Volunteer Guidelines
Foal Watch & LA Emergency Team
2016-2017

Volunteer Training Coordinator Contacts
Large Animal Hospital: Lynda Lum
VCS/VTH, Lynn Hall
625 Harrison St
West Lafayette, IN 47907

Purdue University is an equal access/equal opportunity/affirmative action university.
If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.
VTH volunteers must be at least 18 years of age and must be currently enrolled at Purdue University as a pre-vet student or pre-vet tech student.

**Applicant Information** (Please print clearly!)

Applicant Name: ________________________________  Today's Date: ________________

PU ID # ___________________________________  Date of Birth: __________________

Home Phone (local): ____________________________

Cell Phone: _________________________________

Email address: ________________________________

Local address (number and street): ________________________________

City: _____________________________  State: _____________  Zip: __________

What is your major in school? ____________________________________________________________________

How did you learn about the VTH Volunteer Program? ____________________________________________________________________

Have you volunteered in the VTH before? _______  What area? ________________________________

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  (An affirmative response will not automatically disqualify you from being considered)  □ Yes  □ No

If yes, please state the nature of the crime(s), when and where convicted & disposition of the case.

__________________________________________________________________________

Do you have any physical or mental disorder that would impair your ability to perform as a volunteer in the VTH without any supplemental assistance?  □ Yes  □ No

If yes, please explain _______________________________________________________________________

What area of the VTH are you most interested and able to volunteer in? __________________________

(Please review the following pages to determine what volunteering in each area involves and the scheduling requirements.)

- During the school year, all volunteers are limited to one area of the VTH and may come in once each week.
- Attendance sheets will be utilized in all areas.

**Applicant's Statement**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the Veterinary Teaching Hospital or its representatives. I understand that providing false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in immediate termination even if discovered at a later date.

Signature ___________________________  Date: ________________

OVER!
Why do you want to volunteer in the VTH?

What clubs or groups do you belong to?
Emergency Crew Member Policies

Contact Person: Lynda Lum, luml@purdue.edu

Thank you for volunteering as an Emergency Crew Member. Your help is invaluable to the LAH clinicians, senior students, and staff. The Emergency Crew plays an important role in caring for our critical patients and in your education.

One issue of concern is your safety, hence the training documents on equine safety (see below). In addition, if at any time, you feel uncomfortable handling an animal, let someone know! The faculty and staff will be happy to give you tips on restraint and safe handling of animals.

Schedule:
- Emergency Crew members are only called in if there is a need for their assistance
- An "on call" schedule will be set up each semester
- All efforts to accommodate individual schedules will be made
- Shifts are scheduled as follows:
  - Monday through Friday Evenings: 5pm to 8am the following morning
  - Saturday and Sunday: 8am to 8pm and 8pm to 8am the following morning

In other words, if you are scheduled for Monday evenings, you would need to be available to come in between 5pm to 8am IF you are called in.

The Emergency Crew roster will be filled on a first come, first served basis each semester.

Attendance:
Once an Emergency Crew volunteer has been added to the schedule and the schedule has been established, the LAH expects participation. Emergency Crew members failing to report when called more than 2 times, may be asked to relinquish the position in order to give another individual the opportunity.

A contact list of all Emergency Crew member volunteers will be made available to everyone involved. If you must change your schedule with another individual, it is YOUR responsibility to do so. You must also contact the LAH (494-8548) to notify them of any changes made to the schedule. Changes must be made PRIOR to your scheduled time to be on call.

Experience Level:
Students with a strong interest in equine medicine and experience with horses will be given priority. First year veterinary students and veterinary technology students will be required to attend mandatory equine handling sessions prior to beginning as an Emergency Crew member.

