy of current automobile insurance, clear background check, DOT physical, review annual defensive driving training and complete all other requirements of a regularly scheduled volunteer in order to be assigned to the DAV Transportation Network as a driver.
4. The DAV van driver is permitted to stop the vehicle for rest stops and/or emergencies and to pickup and discharge passengers. Passengers may not request the driver to make side trips to take care of personal business. Van drivers are not permitted to use government vehicles for personal use at any time.
5. Van drivers who are ticketed for breaking a driving traffic law will be responsible for paying their own fines.
6. Items that can be secured under the seat or carried on the passenger's lap may be carried on the van. Wheelchairs, walkers, oxygen tanks will be transported at the drivers' discretion and only if they can be secured in such a way as to remain secured in the event of an accident. (refer to Safe Handling of Compressed Gas Cylinders OSHA 1910.253(b)(5)(i), ANSI Z 49.1 and Compressed Gas Association Pamphlet CGA P-1)
7. Drivers and passengers are not permitted to smoke, chew tobacco, drink alcohol, use foul language, bring weapons or posses or use street drugs or other illegal substances on the van. The van driver will not transport passengers who are intoxicated, abusive or pose a threat to the driver or other passengers on the van. DAV TN will not transport incarcerated veterans.
8. The DAV Transportation network is a free service offered to veterans. Drivers are not permitted to accept money or gifts from passengers.

July 29, 2004

## CLEARANCE OF VOLUNTEERS FOR DRIVING ASSIGNMENTS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive outlines the policy and procedures which must be followed for medically clearing volunteers for VHA driving assignments.

### 2. BACKGROUND

a. This Directive is intended to be used in conjunction with VHA Handbook 1620.2, which outlines provisions for the description of volunteer duties, background checks, and Without Compensation (WOC) appointments. VHA has an obligation to ensure safe transport for patients. A capable and competent driver is a critical component of this obligation.

b. VHA employees after appropriate medical clearance examinations, transport patients in motor vehicles. As large numbers of veteran patients are without personal transportation opportunities, VHA relies heavily on volunteers to transport them. VHA recognizes the importance and utility of the Veterans Transportation Network supported by the Disabled American Veterans, described in the VHA Handbook 1620.2. Neither the Office of Personnel Management (OPM) nor VHA has formally defined explicit criteria that clinicians should use to determine driving ability. Currently, VHA uses forms developed by OPM for both volunteer drivers and wage-grade drivers to determine the fitness of both groups. *NOTE: It should be kept in mind that the physical demands placed on a volunteer driver are generally not as great as the physical demands placed on a wage-grade driver.*

c. Clinicians should be aware of standard resources including a website dedicated to transportation medicine (<http://home.att.net/~NataH/>) and the recently published guidance from the American Medical Association and the National Highway Transportation Safety Administration (NHTSA)(see subpar. 5d). Peer-reviewed scientific literature is also available.

d. Practices for clearing volunteer drivers across VHA have varied. In some facilities, the full Department of Transportation (DOT) examination for commercial drivers except for the drug-testing component was required. In others, no written, formal program existed. This Directive brings consistency to how VHA facilities clear volunteer drivers.

e. Implementation of this Directive will require staggering medical examinations over a period of time.

f. VHA affirms its commitment to patient and occupational safety in the service of veterans and understands that implementation of these standards may preclude some volunteers from performing transportation duties. *NOTE: Such exclusion in no way undervalues the contribution that all volunteers can, and do, make to the delivery of health care. VHA is grateful for volunteers' participation, and will make every effort to identify suitable and meaningful alternative assignments for volunteers that are unable to serve as drivers.*

**THIS VHA DIRECTIVE EXPIRES JULY 31, 2009**

## VHA DIRECTIVE 2004-040

July 29, 2004

g. Volunteers should be assessed individually to determine if they are able to operate a motor vehicle safely. Clinicians must use their individual clinical judgment in determining the frequency of these examinations. Although many of the medical conditions outlined in this Directive are more prevalent in older populations, these criteria apply to drivers of all ages.

**3. POLICY:** It is VHA policy that the designated Occupational Health officials at each VHA facility must ensure all volunteer drivers are medically cleared for driving assignments using the standards in Attachment A.

### 4. ACTIONS

a. **Chief Voluntary Service Program Officer.** The Chief Voluntary Service Program Officer, or designee, is responsible for ensuring that:

(1) Volunteers who are interested in a driving assignment are properly interviewed and screened, and have obtained the required documentation (see VHA Handbook 1620.2).

(2) All volunteers with a driving assignment receive appointments for physical examinations with the facility Occupational Health Office.

(3) The volunteer is assisted in obtaining any screenings and other services required by Occupational Health as a result of their physical examination. Wherever possible, the local Department of Veterans Affairs (VA) facility will provide the tests needed (for example: stress tests) at no cost to the volunteer. VA facilities will not undertake medical diagnostic testing to confirm the presence of a disease or accept responsibility for treatment of the condition unless the volunteer is enrolled in the VA health care system and requests VA care.

(4) A volunteer is not assigned to driving duties if not cleared by Occupational Health.

(5) A letter is provided to all volunteers who are not cleared for driving assignments. This letter must thank them for their interest in volunteering, offer them an alternate volunteer assignment, and inform them that they may re-apply as a driver if their health condition changes.

(6) Volunteer drivers, at a minimum, undergo a medical clearance examination every 4 years. Any driver cleared to drive despite any of the conditions specified in this Directive must be examined at least annually. Any driver cleared must also be examined after any major medical event.

b. **Chief, Occupational Health.** The facility Chief, Occupational Health, or designee, is responsible for:

(1) Determining whether a volunteer should drive for VA based on available information, to include private medical documentation. This decision may be changed on receipt of additional information concerning the volunteer's condition.

(2) Scheduling and completing physical examinations of drivers in accordance with the specific requirements outlined in Attachment A.

(3) Completing Attachment A and attaching it to the completed OF 345 (see Att. C).

**NOTE:** This OPM form is also available at:

<http://vaww.ceosh.med.va.gov/Forms/OccHealth/of-345.dot>

(4) Informing the Chief Voluntary Service Program Officer of its determination regarding whether the volunteer is medically cleared to drive for VA as soon as possible after the completion of the examination.

(a) If a volunteer fails any of the standards listed in Attachment A, Occupational Health will not clear the volunteer for driving assignment.

(b) Occupational Health may decide to permit a volunteer with a long-standing safe driving record to continue driving until any additional needed information is available if:

1. The volunteer does not fail any standards listed in Attachment A, and

2. Does not pass certain standards because additional information is needed pertaining to a remote medical event.

**NOTE:** In order to ensure the safety of both drivers and passengers, driving clearance will be temporarily suspended if all information required to make a final determination is not received within 60 days of request.

(5) Sending written notice to a volunteer when:

(a) More information is required to make a decision on volunteer drivers' suitability. This letter must thank them for their willingness to participate in the program, advise them of the written results of their examinations, request whatever additional information is needed (see Att. B), and include the results of any screening tests completed.

(b) The volunteer driver or volunteer driver applicant is not accepted. This letter must include the reason(s) for non-acceptance as a volunteer driver.

(6) Referring volunteers who are not medically cleared for driving duties to their treating provider, wherever appropriate, for further medical evaluation.

## 5. REFERENCES

a. VHA Handbook 1620.2, Volunteer Transportation Network.

b. Official Form OF-345, Physical Fitness Inquiry for Motor Vehicle Operators.  
<http://vaww.ceosh.med.va.gov/Forms/OccHealth/of-345.dot> .

**VHA DIRECTIVE 2004-040**  
**July 29, 2004**

c. Transportation Medicine. Occu-medix/Natalie Hartenbaum, M.D.  
(<http://home.att.net/~NataH/>) .

d. The Physicians Guide to Assessing and Counseling Older Drivers. American Medical Association and NHYSA. 2003. <http://www.ama-assn.org/ama/pub/category/10791.html> .

**6. FOLLOW-UP RESPONSIBILITY:** The Office of Public Health and Environmental Hazards (136) is responsible for the contents of this Directive. Questions may be addressed to (202) 273-8459.

**7. RESCISSIONS:** None. This VHA Directive expires July 31, 2009.

S/Jonathan B. Perlin, MD, PhD, MSHA, FACP  
Acting Under Secretary for Health

Attachments

**DISTRIBUTION:** CO: E-mailed 7/30/04  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 7/30/04

The following are criteria that clinicians must consider when deciding if a volunteer is medically qualified to accept an assignment as a volunteer driver. **NOTE: Follow-up physical examination, testing, or other appropriate action, including denial of driving duties, may be indicated.**

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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<p><b>1. VISION.</b> VISUAL ACUITY AND VISUAL FIELD TESTING MUST BE COMPLETED ON ALL DRIVERS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>2. HEARING LOSS.</b> HEARING LOSS MUST BE NO GREATER THAN AN AVERAGE OF 40dB AT 500, 1000, AND 2000 HZ IN THE BETTER EAR WITH OR WITHOUT HEARING AIDS. THE VOLUNTEER MUST BE ABLE TO SUCCESSFULLY PASS A VOICE DISCRIMINATION OR "WHISPER" TEST.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>3. DIABETES.</b> VOLUNTEERS WITH A CLINICAL DIAGNOSIS OF INSULIN-DEPENDENT DIABETES MELLITUS MUST HAVE A HEMOGLOBIN A1c OF LESS THAN 8 AND HAVE NO SYMPTOMS OF DIZZINESS OR FATIGUE THAT MIGHT SUGGEST THE PRESENCE OF HYPO- OR HYPERGLYCEMIC EPISODES DURING THE PAST SIX MONTHS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>4. SUBSTANCE ABUSE.</b> VOLUNTEERS WITH A HISTORY OF SUBSTANCE ABUSE MUST PROVIDE DOCUMENTATION OF BEING FOLLOWED IN A TREATMENT PROGRAM AND PROVIDE DOCUMENTATION OF ABSTINENCE FOR 1 YEAR.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>5. EPILEPSY.</b> VOLUNTEERS MUST HAVE NO HISTORY OR CLINICAL DIAGNOSIS OF EPILEPSY REQUIRING TREATMENT IN THE LAST THREE YEARS. ISOLATED SEIZURES IN THE DISTANT PAST DO NOT NECESSARILY REPRESENT A DISQUALIFYING CONDITION.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>6. RANGE OF MOTION OF HEAD AND NECK.</b> RANGE OF MOTION IN THE NECK MUST BE GREATER THAN 45 DEGREES OF ROTATION TO BOTH RIGHT AND LEFT.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>7. HYPERTENSION.</b> BLOOD PRESSURE NO GREATER THAN 160 OVER 95 WITHOUT EVIDENCE OF ACUTE HYPERTENSIVE EFFECTS OR HYPERTENSION-RELATED SYMPTOMS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>8. SYNCOPE.</b> SYNCOPE, EXCEPT WHEN POSTURAL HYPOTENSION IS THE CAUSE, MUST BE ABSENT.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>9. ISCHEMIA.</b> FOR CLEARANCE, VOLUNTEER MAY HAVE NO CLINICAL DIAGNOSIS OF ACTIVE CARDIOVASCULAR DISEASE AS DEFINED BY SYMPTOMS (ANGINA), A HISTORY OF MYOCARDIAL INFARCTION WITHIN THE LAST YEAR, OR OTHER EVIDENCE SUCH AS NON-INVASIVE DIAGNOSTIC TESTING DOCUMENTING CARDIOVASCULAR DISEASE. NOTE: THE LATTER TESTING IS NOT A REQUIREMENT BUT MAY BE CONDUCTED IN INDIVIDUALS WHO APPEAR AT HIGH RISK FOR ACUTE CARDIOVASCULAR EVENTS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>10. VENTRICULAR ARRHYTHMIAS.</b> FOR CLEARANCE VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF VENTRICULAR ARRHYTHMIAS, EXCLUDING RANDOM PREMATURE VENTRICULAR CONTRACTIONS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>11. PACEMAKER.</b> EVERY 6 MONTHS THE VOLUNTEER NEEDS TO PROVIDE DOCUMENTATION THAT HIS OR HER PACEMAKER IS FUNCTIONING ADEQUATELY.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>12. CHECK FOR AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD).</b> VOLUNTEERS WITH AN ICD CANNOT BE CLEARED TO DRIVE.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>13. HEART BLOCK.</b> FOR CLEARANCE, VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF A COMPLETE HEART BLOCK, OR NEW BUNDLE BRANCH BLOCK.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p><b>14. AORTIC STENOSIS.</b> FOR CLEARANCE, VOLUNTEERS WITH THIS CONDITION MUST PROVIDE DOCUMENTATION OF AN EVALUATION BY A CARDIOLOGIST DOCUMENTING VALVE AREA. ASYMPTOMATIC VOLUNTEERS WITH MODERATELY SEVERE STENOSIS REQUIRE CLINICAL JUDGMENT FOR CLEARANCE. THOSE WITH SYMPTOMS, DECLINING LEFT VENTRICULAR FUNCTION, OR WHO ARE IN NEED OF AORTIC VALVE REPLACEMENT (AVR) CAN NOT BE MEDICALLY CLEARED.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>

**15. EJECTION FRACTION.** IF THERE IS EVIDENCE OF HEART DISEASE, CLINICIANS SHOULD CONSIDER THE VOLUNTEER'S ABILITY TO ASSIST PASSENGERS IN AND OUT OF VEHICLES.

