

## **TCFSH Patient Care Assistant**

### **GENERAL DESCRIPTION**

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To assist in providing safe and appropriate supportive activities for children who are receiving assessment and treatment at the Child Assessment Center.

### **PRINCIPAL DUTIES AND RESPONSIBILITIES**

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1. Greet parents and children and welcome them.
2. Engage in one-on-one and small group activities with patients and siblings.
3. Model appropriate communication and behaviors within the rooms.
4. Report any unusual incidents/ injuries that occur within the rooms.
5. Maintain safety and cleanliness of playroom.
6. Perform other duties as assigned to support TCFSH staff.

### **KNOWLEDGE, SKILLS AND ABILITIES REQUIRED**

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1. Enjoy working with children and be sensitive to their needs.
2. Physically able to interact with children.
3. Committed to maintaining confidentiality.
4. Self-motivated to initiate activities with children.
5. Understanding of special needs of abuse/trauma patients and commitment to follow specific Center guidelines.

### **REPORTING RELATIONSHIPS**

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Reports to: The Center for Family Safety and Healing Staff

**\*Note to Volunteer Liaison: Completion of training documentation is a requirement of The Joint Commission and essential for ensuring the quality of volunteer service at NCH.** It is necessary for the volunteer and area trainer to initial each row after training to indicate volunteer competency. Please sign and turn in to the Volunteer Program office immediately following training.

**Nationwide Children's Hospital  
Volunteer Competency/Training Checklist**

**GENERAL TRAINING TASKS**

<b>TASK</b>	<b>Competent (Circle One)</b>	<b>Comments</b>	<b>Volunteer Initial</b>
Volunteer shown where and how to clock in/out to log service hours	Yes No N/A		
Volunteer shown how to perform proper hand hygiene and when appropriate	Yes No N/A		
Volunteer demonstrates how to perform proper hand hygiene	Yes No N/A		
Volunteer shown location(s) where their personal belongings can be stored during shift/service hours	Yes No N/A		
Volunteer shown volunteer lockers and how to use them, if applicable	Yes No N/A		
Volunteer has been advised how and who to contact if they will be absent from their volunteer shift/service hours or need to take time off	Yes No N/A		
Reviewed onstage and offstage definitions and differences in the area(s) they will be volunteering	Yes No N/A		
Volunteer shown onstage and offstage in the area(s) they will be volunteering	Yes No N/A		
Volunteer educated on appropriate response to patient/family complaints and the volunteer responsibility for enhancing patient/family experience in their volunteer area	Yes No N/A		
Provided general safety information (eliminating falls/what to do if you see spills/safety issues, such as a child climbing on animal friends, etc)	Yes No N/A		
Volunteer understands evacuation plan and how emergency codes apply specifically to their volunteer area	Yes No N/A		
Volunteer demonstrates knowledge of location of fire alarms and fire extinguishers in volunteer area	Yes No N/A		
Volunteer given area specific privacy, confidentiality and HIPAA considerations	Yes No N/A		
Introduced volunteer to staff in the area they will be volunteering including lead/manager if possible	Yes No N/A		
Volunteer has been given contact information for an alternative point person during shift/service hours.	Yes No N/A		
Reviewed dress code and provided examples of proper attire if different from standard volunteer dress code	Yes No N/A		

### GENERAL TRAINING TASKS

TASK	Competent (Circle One)	Comments	Volunteer Initial
Volunteer was given tour of specific area(s) where they will be volunteering	Yes No N/A		
Volunteer shown location of all necessary PPE that may be required for their assigned duties or service area	Yes No N/A		
Volunteer demonstrates proper use of all PPE required	Yes No N/A		
Volunteer has been trained on proper use and safety protocols of all chemicals used in their area(s) including cleaning wipes and hand gel	Yes No N/A		

### AREA SPECIFIC TRAINING TASKS

TASK	Competent (Circle One)	Comments	Volunteer Initial
Volunteer shown location of resources computer for clocking in/ out for shift.	Yes No N/A		
Volunteer given attendance and calling off information.	Yes No N/A		
Volunteer trained on making follow up survey calls	Yes No N/A		
Volunteer shown location of donation storage closets.	Yes No N/A		
Volunteer shown how to assemble CAC folders.	Yes No N/A		
Volunteer trained on engaging with children, caregivers, staff, and other volunteers.	Yes No N/A		
Volunteer trained on toy washing protocols.	Yes No N/A		

The above checklist has been reviewed with me and my questions have been answered. As questions arise in the future regarding my volunteer role, I will follow-up with my liaison or the Volunteer Program staff:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

I have reviewed the training check list with this volunteer and answered all questions pertaining to the volunteer role in my area. The checklist is complete and up to date for this assignment or I have marked any needed changes/updates on this training checklist to be updated by the Volunteer Program:

Volunteer Liaison (Trainer) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Liaison (Trainer) Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

**\*Please return to the Volunteer Program immediately following training via inner office mail or scan and email to [volunteering@nationwidechildrens.org](mailto:volunteering@nationwidechildrens.org) or drop-off in person at the Volunteer Program office.**