Training/Paperwork:
All Emergency Crew members must complete the following training documents PRIOR to beginning as a volunteer. Each of the below is required by OSHA, the VTH, and/or the University for all VTH employees and volunteers. The completed forms must be turned into your volunteer coordinator or the VTH Administration Office for verification before a volunteer may be called in.
- Right to Know Training
- Biological Awareness Training
- Personal Protective Equipment Training
- Occupational Health Program Volunteer Waiver
- Equine Safety Training
- Policy on Confidentiality
- Emergency Contact Information
- MRI Safety Video and Authorization
- Volunteer Appendix C
- Emergency Crew Waiver
Where to Put Your Belongings:
- Please leave your belongings in your lockers- Purdue University is not responsible for lost or stolen items

Dress Code:
Please always remember! Clients see you as a representative from Purdue to the same degree as the PVM students, staff and clinicians.
- Clean, nice pants, trousers or jeans (no holes or ragged hems) are acceptable in the LAH.
- Trousers should not drag the ground. The floors are often wet. (It’s not always water)
- Shoes must enclose the entire foot (no sandals, clogs, or Crocs). Tennis shoes are considered acceptable footwear, but if a large animal steps on your foot, leather will be more protective.
- Emergency Crew member name tags must be worn at all times
- Long hair should be pulled back.
- Dangling/distracting jewelry is discouraged for safety reasons.
- In some areas of the LAH, the temperature varies with the season. Occasionally you may be asked to travel to another building. Dress according to weather conditions or dress in layers.

What to expect as an Emergency Crew member – Duties of the Emergency Crew Include:
- Handling animals (primarily horses but other LA species may be involved)
- Helping the senior vet students, residents, and technicians perform the necessary tasks to diagnose and treat emergencies. This would include:
  - Being in the Stall with Animals
  - Sitting with Neonates
  - Walking Colicky Horses
  - Helping Position Animals on the Surgery Table
  - Assisting Technicians with Prep Tasks for Surgery
  - Observing Surgery and Recovery from Anesthesia
  - Running Tasks

What will you not be allowed to do?
- Emergency Crew members may not perform any medical or invasive procedure on a LAH patient.
- Emergency Crew members may exercise (hand walk) hospital patients in the breezeway but will not be allowed to take them outside the building.
- Hospital patients (horses) may not be ridden.
The Hazard Communication Standard (HCS) was enacted in an effort to protect employees from chemical hazards in the workplace. Employees have the right to know of associated hazards of things they work with on an everyday basis. Thus, the HCS is also known as the "Right to Know Law". Purdue University has complied with the HCS since 1989 by developing a Written Compliance Program and has been training personnel in various sections/depts. across campus.

Chemical manufacturers must determine the physical and health hazards if each product they make and provide that information to the purchaser in the form of a Material Safety Data Sheet (MSDS). The Veterinary Teaching Hospital and Veterinary Clinical Sciences Dept. make every effort to obtain and maintain MSDS for all hazardous chemicals used within this facility. Binders containing MSDS information are located in strategic sites throughout the hospital and in each laboratory. A master file is also maintained in Lynn 1258B.

<table>
<thead>
<tr>
<th>Area</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Supply</td>
<td>G234, on shelf to the right of the packaging prep table</td>
</tr>
<tr>
<td>Clinical Pathology</td>
<td>On bookshelf to the left of entry door [top]</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Main Viewing Room, in wooden cabinet table in the center of the room</td>
</tr>
<tr>
<td>Farriery Classroom and stable area</td>
<td>In cabinet above sink</td>
</tr>
<tr>
<td>Large Animal Ambulatory vehicles</td>
<td>In the cab of each vehicle</td>
</tr>
<tr>
<td>Large Animal Hospital (includes</td>
<td>G427 across from reception desk</td>
</tr>
<tr>
<td>Medicine, Surgery, Isolation, Farriery Surgery area)</td>
<td></td>
</tr>
<tr>
<td>Large Animal Maintenance (LA Grooms)</td>
<td>Ward 4, West Wall of the treatment area in locker next to student time card storage. G284, to the left side on the desk.</td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>G361, 3rd shelf of wooden bookcase located in NE (right from</td>
</tr>
<tr>
<td>Treadmill</td>
<td>EHSB 125B on tall file cabinet</td>
</tr>
<tr>
<td>VMIF</td>
<td>Office/Lab (Room 119)</td>
</tr>
</tbody>
</table>

Each binder, or set of binders, is white with bright yellow labels to make them highly visible. In case of an accidental chemical emergency or over exposure to personnel, the appropriate MSDS information should be provided to medical response teams. Written Compliance Manuals should be located near the MSDS binders throughout the hospital. VCS research laboratories have similar binders containing MSDS specific to the area.