PASS    FAIL

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**16. CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD).** A CLINICAL DIAGNOSIS OF MODERATE TO SEVERE COPD WITH A FEV 1 OF LESS THAN 40 PERCENT IS CONSIDERED A DISQUALIFYING CONDITION.

PASS    FAIL

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**17. USE OF CONTAINERIZED OXYGEN.** USE OF CONTAINERIZED OXYGEN IS CONSIDERED TO BE A DISQUALIFYING CONDITION.

PASS    FAIL

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**18. NARCOLEPSY AND/OR SLEEP APNEA.** IN THE PRESENCE OF NARCOLEPSY AND SLEEP APNEA, THE VOLUNTEER MUST PROVIDE DOCUMENTATION OF ADEQUATE TREATMENT AS CONFIRMED BY A SLEEP STUDY.

PASS    FAIL

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**19. NEUROMUSCULAR IMPAIRMENTS.** THE VOLUNTEER MUST BE ABLE TO COORDINATE ALL FOUR EXTREMITIES AND HAVE NO EVIDENCE OF NYSTAGMUS. AMPUTEES SHOULD BE EVALUATED INDIVIDUALLY TO DETERMINE IF THEY ARE ABLE TO SAFELY OPERATE A VEHICLE.

PASS    FAIL

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**20. STROKE.** A CLINICAL DIAGNOSIS OF A CEREBRAL VASCULAR ACCIDENT IS CONSIDERED A DISQUALIFYING CONDITION, AS IS THE PRESENCE OF TRANSIENT ISCHEMIC ATTACKS IN THE PRESENCE OF AN UNDERLYING DISORDER THAT REMAINS ACTIVE COMPLETED, DISTANT STROKES RESULTING FROM AV-MALFORMATIONS OR ANEURYSMS DO NOT AUTOMATICALLY DISQUALIFY FROM DRIVING.

PASS    FAIL

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**21. MENIERE'S DISEASE.** UNSTABLE OR ACTIVE MENIERE'S DISEASE IS CONSIDERED A DISQUALIFYING CONDITION.

PASS    FAIL

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**22. INTRA-ATRIAL CONDUCTION DELAY (IACD).** A CLINICAL DIAGNOSIS OF IACD IS CONSIDERED A DISQUALIFYING CONDITION.

PASS    FAIL

CLINICIAN SIGNATURE	TITLE	DATE
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**ATTACHMENT B**

**SAMPLE INTERIM LETTER**

Dear \_\_\_\_\_:

Thank you for taking the time to visit Occupational Health for a physical examination under the Volunteer Transportation Service Program. The Veterans Health Administration (VHA) is dependent on volunteers like you to help veterans get the care they need and may otherwise be unable to obtain. We appreciate the time you are willing to spend having your fitness evaluated to ensure that all veterans are safely transported to and from our facility.

During your examination, we found the following condition(s):

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\_\_\_\_\_

\_\_\_\_\_

that require(s) follow up. Please provide [fill in specific additional information or test results needed in order to review applicant's request for reconsideration]. Voluntary Services will assist you in scheduling a follow up appointment to further determine your ability to drive.

When we have these results, we will be able to evaluate whether you will be able to drive under the formal guidelines for our drivers. If you are not cleared for a driving assignment, we hope you will consider volunteering for other services. We are grateful for your participation in our Volunteer Program.

Thank you

# PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name (Last, First, Middle)	2. Date of Birth (Month, Day, Year)	3. Title of Position
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4. Home Address (Number, Street or RFD, City, State and Zip Code)	5. Employing Agency
-------------------------------------------------------------------	---------------------

6. Have you ever had or have you now: (Place check at left of each item.)

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Poor vision in one or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, swollen or painful joints
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease	<input type="checkbox"/>	<input type="checkbox"/>	Loss of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Poor hearing in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	Deformity of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental trouble of any kind
<input type="checkbox"/>	<input type="checkbox"/>	Palpitation, chest pain, or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts or epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Excessive drinking habit (Alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other serious defects or diseases
<input type="checkbox"/>	<input type="checkbox"/>	Drug or narcotic habit	<input type="checkbox"/>	<input type="checkbox"/>	

7. If you answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

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8. (A) Do you wear glasses (or contact lenses) while driving? .....  YES  NO

(B) Do you wear a hearing aid? .....  YES  NO

### PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees.

Based on the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

<p><b>Certification:</b> I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.</p>	9. Signature	10. Date of Birth (Month, Day, Year)
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### REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

**Certification:** I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.
- 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date of Birth (Month, Day, Year)
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## GOVERNMENT VEHICLE USE

1. **PURPOSE:** To establish policy and procedures for the use of government owned or leased motor vehicles and privately owned motor vehicles for official government business.
2. **POLICY:**
  - a. All employees using a motor vehicle for official government business must possess a valid state driver's license. Employees whose principal duties involve motor vehicle operation must possess a valid state commercial driver's license. Any employee involved in a motor vehicle accident while operating a government vehicle, regardless of responsibility, may be required to attend a VA sponsored Defensive Driving Course.
  - b. Government vehicles may be used on official VA business according to need and availability. Official business does not include transportation of an employee between his or her domicile and place of employment. Employees traveling on official business may be accompanied by a family member when recommended by the Division Manager or Service Chief and approved by the Chief Operating Officer. However, the family member may not drive the government vehicle. The use of privately owned motor vehicles for official VA business may be authorized by the Chief Operating Officer or his designee when it is to the government's advantage. Whenever possible, regularly scheduled shuttle service should be used (such as between the Portland and Vancouver divisions) in lieu of a government car. In addition, all practical energy conserving methods of vehicle operation should be utilized, such as lower speed limits.
3. **RESPONSIBILITIES:**
  - a. Determining availability and dispatching vehicles is the responsibility of Facilities Management Service.
  - b. Services with assigned vehicles are responsible for the most efficient use of the vehicles. Each using Service will receive a form from Facilities Management Service which they will submit requesting retention of and/or additional vehicles by August 5th of each year.
  - c. Government vehicle operators are responsible for the safe, legal and efficient use of the vehicle. This includes operator maintenance checks such as ensuring proper fluid levels, correct tire air pressure and cleanliness of the vehicle. Fuel tanks should be refilled when 1/2 full before returning vehicle. Keys and credit card should not be left unattended. Vehicles must be locked with the keys and credit card removed when the vehicle is not in use. Except in unusual circumstances, the operator is responsible for payment of all valid traffic citations. Accident reporting is the responsibility of the operator, including required reports to both local and federal authorities.
  - d. **Do's and Don'ts**
    1. ***DO lock your vehicle at all times and secure keys and credit card.***
    2. ***DO use safety belts at all times (this includes all passengers).***
    3. ***DO obey all traffic and speed limit laws.***
    4. ***DO report any vehicle damage or malfunction as soon as possible.***
    5. ***USER on overnight travel is allowed to use vehicle for transportation between motel and local area restaurants.***

1. **DO NOT smoke in any government vehicle at any time.**
2. **DO NOT purchase any fuel other than regular unleaded for gasoline vehicles.**
3. **DO NOT take the vehicle to your private residence unless approved to do so prior to your trip.**
4. **DO NOT leave your personal trash in the vehicle.**
5. **DO NOT let friends or family ride with you unless specific authorization to do has been obtained *prior* to your trip.**
6. **DO NOT use the vehicle for private business, personal errands or recreation.**

e. If any employee willfully uses, or authorizes the use of a motor vehicle other than official purposes, the employee is subject to suspension of at least one month or, up to or including, removal by the head of the agency (31 U.S.C. 1349).

f. The Internal Revenue Service considers the use of a government owned vehicle for use in commuting from home-to-work or work-to-home as a fringe benefit. In order to comply with this requirement, it will be necessary for Service Chiefs to gather information on employees in their service who use government furnished vehicles for commuting in the current fiscal year and report the information on Attachment A to Fiscal Service (P-4-FISC) not later than November 10 each year. The following criteria may be used in your determination:

- 1) The use of a government furnished vehicle to commute from work-to-home or home-to-work (even though the employee is required to use the vehicle for the convenience of the Government).
- 2) When employees work out of their homes and use a Government furnished vehicle in conducting government business.

#### 4. **PROCEDURES:**

a. Reservations and Forms: Local employee travel may be arranged by requesting a vehicle from Transportation Section, Facilities Management Service. A vehicle may be requested in the following ways:

- 1) Calling extension 57335, twenty-four (24) hours in advance of need.
- 2) A memo signed by the employee's immediate or higher supervisor.
- 3) Electronic mailman: The requestor should send the mailman request to their supervisor. The supervisor should respond "Approved" or "Disapproved". The message should then be forwarded to Jess Moses, Chief, Facilities Management Service.

***\*\* Please note that an authorized VA Form 3075, "Motor Vehicle Trip Ticket," will be required to take possession of the vehicle regardless of how the vehicle was requested. The Trip Ticket must be signed by the employee's immediate or higher supervisor.***

In the event a vehicle is not available, the Facilities Management Service dispatcher will give written notice to the requester.

Local employee travel (within 60 miles) may be arranged by any of the means listed above. For other than local travel (over 60 miles radius) the following must be adhered to:

For travel between 60 and 300 mile radius the request must be signed and approved by the users, Service Chief, and then the Chief of Facilities Management Service.

For travel greater than 300 mile radius, the request must first be approved by the employee's Service Chief, then forwarded to the COO for approval/disapproval, and then to the Chief, Facilities Management Service.

***b. Government vehicles may be parked for the time limit at Portland city metered spaces without deposit of coins. CAUTION: This is not authorized by other Oregon cities. Any tickets incurred are the responsibility of the individual.***

c. Accident Report Forms are available in each vehicle, or may be obtained from Facilities Management Service, Transportation Section, ext. 57335. Assistance in completing the forms is also available from the Transportation Section.

d. Use of Credit Cards: Before ordering services, be sure the vendor accepts government credit cards. Authorized purchases are listed on the back of the card. Procedures for ordering emergency road services are contained in the GSA Operator's Handbook in the vehicle. Users may be held liable for payment of unauthorized purchases.

**5. REFERENCE:**

MP-3, Part III, Chapters 2 and 3, dated March 15, 1978  
Public Law 97-258, dated September 13, 1982

VA MEDICAL CENTER, PORTLAND, OREGON  
VOLUNTARY SERVICE  
Standard Operating Procedure

DAV TRANSPORTATION NETWORK  
ACCIDENT / INCIDENT PROCEDURES

1. **PURPOSE:** To establish a standard operating procedure following an accident or incident involving a DAV Transportation Network van and/or van driver.
2. **POLICY:**
  - a. Driver will assess the situation and perform emergency assistance as deemed by event. This includes but is not limited to calling 911, rendering aid for life threatening conditions, provide incident leadership until authorities arrive etc. Passengers, if injured, will be transported to the nearest hospital or released.
  - b. Driver will contact the PVAMC as soon as it is prudent to do so to report the accident.
  - c. Driver will obtain all pertinent information from other driver(s) which includes: name, address, phone, insurance policy name and policy number of other driver; passengers and/or witnesses names, addresses and phone numbers; make/ model of involved vehicles and a description of the event including date, time of day, road conditions and any other pertinent information. The driver must remain at the scene of any accident until instructed by the police that he/she may leave.
  - d. Following an accident involving a DAV van, the transportation volunteer driver will be placed on leave from driving while the accident is being investigated.
    1. The volunteer driver may engage in other volunteer activities during this time.
    2. Pending the outcome of the investigation, a determination will be made regarding the length and/or permanency of the leave. If the accident is severe, results in injuries and/or the driver was in error, the driver will not be permitted to volunteer as a driver.
    3. Determination of volunteer driver driving status is based upon the established criteria for selection of volunteer drivers; recommendation of the administration and/or

Regional Counsel as appropriate to circumstances. Factors to consider include but are not limited to: severity of accident, injuries to people, damage to van, issuance of citation, cause of accident, outcome of physical if required to repeat

4. A minimum 90 day suspension from driving is required pending outcome of accident investigation.
- e. Drivers who are not in compliance with the MCM 135-01 Transportation Volunteers policy may be held personally liable for damages.