Purdue University (your employer) is responsible for ensuring that all employees are made aware of possible hazards in the workplace. It is the employee’s responsibility to read container labels and use chemicals appropriately and according to the manufacturer’s recommendations. Many chemicals will react adversely if mixed with others. Bleach, for example, should not be mixed with any chemical unless specific label directions indicate that it is safe to do so. (Chlorine gas is highly noxious and hazardous.) The common cleaning and disinfectant chemicals used in the VTH are considered hazardous under OSHA’s definition, but they are relatively safe if common sense is applied. **Read the labels before using any product for the first time!** Acid cleaners (pH <7) should not be mixed with basic compounds (pH > 7). They should also be stored separately in order to avoid accidental reactions.
MSDSs should be used as a reference tool. If an employee is unsure of how to properly use a product, the information should be found on the label or on the MSDS. Employees should ask their supervisor if unsure of the proper use of any chemical! Keep in mind that MSDS are written to inform not only the user of potential hazards, but also contains information required by such agencies as the Dept. of Transportation, Environmental Protection Agency, etc. necessary to insure proper shipping and storage and disposal of the product.

There is no standard MSDS form at this time. You may not find exactly the same amount of information on every MSDS, but you should find everything that is known about the chemical, its hazards, and the things you can do to avoid injury and illness when handling that particular hazardous substance. If you have difficulty interpreting the information contact the manufacturer, REM, or your volunteer coordinator for assistance.

In case of an accidental exposure to a hazardous chemical, notify your co-workers or supervisor immediately. Accidents include spills, contamination, contact exposure, and ingestion. Following emergency procedures in this instance is vital to prevent potential injury. These include using the proper PPE (personal protective equipment) for clean-up purposes and seeking medical attention in the event of eye/skin contact and internal ingestion. Critical data will be found in the MSDS for all of the above documents. Your supervisor should always be notified in order that proper reporting and documentation is completed in a timely manner. If an emergency response team is required, call 911. Seek medical attention if the situation warrants.

Quiz (please answer the following questions, then sign and return this entire form to your volunteer coordinator. You may make a copy for your own files.

| T | F | 1. The Hazard Communication Standard states that you have the right to know what hazards you face on the job. |
| T | F | 2. It is Purdue University's responsibility as your employer to inform you of the hazardous chemicals you work with on the job. |
| T | F | 3. It is the employee's responsibility to read container labels and use chemicals appropriately and according to the manufacturer’s recommendations. |
| T | F | 4. Before using a chemical or any product in the workplace, it is wise to read the label. |
| T | F | 5. MSDS Binders throughout the VTH are yellow with white labels. |

I have read and understand the information presented about the Purdue University Hazard Communication Program. If I have further questions, I will ask my supervisor or contact my volunteer coordinator.

Name (please print)__________________________________________________________________________

Signature_________________________________________________________ Date____________________
To: VTH Volunteers  
From: Volunteer Coordinator  
Date: 2/27/2017  
Subject: Biological Safety Awareness Information

Purdue University Policy Statement: It is the policy of Purdue University and the Veterinary Teaching Hospital to take every reasonable precaution to provide a work environment that is free from recognized hazards for its personnel in accordance with the General Duty Clause of the Indiana Occupational Safety and Health Law (IC 22-8-1.1 Section 2). Specific information on work practices, procedures, and policies necessary to ensure the health and safety of individuals can be found in the Purdue University Biological Safety Manual. Failure to comply with instructions contained in this memo or the Biological Safety Manual may result in violation of the General Duty Clause.