### **3. RESPONSIBILITIES:**

a. Chief, Voluntary Service, is responsible for administration of the standard operating procedure regarding volunteer drivers involved in accidents and notifying VAVS Central Office of the accident.

b. Transportation Foreman, FMS, is responsible for vehicle towing, repair, replacement etc.

c. Van driver is responsible to notify the police and the medical center as soon as possible following an accident.

d. The first person at the medical center to be notified of the accident (usually the Transportation Foremen) is responsible to notify appropriate medical center personnel. (Administration, Voluntary Service, the DAV office, Transportation office).

e. Associate Director for MCO or designee will notify PVAMV Director and VISN 20 Network Director or designee. VISN 20 Safety Officer may request a brief on the details. If an injury accident occurs, Portland Regional Counsel should also be notified.

f. Quality and Performance Office will be notified by Associate Director for MCO or designee.

g. Business Office is notified by Associate Director for MCO or designee if any patients are transported to local hospitals for care.

h. FMS/Transportation will send all accident reports to VARO and Boise Regional Counsel.

#### **4. PROCEDURES:**

a. Van driver will call 911, administer aid as required by situation and driver's skill level and contact the Transportation Foreman or Energy Center / AOD (after business hours) at the medical center.

b. Other Medical Center personnel to be contacted are:

1. Administration (Associate Director for MCO or designee)
2. Voluntary Service
3. DAV HSC
4. Safety Officer
5. Q&P Office
6. VISN Safety Officer
7. Regional Counsel
8. VAVS CO
9. VA Police (courtesy call)

c. Van driver will remain at the scene of any accident until instructed by police to leave.

d. Van driver will obtain all pertinent information from other driver(s) and complete VA accident form SF 91 immediately following the accident. This form will be submitted to the Transportation Office with copies to Voluntary Service, Administration, Regional Counsel, VAVS CO. Police reports, if any, will accompany the accident report. Driver will file a report with DMV if accident requires this.

e. Veteran passengers, after initial assessment at the accident scene, should be told to seek additional medical attention if they think they need it. Passengers are not required to be seen by a medical provider or referred to the VA ECU.

f. Final reports of the accident are sent to the Associate Director for Operations. Copies of these reports will be sent to appropriate departments as described above for further action if needed.

**DATE: May 2005**

**RECISSION: May 2007**

VA MEDICAL CENTER, PORTLAND, OREGON  
VOLUNTARY SERVICE  
Standard Operating Procedure

ANIMALS ON DAV VANS

**1. PURPOSE:** To establish a standard operating procedure to establish authority for service animals to ride on the DAV vans.

**2. POLICY:**

1. The DAV Transportation Network will transport passengers with service animals. Such passengers will not be excluded from the transportation service solely on the basis of having a service animal.
2. Service animals are defined as animals which are trained to help the individual accomplish activities of daily living – seeing eye dogs, dogs for hearing impaired, companion animals for people with psychiatric conditions.
3. Family pets are not generally considered assist animals. Wild and/or exotic animals are not permitted.
4. All animals/passengers with animals will comply with MCM 11-33.

**3. RESPONSIBILITIES:**

1. Chief, Voluntary Service, is responsible for the administration of this policy.
2. Hospital Service Coordinator is responsible for the implementation of this policy.
3. DAV transportation volunteers are responsible for compliance with this policy.
4. Passenger with service animal is responsible to keep animal in control at all times
5. Passenger with service animal is responsible for maintaining health, health records and grooming of animal at all times.

#### **4. PROCEDURES:**

1. Veteran patients with service animals requesting a ride on a DAV van will inform dispatcher that they have a service animal which will be accompanying them.
2. For safety reasons, companion animals will be transported in carriers. Seeing/hearing dogs will be permitted to ride without being in a carrier so that they can do the work they have been trained to do.
3. The dispatcher will inform other scheduled passengers of the animal so that accommodations can be made with regard to allergies/medical conditions etc.
4. Any animal exhibiting a health or safety risk, such as disruptive behavior, unclean or in poor health, will not be transported in the DAV van.

**DATE:** January, 2006

**RECISSION:** January, 2008

Kay Hilt, CTRS  
Chief, Voluntary Service

#### **REFERENCE:**

1. MCM 11-33 Animals within the Medical Center



# VAN DRIVER ORIENTATION DRIVER SPECIFIC



## **DRIVER SPECIFIC ORIENTATION**

### **I. THE VANS**

The vans are donated to the VA by various service organizations and municipal entities (primarily the DAV and the Elks.) Upon receipt, the VA agrees to provide maintenance, fuel and repair costs for as long as the vans continue to be used to provide veterans with transportation to/from the medical center. When the vans are no longer considered road worthy to do this job, they are returned to the donor for resale. Drivers are expected to perform vehicle inspections before each trip and to inform the HSC of any needed repairs/maintenance.

- a. Vehicle inspection (see check list)
- b. Meet with transportation foreman - All drivers will meet with the transportation foreman prior to beginning the volunteer driver assignment. The Transportation Foreman will orient the driver to the VA policies concerning the vans, how to get repairs done, where to get the van washed etc.

The vans are to be used only in accordance with the volunteer driver job description (review the Use of Government Vehicle policy).

### **II. THE ROUTE**

Drivers will have a specific route that is driven with designated pick up points along the way. For safety and consistency, drivers will adhere to the route and the designated pick-up points. Drivers are not permitted to make unauthorized stops or changes in the route. All passengers should aware of the guidelines which govern the privilege of using the van to get to medical appointments. Drivers will meet with Hospital Services Coordinator (HSC) and/or local driver coordinator regarding the route. Deviation from the route may forfeit a drivers' tort claims protection in the event of an accident or other event.

### **III. INCLEMENT WEATHER**

Pacific NW weather can create some challenging driving conditions. Drivers are asked to pay attention to the weather in their communities as well as the weather along the route they drive. It is important that veterans get to and from their appointments **but not** at the expense of their health and safety. If the forecast is for extremely dangerous road conditions or the highway patrol as encouraged drivers to stay off the road, please be mindful of the safety risk you may be taking by driving the van that day. If the road conditions deteriorate after you have reached the medical center, consult with the HSC to decide whether to leave early or not at all. If the road conditions become treacherous as you are driving, you will have to use your good judgment as to turn around and go back or to continue driving.

#### **IV. MANAGING EMERGENCIES**

**A. MEDICAL EMERGENCIES** – Although it is rare, passengers may become ill while riding in the van. The driver will need to assess the severity of the illness and the van location when determining the plan of action. In the event of a life threatening condition (stoppage of breath, severe bleeding etc), the driver will call 911 to report the situation. The 911 operator will advise the driver as to the course of action. Drivers are not required to know CPR or First Aid, but are asked to get the passenger to the nearest medical facility for help. If an illness occurs when the van is in an area with no cell phone coverage, the driver must use his/her judgment as to the course of action. This may mean driving to a place where help can be found (fire station EMT, police station, hospital or medical clinic) depending upon the severity.

**B. BEHAVIORAL EMERGENCIES** - It is possible that a passenger may have problems which cause him or her to become angry, aggressive, confused, disoriented or combative. These behaviors may be caused by such things as dementia, substance abuse, anxiety disorders etc. Behavioral emergencies are rare on the vans but should this occur, the most important thing to keep in mind is the safety of the veteran, other passengers and yourself. Behaviors that don't seem normal (everyone can have a bad day; this behavior is somewhat beyond a bad day) probably are not normal. Do not engage in confrontation. Try to assess the problem (mental confusion, anger, substance use etc.) Remain calm; do not do or say anything that will escalate the situation. If you are driving, pull off the road in a safe place and call 911. Ask for the police to assist. Wait for the police to come to assist. The police may take the passenger off the van. Do not attempt to do this yourself. Do not leave the passenger along side the road and drive away. You are responsible to get the passenger to the destination unless the police take passenger into custody. Drivers are encouraged to take the Dealing with Dangerous Behavior training offered by the VA.

**C. VEHICLE EMERGENCIES** – This, too, is a rare occurrence; but should you have problems with the vehicle (engine, tires etc), try to get to a safe place and call the Transportation Foreman at the VA if during business hours or the VA Energy Center if after business hours. You will be advised depending upon the nature of the problem. Remember that safety is the number one consideration.

**D. “WHAT IF” KIT** – All vans are equipped with tote boxes that contain supplies for various kinds of emergencies. If you use any of these supplies, please let the HSC know as soon as you can so that they can be replaced.

**E. ACCIDENT PROCEDURES** – (see Policy section) Avoid accidents by driving cautiously, obeying the traffic laws, getting plenty of rest before you

drive, etc. If you are involved in an accident, you will need to do follow the procedures established by the VA. First of all, attend to any emergent situation; then call the police. Depending upon the circumstances, you may need to post flares to warn other drivers of the accident. On two lane highways, you are required to post two flares (50 feet and 100 feet) behind the accident and one flare between 50 feet and 100 feet in front of the accident to warn on coming drivers. Do not leave the scene of the accident until the police tell you that you can do so. Get all pertinent information: name, address, phone number and insurance of the other driver, passengers, and/or witness. Note the make, model and license plate of other vehicle(s). Use the disposable camera in the "What If" Kit to photograph the car(s), driver. Note the time and place of the accident and any other pertinent circumstances. After you have done this, contact the VA starting with the HSC office; if you cannot reach that person, contact the Transportation Foreman and then Voluntary Service. If the accident occurs outside of business hours, call the VA Energy Center who will contact the Transportation Foreman. Do not admit guilt at the scene of the accident. You will have to fill out an accident report for the state and a separate form for the VA. You will need all of the above described information to complete these reports. Depending upon the nature of the accident and the damage to life or vehicles, you may be asked by VA Administration to make other statements as well. Volunteer drivers are covered by the VA's Tort Claims Protection Act as long as they are engaged in activities described in the volunteer driver job description. If a driver is engaged in personal business or otherwise off the designated route, he/she will not be covered by the Tort Claims Protection Act and may be personally liable for the accident. Depending upon the circumstances of the accident, a review panel comprised of appropriate VA staff may be convened to review the accident and determine the follow-up course of action.

**F. CELL PHONES** – Cell phones are provided for each van. They are to be used for emergencies only. Before using a cell phone, pull off the road to a safe place. **DO NOT DRIVE WHILE USING A CELL PHONE** (the van phone or your own). No personal calls can be made on the cell phone provided by the program.

**IV. SEAT BELTS** - Seat belts must be worn at all times by every person on the van. There may be a very rare medical exception to this policy, but the passenger must have *current* documentation of this AND understand that his safety may be compromised in the event of an accident.

**V. ON-THE-JOB INJURIES** - Volunteers who are injured on the job will be covered under workman's compensation provided that volunteers have logged in for that day. Failure to log in may result in personal liability for accident. Drivers will not be able to log in until they arrive at the VA, but having been scheduled by the coordinator to drive would suffice until driver arrives at the medical center.

**VI. ANIMALS ON THE VAN** – Service animals are permitted on the DAV Transportation vans. See medical center memorandum 11-33 regarding the conditions for permitting service animals on the vans.

**VII. LUGGAGE ON THE VAN** – Passengers are allowed to carry on only that which can be held on the lap or put under the seat. There are no provisions for securing O2 tanks or large pieces of luggage.

**VIII. CREDIT CARDS** - All vans have a credit card with which to purchase gas and certain other items as pre-approved by the Transportation Foreman. If the gas station does not accept the credit card, call the 1-800 number on the back of the card for authorization. The pin number is the last 5 digits on the license plate of the vehicle. Items purchased with the credit card (except fuel) must be pre-authorized by the transportation foreman unless it is a roadside emergency. In the case of a roadside emergency, do only what is necessary to get the van operational again. Contact the transportation foreman to discuss the repair plan. Get a receipt with every purchase. (These receipts are required to reconcile the statement from the credit card company.) These receipts are to be given to the HSC at the first opportunity.

**IX. LOG BOOK** - Each Van has a log book and vehicle checklist. Please make an entry every time you drive. This is the way drivers can communicate with each other. Note repairs that need to be made, unusual circumstances in the van etc. Drivers are expected to turn in the vehicle checklist to the HSC when they get to the medical center.

**X. DEFENSIVE DRIVING** – Volunteer drivers will view a video and/or attend a class on defensive driving annually. The object of this video/class is to help drivers improve their ability to read and respond safely to potential collision-producing situations. Safety is our primary objective when it comes to transporting veterans.



VAN DRIVER  
ORIENTATION  
HOSPITAL



# ORIENTATION AND MANDATORY ANNUAL TRAINING ALL VOLUNTEERS

## ENVIRONMENT OF CARE

The purpose is to maintain a safe patient care and work environment free from hazards and to protect against unforeseen biological, chemical or fire emergencies.

- Maintain clear aisles free from trip hazards. This includes stored items, electrical cords, telephone cords, etc.
- Clean and put away unnecessary tools, equipment and supplies in the work area.
- Collect and remove trash and/or debris at the end of each work shift or as necessary to prevent fires.
- Remember to treat hazardous waste separately.
- Safeguard around accidental spills by barricading, prompt reporting and clean up.
- Report all chemical spills to the work order desk at ext. 56332. Radioactive spills must be reported immediately to the Radiation Safety Officer, ext. 55853.
- Safely store chemicals in appropriate areas and/or safety cabinets. Prevent against accidental spills.
- Be cautious of stacking items in high places to avoid potential hazard of items falling. Don't overload wall shelving. Place seldom-used items in file cabinets or bookcases.
- Load file cabinet drawers from the bottom up. Secure cabinet to wall and keep unused drawers shut.

## INFECTION CONTROL

There are many infectious pathogens in a healthcare setting that may pose a risk to employees, volunteers and patients. These pathogens may be present in blood, *any* body fluid (secretions and excretions – except sweat), non-intact skin and or mucous membranes of any person. They are also found on equipment, desks, computers and even in the air we breathe.

It is important that you identify the precautions you need to take to protect yourself, patients and others in the medical center from participating in the transmission of germs.

The *KEY* to infection control is to stop the transmission of disease causing germs from one person to another.

All infection control procedures, such as washing your hands or wearing gloves, breaks the transmission between you and the germ.

Whenever body fluids are present use standard precautions to prevent transmission of disease causing germs. Direct contact with body substances must be avoided. Never touch a patient without washing your hands before and/or after contact. Never remove a bandage, touch a wound, etc.

**HAND WASHING:** Wet hands thoroughly with warm running water, apply 3-5 ml of soap and distribute over hands and wrists, vigorously rubbing hands together for at least 10 seconds covering all surfaces of hands and fingers. Rinse. Pat hands dry with paper towel. Turn off water with paper towel.

**ALCOHOL HAND RUB (Isagel):** Apply small amount of product in palm of hand. Massage, covering hands completely. Rub into the skin until dry (approximately 30 seconds). Do not rinse. Use this product between patient visits.

Note: Alcohol-based products build up on hands. Wash hands with soap and water after about 8-10 applications to remove excess product from hands. *There is no exact number of applications before hand washing is necessary.* This is an approximation and may differ slightly for each person.

**ARTIFICIAL FINGERNAILS** (wraps, acrylics, tips, tapes, any appliqués other than nail polish, and nail-piercing jewelry of any kind) is not allowed for anyone who regularly or occasionally provides direct, hands-on care to patients or who handles or processes sterile equipment or supplies. People whose patient contact is limited to shaking hands are not affected by this rule.

**USE OF GLOVES:** Gloves must be worn when handling food. If you touch other surfaces and then return to handling food remember that these surfaces may be contaminated and you could spread these germs to the food. In this case, gloves should be changed *BEFORE* returning to the food items. When removing contaminated gloves, catch the upper edge of the glove and roll the glove outside in keeping the contaminated surfaces inside. Dispose of properly.

**TUBERCULOSIS (TB) SKIN TEST/ PPD:** TB is a disease which is spread by airborne tuberculosis germs when a person with the disease coughs, laughs, sneezes, sings etc. Because of the nature of this disease, all healthcare workers are required to be tested each year for exposure to TB. These tests are done by the VA's Occupational Health Department. After the test is administered, the results must be read by an authorized clinician within two to three days.

Covering your mouth when coughing or wearing a mask is the best method for preventing exposing others to TB. Covering your mouth when coughing or sneezing is an acceptable practice even if a person does not have TB.

#### **OTHER RESPONSIBILITIES FOR INFECTION CONTROL:**

1. *Stay home when you are ill.* We will miss you and will be glad when you are able to return to work. However, the hospital cannot have a healthy workforce if people come to work when they are ill and make others ill as well. Many patients have compromised immune systems and cannot afford to be exposed to illness.

2. *Get your flu shot.* If you get the flu, you'll just be miserable. If you give the flu to our patients, they will be at a high risk for complications and possible death.
3. *Stop, read and follow directions on any posted isolation sign before entering a patient's room.*
4. *Use frequent hand hygiene practices.* Routine hand hygiene is the single most important thing you can do to prevent the spread of infection.

## **FIRE SAFETY**

The purpose is to address appropriate staff response to fire emergencies and evaluate education and training for all personnel in the elements of the fire plan. Upon discovery of fire, follow “**R A C E**” procedures:

**RESCUE:** anyone in the area of the fire without endangering your own life.

**ALARM:** by pulling the nearest fire alarm pull station and by dialing \*20 and reporting the fire.

**CONFINE:** by closing all doors and windows.

**EVACUATE or EXTINGUISH:** Extinguish only small fires and only when you are sure the method used will control the fire and not spread it.

- Know where the nearest fire alarm and fire extinguisher is located. Keep them unobstructed at all times. Use corridor signs to locate them.
- Relocate all staff, visitors, and patients to a safe location or nearest smoke barrier (usually double set of doors across corridor). Know your evacuation routes, procedures and how to evacuate patients and visitors.
- Keep corridors as clear as possible at all times.
- If an alarm/fire condition occurs while you are transporting a patient, identify the location. Do not enter the alarm area until an “All Clear” announcement is made.
- The “RED” type A, B, C, fire extinguishers can be used on all types of fires: ONLY COMBUSTIBLES FIRES; FLAMMABLE LIQUID FIRES; AND ELECTRICAL FIRES.
- The VA has a fire/emergency bell code system. Interpretations of the bell codes are posted throughout the medical center. Each area of the hospital has its own bell code. These codes are sets of three (for example: 3 bells pause 1 bell pause 2 bells pause) A disaster which would effect the entire medical center is represented by eight (8) continuous bells followed by a pause. There is no other

bell code like this one. When you hear the fire/emergency bells, check the code to determine where the fire/emergency is located.

## **PREVENTION OF SEXUAL HARASSMENT**

Sexual harassment is defined in the Equal Employment Opportunity Commission's (EEOC) Guidelines as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when such behavior is used to make employment decisions or when it results in a working environment that is hostile, offensive or intimidating, or so negative that it affects the employee's ability to do his or her job. The Portland VA Medical Center is a zero-tolerance facility.

"Sexual harassment usually involves physical, verbal or non-verbal behavior of a sexual nature."

That means that words or gestures that have a sexual content or are directed primarily at one sex fall within the definition. For example, staring, leering, rolling your eyes or wiggling your tongue might be construed as sexual behavior. Posting a centerfold from Playboy at your workplace may also be sexual harassment, even though tacking a photo to the wall is not exactly verbal or physical behavior.

A leer or a wink (by itself) is not necessarily sexual harassment.

The behavior has to be unwelcome (and perhaps repeated) for it to be sexual harassment.

The November 1993 unanimous U.S. Supreme Court decision on sexual harassment stated that a court would consider the *frequency* and the *severity* of the behavior, whether it is physically threatening or humiliating and whether it interferes with an employee's performance in determining if the behavior is sexual harassment.

Sexual harassment is behavior that a reasonable person might object to and include the following conditions:

- Unwelcome
- Physical, verbal or non-verbal
- Sexual in nature

## **CONFIDENTIALITY / HIPAA A Common Sense Approach**

VA Volunteers are allowed access to patient records on a “need to know” basis. The fact that one is a volunteer at the VA does not entitle him/her to access all records. Volunteers (and employees) must have legitimate need to use the records for the purpose for which the information was collected.

Volunteers are not to discuss patients except within the context of their duties. Special attention must be paid to eliminate casual discussion of patients’ medical, financial or emotional conditions. Volunteers must avoid discussing patient concerns in public areas such as elevators, the cafeteria, corridors and waiting rooms.

Special care must be taken with computer records. The Privacy Act covers all information regardless of the storage medium. Visibility of the computer screen must be guarded when accessing patient records.

Volunteers must observe the medical center policy regarding the appropriate use of the VISTA system. Access codes must be protected. Volunteers are not to access their own VISTA files nor access the files of other volunteers or employees unless it is within the strict delineation of their duties.

### **VHA PRIVACY AND HIPAA TRAINING FOR VA VOLUNTEERS**

#### *Basic Principles of the Privacy Act*

The Act established certain rights for the individual concerning the collection, maintenance, use and disclosure of Federal information about the individual:

- Government disclosure of personal records is restricted.
- Individuals are granted a right of access to records maintained on them.
- Individuals are granted a right to request amendment of records maintained on them if the records (or information contained in those records) are not accurate, relevant, complete or timely.
- The Government is required to meet “Fair Information Practice” standards in the collection, maintenance, use and disclosure of personal information.

## **Required Training:**

All Veterans Health Administration (VHA) employees, *including volunteers*, medical residents, students, and contractors are required to complete this training, even if you may not have direct patient contact responsibilities.

## **Purpose and Background:**

In 1996, Congress passed the Health Information Portability and Accountability Act (HIPAA). On December 28, 2000, Health & Human Services Department (HHS) published the final rule for Standards for Privacy of Individually Identifiable Health Information, known as the HIPAA Privacy Rule.

The purpose of this training is to provide volunteers with the required knowledge of the VHA Privacy Policies, including those resulting from the Health Information Portability and Accountability Act (HIPAA). This is required training for all VA employees and volunteers nationwide. For the VA, this training, which consists of reading this material, must be completed at the time of Volunteer Orientation.

## **HIPAA Definition:**

HIPAA protects your individual health information when it is maintained or transmitted electronically, in written format, or communicated verbally. *Volunteers need to know that all patient information and related health information is confidential.* It is important for all volunteers to safeguard any patient health information you may come across in the course of your duties. The safeguards and extensive legislation that have now been put in place by HIPAA are designed to safeguard confidential health information as the healthcare industry increasingly relies on computers for processing health care transactions.

The VA has established procedures to protect the confidentiality, integrity, and availability of protected patient health information. All volunteers and employees need to be familiar with the VA Privacy Policies and HIPAA safeguards designed to protect patient health information.

Volunteers, as “without compensation employees” are subject to the provisions of the Privacy Act of 1974, Public Law 93-579 and the VA regulations that implement this law. Accordingly, volunteers must assist VA staff in safeguarding the privacy of patient information discovered during the course of their duties in their volunteer assignment. Unlawful release of such information could result in prosecution in a court of law and the imposition of a substantial fine.

*Protected Health Information* (PHI) must be kept confidential. PHI consists of the following:

- Individually identifiable information (i.e. Social Security number, health information, etc.)
- Demographic information (i.e. address, phone, age, gender, etc.)
- This information can be in any form (verbal, written, electronic)

As a volunteer, you are required to keep all PHI strictly confidential that you may discover in the course of your assigned volunteer duties. Here are some requirements:

- No talking in public areas about Protected Health Information as listed above
- Keep PHI out of public areas. (i.e. elevators, stairways, open areas, etc.)
- Secure any records you may be working with before walking away
- No discussion with anyone, inside or outside the hospital, of any PHI you may learn while carrying out your assigned duties as a volunteer.

**Possible Outcomes for not complying with HIPAA privacy policy:**

- Organization specific sanctions (i.e. lawsuits, not receiving accreditation)
- Right of privacy policy violation victim to file a complaint will be exercised.
- Civil and criminal penalties for HIPAA privacy policy violators
- Fine up to \$50,000 and/or imprisonment.