Some emergency phone numbers and www sites:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All emergencies</td>
<td>911</td>
</tr>
<tr>
<td>Radiological and Environmental Management (REM)</td>
<td>49-46113</td>
</tr>
<tr>
<td>Kevin Draper</td>
<td>49-48548 (7-423-8511 pager)</td>
</tr>
<tr>
<td>Zoonotic Diseases</td>
<td><a href="http://www.purdue.edu/research/vpr/rschadmin/rschoversight/animals/zoonotic.shtml">http://www.purdue.edu/research/vpr/rschadmin/rschoversight/animals/zoonotic.shtml</a></td>
</tr>
<tr>
<td>Asthma &amp; Allergens</td>
<td><a href="http://www.cdc.gov/niosh/animalrt.html">http://www.cdc.gov/niosh/animalrt.html</a></td>
</tr>
<tr>
<td>Center for Disease Control</td>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
</tr>
</tbody>
</table>

DISEASES COMMUNICABLE FROM ANIMALS TO HUMANS
Humans are not usually susceptible to infectious diseases suffered by animals. However, there are some important exceptions. Organisms carried by normal-appearing animals may, on some occasions, produce significant disease in people. Such infections, shared by animals and man, are called zoonoses. While the animals have natural resistance to these microorganisms, humans with no previous exposure to the agent lack this protective immunity. Therefore, always be aware of possible consequences when working with each type of animal and take precautions to minimize the risk of infection. Whenever you are ill, even if you are not certain the illness is work related, always mention to your physician that you work with animals. Many zoonotic diseases have flu-like symptoms, and your physician needs this information to make an accurate diagnosis. Report any diagnosis of a zoonotic disease to your supervisor immediately!

Animals suspected of having a contagious disease would be housed in isolation facilities within the hospital. If space limitations will not allow this, the stalls will be clearly labeled. Specific protocols for handling these animals will be posted. Check with your supervisor if you have any questions or concerns.

Common sense practices can lessen the risk of infection in general. These include cleanliness in routine tasks around animals and hand washing after completion of animal work. Workers should also take enough time to give injections properly, and use a two-person team to inject animals, if necessary. Do not re-cap needles; discard them in a container designed for proper disposal of contaminated "sharps." For procedures such as necropsy, bedding changes, and tissue and fluid sampling, use biological safety cabinets, physical containment devices, or other personal safety gear when appropriate.

The scope of possible zoonotic infections is quite large and only a few examples will be described here. All personnel should be aware that laboratory animals (particularly rats, rabbits, guinea pigs, hamsters, and cats) are sources of potent allergens to sensitized persons.

Some specific zoonotic diseases and the animals associated with them are described in this document with more complete information available at [http://www.purdue.edu/research/vpr/rschadmin/rschoversight/animals/zoonotic.shtml](http://www.purdue.edu/research/vpr/rschadmin/rschoversight/animals/zoonotic.shtml).
THINGS YOU SHOULD KNOW…

IF YOU ARE PREGNANT

Pregnant caretakers without immunity to toxoplasmosis should not be exposed to experimentally infected animals and should avoid contact with cats and places that cats are known to defecate because of the risk of congenital *Toxoplasma* infection. Avoid cat feces. Wear gloves when working in areas potentially contaminated with cat feces or fresh necropsy specimens, which also can contain infectious *Toxoplasma* organisms. Wash hands thoroughly after handling any potential source of infection.

*Coxiella burnetti*, a rickettsial organism and the cause of Q fever in humans, can infect sheep, cattle, goats, and cats. This rickettsia has a predilection for the uterus and mammary glands of these animals and can be found in birthing products and raw milk. Q fever can cause pneumonia, fetal death, hepatitis and chronic endocarditis. Pregnant women should minimize exposure to uterine and placental discharges, especially those of sheep. Dusty situations can aerosolize this resistant organism making exposure without animal contact possible in areas of high sheep density.