**Summary:**

All volunteers must be responsible for safeguarding Protected Health Information (PHI). As a volunteer in our hospital, you have a responsible to keep all patient information learned in the course of your duties, confidential and secure. Do not discuss any PHI discovered in the course of your assignment with anyone. Remember that you would want your personal information and health records treated in the same confidential, professional manner.

As a volunteer, take pride and ownership in the fact that your organization is concerned about privacy and recognizes its importance in providing quality healthcare.

Volunteers who have questions about HIPAA should contact the Voluntary Service Office at (503) 273-5042 (Portland) or (360) 696-4061, ext. 31842 (Vancouver). For more technical questions, the PVAMC Privacy Officer will be able to answer them.

A detailed booklet is provided if you need additional information on HIPAA Privacy Training.

## AGE SPECIFIC INFORMATION

At various stages of life, it is common for people to experience certain characteristics, which may affect the way a volunteer interacts with them. At the VA many of our patients are in the age categories of adult, older adult and geriatric. Some of the age-specific considerations may be a part of normal aging and some may be the result of illness or injury more likely to occur within that age category. Awareness of these considerations will allow the volunteer to have more effective interactions with veterans.

Age Specific Consideration Categories:

- Mobility, Bones, Balance and Safety
- Cognition and Communication
- Vision and Hearing
- Skin, Sensation, Thermoregulation and touch

### **Mobility, Bones, Balance and Safety:**

Adult: Normal gait, mobility and endurance typically sufficient to accomplish own *activities of daily living* (ADL's). Possesses normal equilibrium and balance bone strength, density, and muscle flexibility, typically enable smooth, coordinated movement, safe ambulation and mobilization.

Geriatric: Gait may be slowed or impaired. Mobility and endurance in completing ADL's may be reduced. Mobility aids may be required. Endurance may be compromised with assistance needed to complete ADL's. Usually require frequent resting periods between activities. Balance and equilibrium may be compromised or upset by sudden changes in position that could result in a fall with injury. Bones are more porous and less resistant to injury. Bones may break easily, even in a minor fall. Flexibility may be compromised, or walking requires assistance to maintain safety.

### **Cognition and Communication:**

Adult: Typically able to process information quickly, communicate effectively, and solve problems independently.

Geriatric: May have deficits in cognition, recall, and/or communication. May require additional time to process unfamiliar information and communicate needs. May require assistance to solve routine or unusual problems.

## **Vision and Hearing:**

**Adult:** Vision may vary, but usually is correctable to 20/20 with glasses, contacts, or surgery. Hearing is usually within normal limits, or deficits may be correctable with hearing aids.

**Geriatric:** Typically experiences diminished peripheral vision, or eyesight that requires visual aids, such as reading glasses or magnified print. May require additional time to read materials. Increased possibility of having difficulty with some aspects of vision or perception that is not correctable. May have hearing deficits in higher pitch range, and hear lower tones more clearly. Usually does better if speaker looks directly at them while speaking in low tones at slow rate. Aids may not correct deficit, and some patients read lips to help hear and understand.

## **Skin, Sensation, Thermoregulation and Touch:**

**Adult:** Has normal skin turgor, elasticity, and resilience to pressure and minor insults to intactness and integrity. Sensory perception of temperature, touch, and pressure are sufficient to protect self from harm.

**Geriatric:** Have diminished skin turgor, elasticity, and subcutaneous fat to protect skin from bruising and injury from minor insults. Have thinner, drier, and more fragile, less elastic skin that is prone to injury with prolonged pressure over bony prominences and shearing forces from incorrect positioning in bed. Have a tendency to feel colder due to loss of fat reserves. Sensation to extremes of temperature, both hot and cold is diminished. Nutritional deficits may compromise healing and infection prevention. Small initial injuries have greater potential to progress to more severe stages.

## **CULTURAL COMPETENCE**

Culture includes “shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people. Individuals, also, may be members of several different cultures as determined by language, class, race, gender, ethnic background, religion, sexual orientation, ability, interests, etc. The VA is a culturally diverse healthcare facility which finds strength in and is respectful of the differences between people. Cultural competence is a set of behaviors and attitudes which are integrated into the expectations that the medical center has established for its employees, trainees and volunteers so that people can work effectively in this cross-cultural environment. Volunteers are expected to:

- *accept, appreciate and accommodate cultural difference*
- *value diversity; accept and respect differences*
- *accept the influence of their own culture in relation to other cultures*
- *understand and manage the dynamics of difference with cultures intersect*
- *be willing to explore the components of cross-cultural interactions (communication, problem solving etc.)*

Cultural competence is more of an on-going *process* than a set *outcome* as it promotes effective interactions between people, builds stronger relationships, develops improved services and strengthens the ability of people to work together resulting in a more equitable, caring and inclusive environment.

## **EMERGENCY PREPAREDNESS**

All communities are vulnerable to events which constitute an emergency. This could mean a serious plane crash or freeway accident, explosions, fires, chemical spills, earthquakes and/or acts of violence or terrorism. These events can happen with little or no warning and can cause extensive damage and/or casualties. There may be much confusion and utilities could be interrupted. Individual and/or emergency vehicles may be attempting to come to the medical center. The first concerns in an emergency are to assess for life-saving measures and to secure the facility.

## **ACTS OF VIOLENCE OR TERRORISM**

The Portland VA Medical Center is aligned with the US Department of Homeland Security for the purposes of terrorist threats or events. Whatever threat level is declared by the DHS, the VA will also be on that level of alert even if the threat is far away from the PVAMC. Should such an event occur at this medical center, most likely there will be confusion, loss of utilities and a disruption of supplies and services. Some streets may be blocked and public safety services may not be able to respond. To establish order and security, the facility will be “locked down”. Accounting for all patients and employees will be necessary and unauthorized people will be removed from the affected areas.

## THREAT LEVEL CONDITION RED

- VA photo ID's are required at all times. You will not be allowed in a building or on campus without one.
- All vehicles entering the VA grounds will be subject to search.
- Tri-Met buses (except for lift vans) or other public transportation will not be allowed on VA grounds. Buses will run to OHSU and escort assistance will be available there for people who need help crossing the OHSU/VA sky bridge. The Portland/Vancouver VA shuttles and the DAV vans will continue to run on their normal schedules.
- If a threat level red is called before you have left home, plan to stay home unless otherwise contacted. The Facility will be in "lock down" mode.

## THREAT LEVEL CONDITION ORANGE OR YELLOW

These threat levels are similar to RED but with less restrictions on movement about the facility. Volunteers are asked, in all cases, to be the extra eyes and ears of the medical center. Report suspicious behavior or packages to your supervisor.

## TERRORIST THREAT / ATTACK

Attacks fall into four major types:

- (1) explosives and fire
- (2) biological agents
- (3) chemical agents
- (4) radiological agents

Attached is an information sheet regarding these types threats or attacks.

## WHAT TO DO IN THE CASE OF A WEAPONS OF MASS DESTRUCTION EVENT:

For Immediate Dangerous Exposures:

**Rescue:** others – if you can do so without endangering yourself

**Alarm:** Pull the fire alarm. Dial \*20 and explain the emergency exposure

**Control:** Prevent others from entering the area

**Evacuate:** Move people away from the area

Observation of a Potential Terrorist Act:

1. Report information to your supervisor who will contact the VA Police, ext 57164

If there is a Weapon of Mass Destruction event (WMD) or terrorist act at the medical center, the overhead page will state:

*“Code D - Internal Emergency”*

If the event takes place in the community, the overhead page will state: *“Code D – External Emergency”*

*Do **not** give any information to the media (newspaper, radio, TV). Refer media to the Public Information Officer.*

## **ALL OTHER TYPES OF EMERGENCIES**

The VA could experience an internal disaster or be called upon to assist with a community disaster. This could be an earthquake, fire, serious accident, chemical spill, etc. If you are on duty when this occurs, you may be called upon to become part of the manpower pool. When a disaster is announced, report your availability to help to your supervisor. If your assignment is in Voluntary Service, report to the Voluntary Service workroom and await further instructions. Remember, communication systems may not be working so getting information to all parts of the medical center will be difficult.

## **CHEMICAL AND WASTE HANDLING/RIGHT TO KNOW**

The purpose is to educate staff and volunteers regarding the safe storage, use, collection and disposal of hazardous materials, including infectious waste materials. The intent is to implement a management process that includes all materials that require special handling.

Users of hazardous materials have the RIGHT-TO-KNOW about hazards associated with the product or material in use or within the work area. The Medical Center has a written Hazard Communications Program that defines the elements of your RIGHT-TO-KNOW and your right to be trained.

- Hazardous materials may include flammable, corrosive, oxidizers, toxic, explosive, biological, or radioactive materials. Most common household or office products fall into a hazard classification.
- Hazardous materials must be clearly labeled, handled, stored, used, and disposed of in accordance with applicable laws and regulations.
- Anyone who uses or handles hazardous materials must be trained and knowledgeable of safe work practices, the hazards associated with the substance or material being used, protective measures to take in an emergency, what personal protective equipment should be used and what the disposal procedures are.

Users should be trained by their supervisors regarding the function of material safety data sheets (MSDS) and know where they are kept. The MSDS will provide the above-mentioned information regarding hazardous materials.

Adequate and appropriate space shall be provided for safety use and storage of such products and materials.

Hazardous waste storage and hazardous materials use must be effectively separated from patient care, food preparation, and food serving or eating areas.

If you have a hazardous material incident, report this to your supervisor, who will contact the appropriate medical center personnel (Industrial Hygienist, Radiation Safety Officer, Infectious Disease, etc.).

**INFECTIOUS WASTE** is considered bio-hazardous material and should be treated as such. There are red plastic bags available for bio-hazardous waste and specifically marked containers to dispose of these bags. Do not put this kind of waste in the regular trash containers.

## **NO FEAR ACT**

In May, 2002, Congress enacted the “Notification and Federal Employee Antidiscrimination and Retaliation Act”. This act protects federal employees from reprisals for reporting what they believe to be:

- evidence of violation of law, rule or regulation
- gross mismanagement
- an abuse of authority

- a substantial and specific danger to public health or safety.

The only exception is if the disclosure is specifically prohibited by law or such information is specifically required by Executive Order to be kept secret in the interest of national defense or the conduct of foreign affairs.

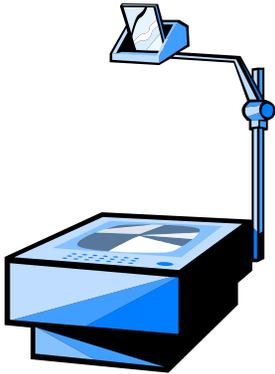
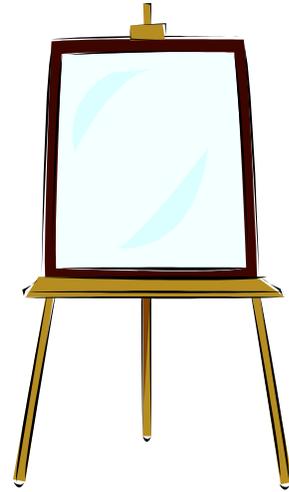
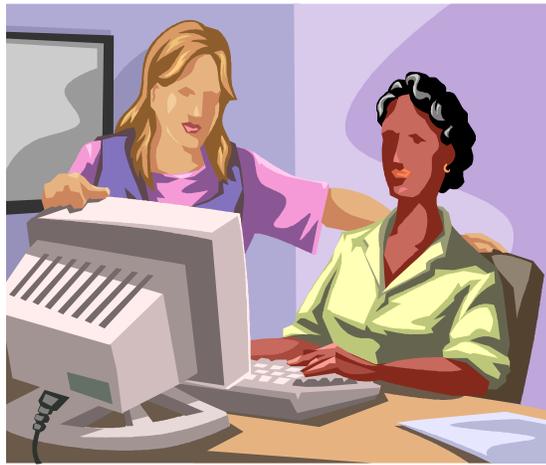
Not all disclosures rise to the level covered under the law. Minor waste of funds or trivial wrong doing or negligence are not considered to be “gross” waste or mismanagement. Disclosures need not be completely accurate to be protected by this law.

Volunteers are considered employees without compensation and as such, cannot be retaliated against for whistle blowing disclosures. If you believe you are a victim of whistleblower retaliation, you may contact the VA IG (Office of the Inspector General) Hotline number at 1 (800) 488-8244 or file a complaint with the U.S. Office of Special counsel (OSC); 1730 M Street NW., Suite 218; Washington, DC 20036-4505.

As a Volunteer there are several laws which protect you against discrimination. They are:

- Title VII of the Civil Rights Act of 1964
- Equal Pay Act of 1963
- Age Discrimination in Employment Act of 1967
- Sections 501 and 505 of the Rehabilitation Act of 1973
- Civil Rights Act of 1991

If you believe you have been the victim of unlawful discrimination on the basis of race, color, religion, sex, national origin, or disability you may contact an ORM (Office of Resolution Management) Equal Employment Opportunity (EEO) counselor at 1(888) RES EEO1 or TDD 1(888)626-9008 within 45 days of the alleged discriminatory action.



# ANNUAL TRAINING SELF-ASSESSMENT

## **ANNUAL TRAINING SELF-ASSESSMENT**

All staff and volunteers will complete the annual training self-assessment competency form. This form asks you to assess your knowledge and ability to implement the training you have had in various subjects (addressed in the Orientation section of this handbook) the medical center has deemed important. If you need or would like more training in any of these areas, please note this on the competency form and training will be scheduled. Competence in these areas is important for the health and safety of all people who work in or use the services of the medical center.

VOLUNTARY SERVICES  
VOLUNTEER SELF ASSESSMENT

NAME: \_\_\_\_\_ VOLUNTEER WORK ASSIGNMENT: \_\_\_\_\_

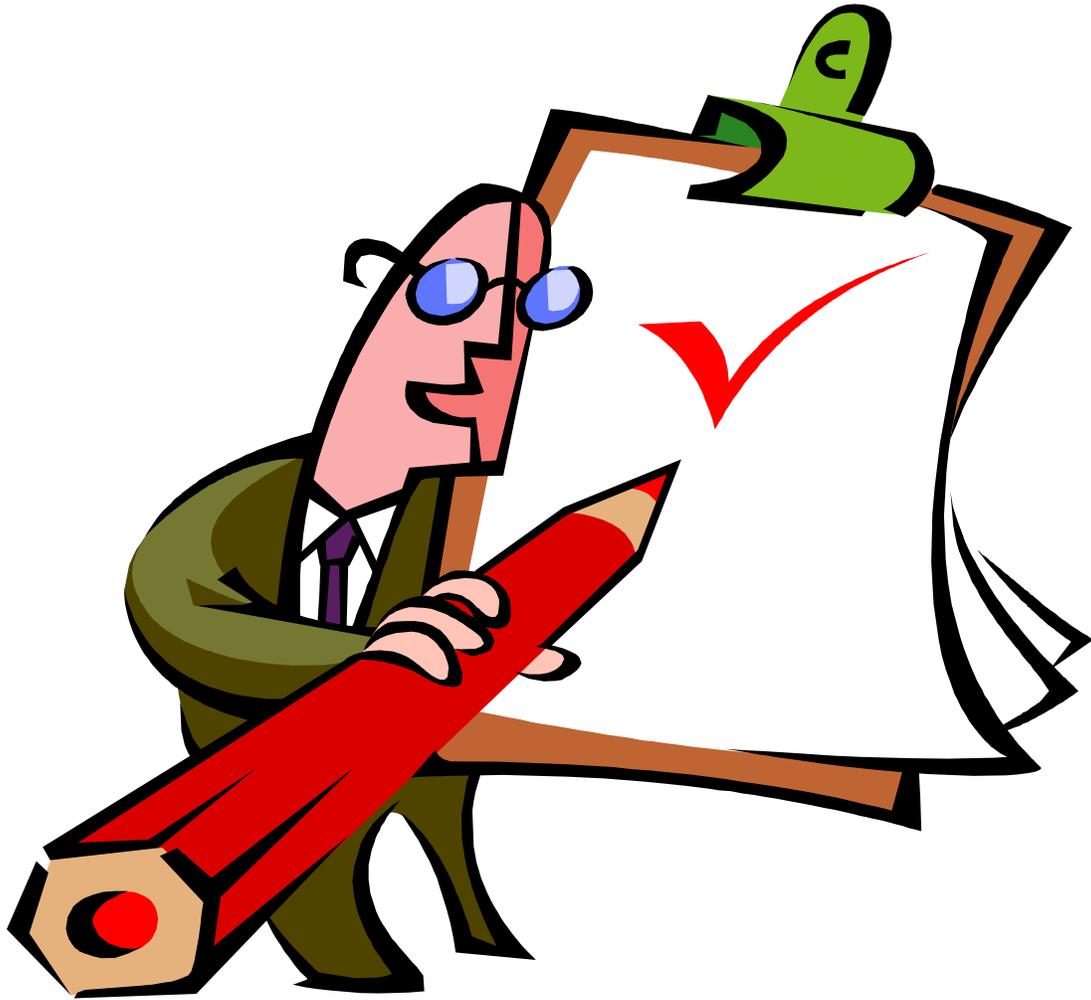
YES    NEED MORE TRAINING

- |                          |                          |                                                                                                     |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the medical center safety policies.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I know what RACE stands for.                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the proper hand washing procedure.                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to maintain confidentiality and why it is important to do so.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I can verbalize the policy regarding the prevention of sexual harassment.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know defensive driving techniques.                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the driver and passenger guidelines.                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the importance of treating all people with respect, courtesy and fairness.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how my job assignment of volunteer driver supports the mission of the medical center.        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to do a vehicle safety inspection and can use the safety equipment/supplies in the vans. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to handle roadside emergencies.                                                          |

TRAINING PLAN: (Please discuss your training needs with Voluntary Service)

\_\_\_\_\_  
Volunteer signature/date

\_\_\_\_\_  
Supervisor signature/date



FORMS

PORTLAND VA MEDICAL CENTER  
Portland/Vancouver Voluntary Service

CONDITIONS FOR SUCCESSFUL VOLUNTEERING

THE VOLUNTEER:

Wear your ID badge at all times while on duty.

Dress in comfortable clothes which are neat, clean, in good repair and modest. If your assignment requires special clothing for safety, please be sure you comply with this.

Be on time or call your supervisor if you are going to be late or you are not able to come in at your schedule time. Come in only at your scheduled time.

If you want to change your volunteer assignment, please contact Voluntary Service before any changes are made. The number of hours per week that you can work must be under 40 hours.

If you also get your health care at the VA or have other business here, time spent at your appointments does not count for volunteer hours.

If you work a minimum of 5 hours at a time, you are eligible for a meal ticket redeemable for food at the Canteen. (Note: travel time to/from the VA does not count for volunteer hours.)

Volunteers are considered to be a WOC (worker without compensation) and are expected to be familiar with the policies and procedures of the medical center and complete the annual review of these policies and procedures. Volunteers will receive policy and procedure training during the orientation and are expected to adhere to them.

Wait six months after being discharged from a hospital before applying for volunteer work.

RELATIONSHIPS WITH PATIENTS:

Having a friendly, caring attitude; a listening, non-judgmental ear; and treating all people with dignity and respect are the building blocks to a positive experience as a volunteer.

Take your conversation clues from the patients; Stick to neutral, safe topics (leave the discussion of religion, politics, race and other potentially inflammatory topics at home)

Financial or legal involvement with patients is not allowed. This includes but is not limited to such things as: check cashing, depositing / withdrawing cash, loaning or borrowing money, accepting / giving gifts, signing wills, legal or business papers, etc.

Many patients are on special diets or have intake restrictions etc. Do not give food or beverages without first asking the charge nurse. Under no circumstances can you give a patient tobacco, alcohol, narcotics, medicine or medical advice.

If a care provider is in with the patient or the patient has a visitor, wait until the patient is free before entering the room.

Report to the ward staff before you begin visiting patients to find out if there are rooms you should not enter.

If you observe a patient engaged in unusual, threatening or other behavior of concern, please let the appropriate VA staff know about this.

Anything you learn about a patient is confidential and not to be repeated. Understand the HIPAA policy.

Keep your personal information (address, phone number, problems etc) to yourself.

Photographing, video taping, filming, audio taping etc patients is not permitted without prior approval of the Medical Center Director or designee.

AGREEMENT:

Any volunteer engaged in behavior counter to the policies, procedures and standards of practice will not be allowed to continue as a volunteer.

I have read the above statements and understand them. I acknowledge that I may be terminated if I violate any of them.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

PORTLAND VA MEDICAL CENTER  
Portland/Vancouver Voluntary Service

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AGREEMENT:

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I have read the above statements and understand them. I acknowledge that I may be terminated if I violate any of them.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

## VOLUNTEER DRIVER AGREEMENT

As a volunteer driver for the PVAMC Disabled American Veterans Transportation Network, I agree to abide by the following policies that have been established and agreed upon by the DAV Hospital Service Coordinator and the Portland VA Medical Center-

- 1) I will obey all traffic laws and speed limits. If a ticket is issued, I will report the information within 3 days to the DAV HSC for appropriate follow-up. My volunteer status may be terminated depending on the traffic violation.
- 2) I will drive any or all pre-determined routes/pick-ups designated by the DAV HSC. The routes may require travel in both Washington and Oregon. I understand that deviating from the designated route is outside of the job assignment description and may result in personal liability and/or the loss of my volunteer status.
- 3) I will document all concerns/ issues regarding passengers or information regarding the van. I will give this information to the DAV HSC and/or VA Voluntary Service for appropriate action.
- 4) I agree to comply with all VAMC Voluntary Service annual requirements to include, but not limited to, physical exam, defensive driving training, TB test, mandatory training review and quizzes, competency self assessment, and drivers' license/auto insurance update.
- 5) I agree to transport veterans with service animals accompanying them to-and-from medical appointments. The decision to transport animals is made by the DAV HSC, in conjunction with the medical center provider, not the driver.
- 6) Because safety is a high priority all distractions must be kept to a minimum. I agree to use a cell phone for emergencies only and not while driving. Any report of inappropriate use of a cell phone will terminate my volunteer driver status.
- 7) 3:00pm is the designated departure time from the Portland VA Medical Center, unless authorized by the DAV HSC. I will check in with the DAV HSC prior to departure to confirm that all passengers are on the van. If I choose to leave before I receive authorization from the DAV HSC, I will return if I am called back from the DAV HSC to pick up any veteran who may have been left behind. I will return to the medical center if I am called back by the DAV HSC. If I leave before I receive authorization and/or do not return when asked, it is grounds for termination as a volunteer DAV driver.

- 8) When not on VA property, the DAV van will be parked at an authorized location designated by the DAV HSC. If the van is parked in any unauthorized area, driven home, or used for personal use my volunteer driver status will be terminated.
  
- 9) In order to minimize disruption in transportation service to veterans, I will contact the local coordinator, designated by the DAV HSC, to find a replacement driver as soon as I know that I am unable to drive my designated assignment. If I am able to trade days with another driver, I will let the local coordinator know this to avoid any confusion regarding availability of drivers.

As a PVAMC volunteer driver, I agree to comply with all of the regulations stated above. If I fail to do so for any reason, I understand that I will be terminated as a DAV Transportation Network volunteer driver. NOTE: The above regulations do not preclude compliance with VAMC policies and procedures as they pertain to volunteers and the expectations of Work Without Compensation (WOC) Employees

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DAV Volunteer Driver Signature Date

---

DAV HSC Signature Date

---

Voluntary Service Chief or designee Date

# DAV TRANSPORTATION NETWORK

## VEHICLE SAFETY INSPECTION and EMERGENCY CHECKLIST

*Drivers: Complete checklist before start of trip*

**Please check box as each item is inspected. List in comments any item needing attention or repair and also document in log book.**

This Checklist must be completed at beginning of trip and submitted to DAV Hospital Service Coordinator.