Pregnant women should also avoid working with hazardous agents and exposure to radiation or chemicals that are known to be teratogenic.

IF YOUR IMMUNE SYSTEM IS COMPROMISED:

Some people are more likely than others to contract diseases from animals. A person's age and health status may affect his or her immune system, increasing the chances of getting sick. People who are more likely to contract diseases from animals include infants, children younger than 5 years old, organ transplant patients, people with HIV/AIDS, and people being treated for cancer. Individuals are encouraged speak with their personal physician regarding these concerns.

IF YOU HAVE A HISTORY OF ALLERGIES:

Animal allergies can be a significant occupational health concern for individuals who work with common laboratory animal species. Cats, rabbits, mice, rats and guinea pigs are the most frequently implicated allergy causing species. Exposure to animal related allergens (fur, hair, dander, and urinary proteins) may occur by inhaling contaminates or by direct contact. Allergy symptoms include rhinitis (runny nose and sneezing similar to hay fever) conjunctivitis (irritation and tearing of the eyes), asthma, and/or dermatitis (skin reactions). Minimize the risk of development of animal allergies by: working in well ventilated areas, use good hygiene practices (hand washing), use personal protective equipment such as gloves, wear N-95 rated dust masks and laboratory coats. To decrease exposure for others animal cages should be covered while being transported to a laboratory or procedure area.

PREVENTION:

Hand washing is extremely effective in preventing disease transmission. Hands should be washed thoroughly and frequently, and then dried completely after handling any animal in the hospital. It is also prudent to wash hands after handling such specimens as fecal samples, laboratory samples, soiled bandage materials and laundry. Disposable gloves offer some protection, but are not a substitute for hand washing. Shoes soiled with feces or urine should also be cleaned thoroughly to remove all organic material, and then disinfected. Easily cleaned and disinfected footwear is required when in the Large Animal Hospital Wards.

Food and drink are not allowed in the LAH except for offices, conference rooms, and the reception area. Cosmetics and contact lenses should not be applied in animal areas.
BioHazard Awareness Training Certificate

Instructions: After reading the BioHazard Fact Sheet, answer this short quiz.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>F</td>
<td>6. Zoonotic diseases are those which can be transmitted from animals to humans.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>7. Immunocompromised individuals are at more risk of contracting a zoonotic disease than are healthy adults.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>8. Handwashing is extremely effective as a means of disease prevention.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>9. Animal allergies can be a significant occupational health concern for individuals who work with common laboratory animal species.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>10. Wearing disposable gloves is a suitable substitute for hand washing.</td>
</tr>
</tbody>
</table>

Sign and date this form and return it to your volunteer coordinator.

I have read and understand the information contained on this fact sheet regarding potential risks associated with animal contact. If I have further questions I will speak with my supervisor or your volunteer coordinator.

Name (please print) __________________________________________________________

Signature __________________________________________________________ Date __________
Please take a few minutes to visit the following url:

http://www.chem.purdue.edu/chemsafety/Training/PPETrain/ppetrainsettings.htm

Follow the instructions and complete the sections that are appropriate to your work in the VTH. At the very least, we require you review the following: chem/bio gloves, clothing/other skin cover, lab coat, and dust mask. Hearing protection may be good to have on file as well.

It only takes a few minutes to review the information. When you are finished, print the certification of completion, sign it, and return it to your volunteer coordinator for the supervisor signature and processing.

Please note that completing this paperwork is not optional. It must be done in order that we keep our OSHA compliance efforts up to date. If you have any questions, contact your volunteer coordinator either via email or by phone.
To: VTH Volunteers (Large Animal Hospital)  
Date: February 27, 2017  
Re: Equine handling/restraint  
From: Lynda Lum

You have agreed to report to the Large Animal Hospital on a regular basis this coming semester. We request that you review specific safety information regarding Equine Safety.