### **SAFETY INSPECTION:**

- |                                                        |                                                                 |
|--------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Oil Level *                | 10. <input type="checkbox"/> Emergency Flashers *               |
| 2. <input type="checkbox"/> Water Overfill Reservoir * | 11. <input type="checkbox"/> Mirrors                            |
| 3. <input type="checkbox"/> Belt Tension *             | 12. <input type="checkbox"/> Windshield Wipers *                |
| 4. <input type="checkbox"/> Windshield Washer Fluid *  | 13. <input type="checkbox"/> Tires - Air Pressure/Wear *        |
| 5. <input type="checkbox"/> Body Damage                | 14. <input type="checkbox"/> Cleanliness/ Interior and Exterior |
| 6. <input type="checkbox"/> Glass Chips or Cracks      | 15. <input type="checkbox"/> Horn                               |
| 7. <input type="checkbox"/> Headlights *               | 16. <input type="checkbox"/> Brake Function *                   |
| 8. <input type="checkbox"/> Turn Signals               | 17. <input type="checkbox"/> Steering Function *                |
| 9. <input type="checkbox"/> Brake Lights *             |                                                                 |

**\* Correct these items before starting trip.**

---

### **EMERGENCY INSPECTION:** Indicate if following items are in the van

- |                                 |                             |                                                               |
|---------------------------------|-----------------------------|---------------------------------------------------------------|
| 1. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency Kit                                                 |
| 2. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Blank Accident Forms (2)                                      |
| 3. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Modular Telephone in Working Order                            |
| 4. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Government Credit Card for Fuel Purchases                     |
| 5. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inflated/Inflatable Spare Tire and Working Jack               |
| 6. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Step Stool for Easy Van Access                                |
| 7. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency Instruction Sheet for Accidents and All Emergencies |
| 8. <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tire chains                                                   |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VAN LICENSE NUMBER: \_\_\_\_\_

**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act State-  
ment on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS			3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER		
5. TAG OR IDENTIFICATION NUMBER		6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE						

**SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed.)**

12. DRIVER'S NAME (Last, first, middle)			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS		
14a. DRIVER'S WORK ADDRESS				14b. WORK TELEPHONE NUMBER	
15a. DRIVER'S HOME ADDRESS				15b. HOME TELEPHONE NUMBER	
16. DESCRIBE VEHICLE DAMAGE				17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE		20. MODEL OF VEHICLE	21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				22b. POLICY NUMBER	
				22c. TELEPHONE NUMBER	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)		24b. TELEPHONE NUMBER	
25. OWNER'S ADDRESS(ES)					

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)**

26. NAME (Last, first, middle)			27. SEX	28. DATE OF BIRTH	
29. ADDRESS					
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY
34. TRANSPORTED BY		35. TRANSPORTED TO			
36. NAME (Last, first, middle)			37. SEX	38. DATE OF BIRTH	
39. ADDRESS					
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY
44. TRANSPORTED BY		45. TRANSPORTED TO			
a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)		
			FROM	TO	
46. Pedes- trian	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)				

**SECTION IV - ACCIDENT TIME AND LOCATION** (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
49. TIME OF ACCIDENT  AM PM	

<p><b>50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED</b></p> <p>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</p> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.</p> <p>Example: → 1 ← 2 ←</p> <p>b. Use solid line to show path before accident and broken line after the accident</p> <p>c. Show pedestrian by ○</p> <p>d. Show railroad by + + + + +</p> <p>e. Place arrow in this circle to indicate NORTH</p>	<p><b>51. POINT OF IMPACT</b> (Check one for each vehicle)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FED</th> <th style="width:10%;">2</th> <th style="width:80%;">AREA</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>a. FRONT</td></tr> <tr><td></td><td></td><td>b. R. FRONT</td></tr> <tr><td></td><td></td><td>c. L. FRONT</td></tr> <tr><td></td><td></td><td>d. REAR</td></tr> <tr><td></td><td></td><td>e. R. REAR</td></tr> <tr><td></td><td></td><td>f. L. REAR</td></tr> <tr><td></td><td></td><td>g. R. SIDE</td></tr> <tr><td></td><td></td><td>h. L. SIDE</td></tr> </tbody> </table>	FED	2	AREA			a. FRONT			b. R. FRONT			c. L. FRONT			d. REAR			e. R. REAR			f. L. REAR			g. R. SIDE			h. L. SIDE
FED	2	AREA																										
		a. FRONT																										
		b. R. FRONT																										
		c. L. FRONT																										
		d. REAR																										
		e. R. REAR																										
		f. L. REAR																										
		g. R. SIDE																										
		h. L. SIDE																										

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making U-turn, passing, stopped in traffic, etc.).

**SECTION V - WITNESS/PASSENGER** (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE** (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

**SECTION VII - POLICE INFORMATION**

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b. DRIVER'S SIGNATURE AND DATE
-------------------------------	----------------------------------

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

72. ORIGIN	73. DESTINATION
------------	-----------------

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
----------------	------	-----------------------------------	-----------------------	------	-----------------------------------

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER
-----------------------------------	--------------------------------------	-----------------------

---

**SECTION XI - ACCIDENT INVESTIGATION DATA**

---

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.  YES  NO (If "Yes", explain below.)

---

**84. PERSONS INTERVIEWED**

---

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

---

**SECTION XII - ATTACHMENTS**

---

LIST ALL ATTACHMENTS TO THIS REPORT

---

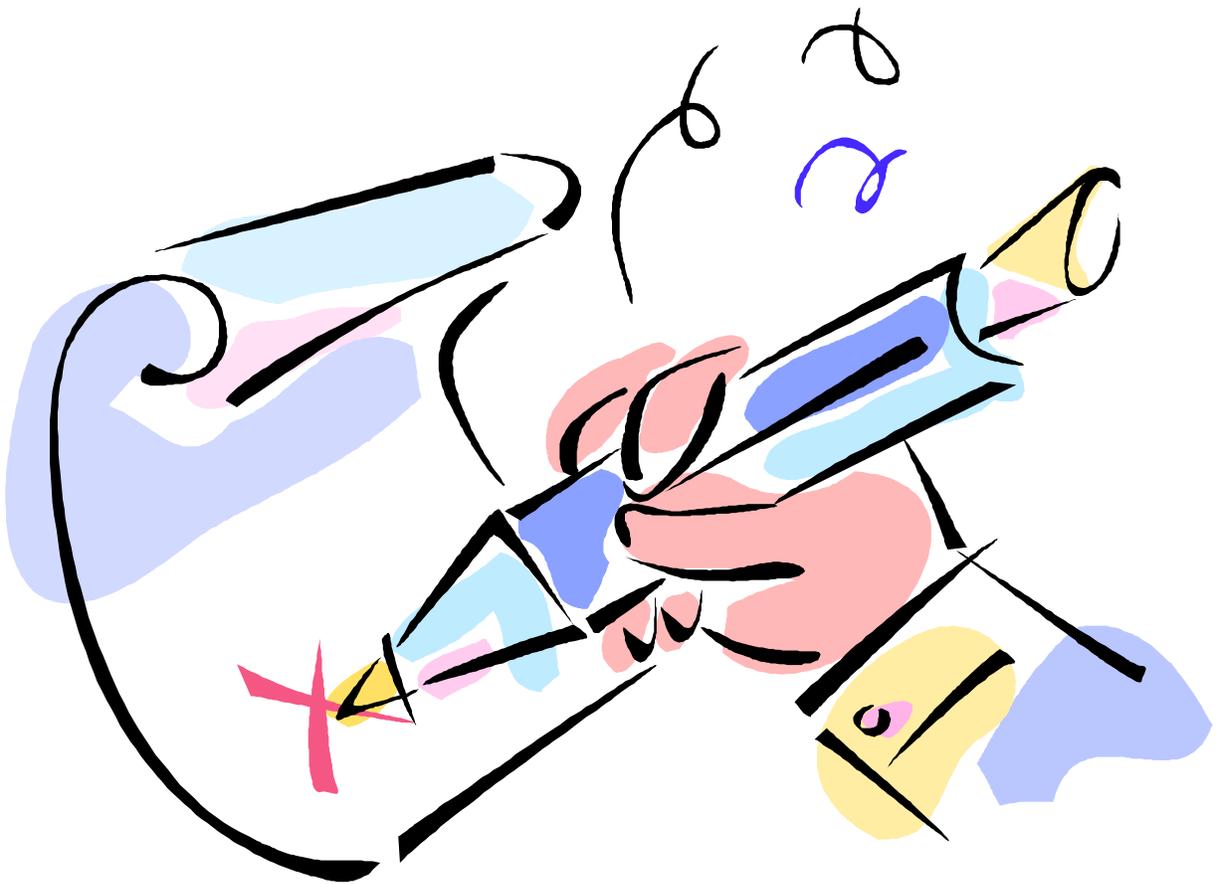
**SECTION XIII - COMMENTS/APPROVAL**

---

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME (First, middle, last)	b. NAME (First, middle, last)
c. TITLE	c. TITLE
d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER	e. OFFICE TELEPHONE NUMBER

COMPLETE  
AND  
SIGN



FOR THE RECORD

## MANDATORY ANNUAL TRAINING MATERIALS

All employees and volunteers are required to develop working knowledge of a set of policies and procedures when they working at the Portland VA Medical Center. This same set of policies and procedures are reviewed annually. Depending upon one's job assignment, additional policies and procedures specific to the work site may be included as well.

- Environment of Care
- Infection Control
- Fire Safety
- Prevention of Sexual Harassment
- Confidentiality and HIPAA
- Age Specific Considerations Information
- Cultural Competence
- Emergency Preparedness
- Chemical and Waste Handling / Right to Know
- Use of Government Vehicles
- Defensive Driving Training
- Driver Specific Orientation
  
- I have read all the orientation / training information provided in the Handbook and taken the attached quizzes.
  
- I have read the *Conditions for Successful Volunteering* and *The Driver Agreement* and understand that behavior counter to the policies, procedures and standards of practice will result in being terminated as a volunteer.

---

Name (please print)

Date

---

Signature

Last Four numbers of Social Security #

## MANDATORY ANNUAL TRAINING MATERIALS

All employees and volunteers are required to have skills and knowledge of policies, procedures and safety measures when working at the Portland VA Medical Center. These policies, procedures and safety measures are reviewed annually. Depending upon one's job assignment, additional policies and procedures specific to the work site may be included for review as well.

- Environment of Care
- Infection Control
- Fire Safety
- Prevention of Sexual Harassment
- Confidentiality and HIPAA
- Age Specific Considerations Information
- Cultural Competence
- Emergency Preparedness
- Chemical and Waste Handling / Right to Know
- No Fear
- Use of Government Vehicles
- Defensive Driving Training
- Driver Specific Orientation
  
- I have read all the orientation / training information provided in the Handbook and taken the attached quizzes.
- I have read the *Conditions for Successful Volunteering* and *The Driver Agreement* and understand that behavior counter to the policies, procedures and standards of practice will result in being terminated as a volunteer.

---

Name (please print)

Date

---

Signature

Last Four numbers of Social Security #

VOLUNTARY SERVICES  
VOLUNTEER SELF ASSESSMENT

NAME: \_\_\_\_\_ VOLUNTEER WORK ASSIGNMENT: \_\_\_\_\_

YES    NEED MORE TRAINING

- |                          |                          |                                                                                                     |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the medical center safety policies.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I know what RACE stands for.                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the proper hand washing procedure.                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to maintain confidentiality and why it is important to do so.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I can verbalize the policy regarding the prevention of sexual harassment.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know defensive driving techniques.                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the driver and passenger guidelines.                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the importance of treating all people with respect, courtesy and fairness.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how my job assignment of volunteer driver supports the mission of the medical center.        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to do a vehicle safety inspection and can use the safety equipment/supplies in the vans. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to handle roadside emergencies.                                                          |

TRAINING PLAN: (Please discuss your training needs with Voluntary Service)

\_\_\_\_\_  
Volunteer signature/date

\_\_\_\_\_  
Supervisor signature/date

## DRIVER SPECIFIC QUIZ

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### THE VANS

1. Each time I drive the van, I need to do a vehicle inspection before I transport passengers. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. When I arrive at the medical center, all I need to do is to tell the HSC about any problems I found with the van. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
3. The Transportation Foreman will orient the volunteer driver to:
  - A. Van maintenance
  - B. Procedures for getting repairs done
  - C. How to wash the van and where to get supplies
  - D. All of the above
  - E. A and B
  - F. B and C

### THE ROUTE

1. It is OK for a van driver to do a personal errand while driving the van as long as it is on the regular route. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### INCLEMENT WEATHER

1. It is critical that patients get to their scheduled appointments no matter what the weather. Van drivers should always make the trip to and from the medical center regardless of the risk. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. Someone will always tell you if the weather is too bad to drive so you will not need to make any weather decisions yourself. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### EMERGENCIES

1. Drivers need to be proficient in First Aid and CPR in the event of a medical emergency on the van. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

2. Passengers are supposed to maintain self control at all times on the van. If a passenger becomes unruly, what should the driver do?
- a. Tell the passenger to get off the van
  - b. Refer the passenger to AA
  - c. Remain calm, tell the passenger that his behavior is distracting and that he must stop \_\_\_\_\_ (describe behavior).
  - d. Pull to the side of the road and call 911 for assistance if behavior persists.
  - e. Grit your teeth and keep on driving.

CIRCLE ALL THAT APPLY

3. In the event of an accident, all DAV van drivers must remain at the scene until told to leave by the police.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
4. In the event of an accident, completing the state form is all that a driver needs to do.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### CELL PHONES

1. I know that VA cell phones are for emergencies only but I can use my own cell phone while driving since it is not costing the VA any money.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### SEAT BELTS

1. Some veterans may have special permission to not wear a seat belt. How will you know this?

### ON-THE-JOB INJURIES

1. If you are injured on the job, what should you do?
2. Why does Workman's Compensation apply to volunteer drivers?

Initials \_\_\_\_\_

**ANIMALS ON THE VAN**

1. Animals are distracting and are never allowed on the DAV vans.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
  
2. A service animal is an animal trained to help a person overcome or compensate for a disability. If a passenger states that his animal is a service animal but the animal is growling and threatening attack. What would you do?  
CIRCLE ALL THAT APPLY
  - a. Get as far away as you can
  - b. Tell the passenger that animals are not allowed on the van.
  - c. Tell the passenger that the animal presents a safety risk and cannot ride on the van.
  - d. Tell the passenger that his animal is not a service animal because it does not have a vest stating that it is a service animal.

### **LUGGAGE ON THE VANS**

1. What items cannot be carried on the DAV vans?  
CIRCLE ALL THAT APPLY
  - a. weapons
  - b. large suitcases
  - c. lunch bags
  - d. large oxygen tanks
  - e. wheelchairs

### **CREDIT CARDS**

1. Receipts for all purchases are given to (A) the HSC or (B) the Transportation Foreman
2. What purchases can you make with the credit card without prior approval? \_\_\_\_\_ and \_\_\_\_\_

### **LOG BOOKS**

1. How often do you put information in the log book?

Initials \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

**MANDATORY ANNUAL TRAINING QUIZ  
ALL VOLUNTEERS**

**ENVIRONMENT OF CARE**

1. Maintain \_\_\_\_\_ aisles free from trip hazard. This includes stored items, \_\_\_\_\_, \_\_\_\_\_, etc.
2. Remember to treat \_\_\_\_\_ waste separately. Safeguard around accidental \_\_\_\_\_ by barricading, \_\_\_\_\_, and \_\_\_\_\_.
3. Report all chemical spills top the work order desk at ext. \_\_\_\_\_
4. Report all Radio-active spills to the \_\_\_\_\_ \_\_\_\_\_ at ext. \_\_\_\_\_.

Initials \_\_\_\_\_

**INFECTION CONTROL**

1. \_\_\_\_\_ is the most important thing you can do to prevent the spread of infection.
2. If you are ill, you should:
  - Report to the VA Medical Center since it is a healthcare facility.
  - Report to your work assignment to see if others are experiencing similar symptoms to yours.
  - Stay home until you are well.
3. When handling food, you must \_\_\_\_\_.

Initials \_\_\_\_\_

## **FIRE SAFETY**

1. With any fire emergency, follow RACE procedures. RACE stands for:  
R \_\_\_\_\_ A \_\_\_\_\_ C \_\_\_\_\_ E \_\_\_\_\_
2. Pull the nearest fire alarm pull station and by dial extension \_\_\_\_\_ to send in the ALARM.
3. Do not enter an Alarm area until an \_\_\_\_\_ announcement is made.
4. The "RED" type A, B, C, fire extinguishers can be used on what type of fires?  
 Ordinary Combustible Fires (ex: paper, wood, furniture)  
  
 Flammable Liquid Fires (ex: solvents, gas, cleaners)  
  
 Electrical Fires (ex: equipment fires)  
  
 All of the above
5. Eight continuous bells represent a \_\_\_\_\_, which would effect the entire medical center.

Initials \_\_\_\_\_

## **PREVENTION OF SEXUAL HARASSMENT**

1. Defining sexual harassment may seem "fuzzy" at times. To help determine if a behavior constitutes sexual harassment what three conditions are considered:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

2. Other conditions a Court would consider are the \_\_\_\_\_ and \_\_\_\_\_ of the behavior.
3. Which statement best reflects the 1993 court ruling regarding what might be considered sexual harassment:
- Any wink, dirty joke or sexual discussion with a member of the other gender is likely to be regarded as offensive to someone  
or
- The behavior probably has to be severe or repeated and unwelcome, as well as sexual in nature, in order for it to be considered sexual harassment.

Initials \_\_\_\_\_

### **CONFIDENTIALITY AND HIPAA**

1. Your neighbor, who is a veteran, asks you to look up in the VA computer to see when his appointments are. It's ok to do this since he is a veteran.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. Veteran patients can request to see their medical records.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
3. As "Without compensation Employees", Volunteers are not subject to the same privacy law (PL 93-579) and its regulations.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
4. It is never alright to discuss Protected Health Information (PHI) inside or outside the medical center.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

## AGE SPECIFIC CONSIDERATIONS

1. Looking directly at the older person, speaking clearly in lower tones at a slightly slower rate will assist the hearing impaired person to understand the conversation.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. Cognitive impairment and/or confusion are not a normal part of aging.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
3. Allowing extra time to process information and keeping instructions simple will help ensure that person is understanding. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
4. If a person has poor eyesight, should you talk louder to help him/her understand?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. An older person may need to take more rest breaks when walking from one place to another. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
6. Keeping environment free of hazards will help prevent slips, trips and falls.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

## CULTURAL COMPETENCE

1. The following are examples of different cultures - Ethnic Identity, Gender, Age, Ability, Sexual Orientation, Religion and Spirituality, Financial Status, Place of Residency, Employment, Education  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. Cultural competence is an outcome not a process.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
3. Cultural competence means seeing all people as the same  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

## EMERGENCY PREPAREDNESS

1. Since you may have been an eye witness to an emergency or catastrophic event, it is OK for you to talk with the media.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

2. You are required to wear your \_\_\_\_\_ while on duty.

3. In the event of an emergency or disaster, report to your \_\_\_\_\_ so that you can become part of the \_\_\_\_\_ pool, if needed.

4. Report suspicious activity or objects to your supervisor who will evaluate the situation and contact the VA Police if necessary.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

## CHEMICAL AND WASTE HANDLING/RIGHT-TO-KNOW

1. The term \_\_\_\_\_ TO \_\_\_\_\_ refers to your right to be trained and informed on the hazards associated with the products and materials you use or are present in the workplace.

2. Hazardous Materials may include flammable, \_\_\_\_\_, oxidizers, \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_.

3. Hazardous materials must be clearly \_\_\_\_\_, handled, stored, used, and \_\_\_\_\_ of in accordance with applicable laws and regulations.

4. The \_\_\_\_\_ sheets will provide information regarding hazardous materials and employees should be trained by their supervisors on them.

5. Hazardous material incidents should be reported to the appropriate medical center personnel: (mark all that apply)

Industrial Hygienist

Radiation Safety Officer

Infectious Disease

Supervisor

6. Red plastic bags are used at holiday times so that even the trash will be more festive.

TRUE

FALSE

Initials \_\_\_\_\_

### **NO FEAR ACT**

1. The NO FEAR Act allows volunteers to take risks such as windsurfing or rock climbing without becoming scared.

TRUE

FALSE

2. Because volunteers are employees without compensation, they can be discriminated against on the basis of race, religion and political affiliation.

TRUE

FALSE

3. Volunteers are protected by the same antidiscrimination laws as paid employees.

TRUE

FALSE

4. If you believe you have been discriminated against on the basis of protected categories, you may file a complaint with the Office of Resolution Management (ORM) within 45 days of the alleged discrimination.

TRUE

FALSE

Initials \_\_\_\_\_

VOLUNTARY SERVICES  
VOLUNTEER SELF ASSESSMENT

NAME: \_\_\_\_\_ VOLUNTEER WORK ASSIGNMENT: \_\_\_\_\_

YES    NEED MORE TRAINING

- |                          |                          |                                                                                                     |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the medical center safety policies.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I know what RACE stands for.                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the proper hand washing procedure.                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to maintain confidentiality and why it is important to do so.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I can verbalize the policy regarding the prevention of sexual harassment.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I know defensive driving techniques.                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the driver and passenger guidelines.                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the importance of treating all people with respect, courtesy and fairness.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how my job assignment of volunteer driver supports the mission of the medical center.        |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to do a vehicle safety inspection and can use the safety equipment/supplies in the vans. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to handle roadside emergencies.                                                          |

TRAINING PLAN: (Please discuss your training needs with Voluntary Service)

\_\_\_\_\_  
Volunteer signature/date

\_\_\_\_\_  
Supervisor signature/date

## DRIVER SPECIFIC QUIZ

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### THE VANS

1. Each time I drive the van, I need to do a vehicle inspection before I transport passengers. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. When I arrive at the medical center, all I need to do is to tell the HSC about any problems I found with the van. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
3. The Transportation Foreman will orient the volunteer driver to:
  - A. Van maintenance
  - B. Procedures for getting repairs done
  - C. How to wash the van and where to get supplies
  - D. All of the above
  - E. A and B
  - F. B and C

### THE ROUTE

1. It is OK for a van driver to do a personal errand while driving the van as long as it is on the regular route. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### INCLEMENT WEATHER

1. It is critical that patients get to their scheduled appointments no matter what the weather. Van drivers should always make the trip to and from the medical center regardless of the risk. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
2. Someone will always tell you if the weather is too bad to drive so you will not need to make any weather decisions yourself. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### EMERGENCIES

1. Drivers need to be proficient in First Aid and CPR in the event of a medical emergency on the van. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

Initials \_\_\_\_\_

2. Passengers are supposed to maintain self control at all times on the van. If a passenger becomes unruly, what should the driver do?
- a. Tell the passenger to get off the van
  - b. Refer the passenger to AA
  - c. Remain calm, tell the passenger that his behavior is distracting and that he must stop \_\_\_\_\_ (describe behavior).
  - d. Pull to the side of the road and call 911 for assistance if behavior persists.
  - e. Grit your teeth and keep on driving.

CIRCLE ALL THAT APPLY

3. In the event of an accident, all DAV van drivers must remain at the scene until told to leave by the police.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
4. In the event of an accident, completing the state form is all that a driver needs to do.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### CELL PHONES

1. I know that VA cell phones are for emergencies only but I can use my own cell phone while driving since it is not costing the VA any money.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

### SEAT BELTS

1. Some veterans may have special permission to not wear a seat belt. How will you know this?

### ON-THE-JOB INJURIES

1. If you are injured on the job, what should you do?
2. Why does Workman's Compensation apply to volunteer drivers?

Initials \_\_\_\_\_

## **ANIMALS ON THE VAN**

1. Animals are distracting and are never allowed on the DAV vans.  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
  
2. A service animal is an animal trained to help a person overcome or compensate for a disability. If a passenger states that his animal is a service animal but the animal is growling and threatening attack. What would you do?  
CIRCLE ALL THAT APPLY
  - a. Get as far away as you can
  - b. Tell the passenger that animals are not allowed on the van.
  - c. Tell the passenger that the animal presents a safety risk and cannot ride on the van.
  - d. Tell the passenger that his animal is not a service animal because it does not have a vest stating that it is a service animal.

## **LUGGAGE ON THE VANS**

1. What items cannot be carried on the DAV vans?  
CIRCLE ALL THAT APPLY
  - a. weapons
  - b. large suitcases
  - c. lunch bags
  - d. large oxygen tanks
  - e. wheelchairs

## **CREDIT CARDS**

1. Receipts for all purchases are given to (A) the HSC or (B) the Transportation Foreman
  
2. What purchases can you make with the credit card without prior approval? \_\_\_\_\_ and \_\_\_\_\_

## **LOG BOOKS**

1. How often do you put information in the log book?

Initials \_\_\_\_\_

## DEFENSIVE DRIVING

1. "Covering the Brake" means:
  - a. Putting a rubber pad on it to save wear and tear.
  - b. Hiding the brake from children who may get into the van.
  - c. Positioning your foot to be ready to brake.
  - d. None of the above
  
2. A cushion of safety is:
  - a. Something you sit on for long trips.
  - b. Leaving enough space around your van to react to problems should they occur.
  - c. Driving with no cars in front, in back or beside you.
  - d. The draft of air surrounding a van as you speed down the road.
  
3. Hydroplaning will only occur at speeds over 50 MPH.  
  
TRUE \_\_\_\_\_ FALSE \_\_\_\_\_
  
4. When the road is wet, your stopping distance will:
  - a. vary
  - b. increase
  - c. decrease
  - d. not change

Initials \_\_\_\_\_