REQUIRED: Please visit the following website: http://www.extension.org/pages/Ground_Handling_Horses_Safely to view these video clips:
- Introduction and Senses of a Horse
- Flight Zone and Defense
- Approaching a Horse Safely
- Leading and Tying a Horse

SUPPLEMENTAL: We have also placed on the Reserve shelves in the Veterinary Medicine and Animal Sciences Libraries, several copies of the book entitled, Equine Safety, by Stephen A Mackenzie. Copies may also be available from Lynda Lum, luml@purdue.edu. The pages indicated below provide extremely important information on safe restraint techniques and handling of horses. (We do not have copyright permission to publish the pages from the book.)

- 3-18
- 19-42
- 43
- 52-63
- 65-68
- 74-78
- 108-115

We believe this will be helpful for individuals with little or no experience working with horses. For those of you who are experienced equine handlers, please use this reading assignment as a review. Once you begin your volunteer experience, staff members and students will assist you in improving your skills in handling equine patients.

Complete and sign the following:

| T/F | Horses are reluctant to enter dark or confined areas. |
| T/F | Horses have 4 means of defending itself. (teeth, front legs, back legs, tail) |
| T/F | Horses have 2 “blind spots” meaning they cannot see items/people directly in front or directly behind them. |
| T/F | Handlers traditionally lead horses from the left. |
| T/F | Talking to the horse or keeping one hand on it while working around the horse will help them to know where you are. |

I have read and understand the information contained on the web pages and text as listed above. If I have further questions, I understand that I may contact a Large Animal Hospital faculty or staff member.

Name (please print)    
Signature    Date

Print this form, checking the boxes to indicate those sections you have reviewed. Please return the signed and dated form as directed.
Visit each of these sites to review the information. As you complete each section, check it off on the *Equine Handling/Restraint* sheet (p. 28)

**Ground Handling Horses Safely**
http://www.extension.org/pages/Ground_Handling_Horses_Safely

(Follow hyperlinks below for individual sections)

- **Introduction and Senses of a Horse**
  http://www.extension.org/pages/Introduction_and_Senses_of_a_Horse

- **Flight Zone and Defense**
  http://www.extension.org/pages/Flight_Zone_and_Defense

- **Approaching a Horse Safely**
  http://www.extension.org/pages/Approaching_a_Horse_Safely

- **Leading and Tying a Horse**
  http://www.extension.org/pages/Leading_and_Tying_a_Horse

- **Proper Attire and Benefits of Safe Ground Handling**
  http://www.extension.org/pages/Proper_Attire_and_Benefits_of_Safe_Ground_Handling
Purdue University
Occupational Health Program
For Individuals with Animal Exposure
Volunteer Waiver

At this time, the University is unable to include volunteer students in the University Animal Exposure Occupational Health Program. All students enrolled at Purdue University must provide the University with proof of current tetanus vaccination. Rabies pre-exposure vaccinations are recommended for all individuals working with warm blooded mammals but are not required of volunteers in our facility.

Completion of this form is required for all Purdue University Veterinary Teaching Hospital volunteers having animal exposure.

Instructions: Visit the web site at Animal Exposure Occupational Health Program Risk Assessment
Click on Risk Assessment Form Link

After reviewing the information, complete this form and return it to your volunteer coordinator.

Type or Print Name ____________________________________________________________

(Campus) address___________________________________________________________
(Campus) phone_________________

Immediate Supervisor’s Name _______________________________________________
(Volunteer Coordinator in Your Section)

Place check before all appropriate items:
1. ___ I have reviewed the Purdue University Animal Exposure Occupational Health and Safety Program.

2. ___ I have read or understand that the following immunizations are recommended:
   a. ___Tetanus- All personnel having animal contact.
   b. ___Rabies- Persons exposed to unvaccinated dogs/cats, carnivores, rabies-suspect species.

Tetanus is a disease caused by a common soil bacteria (*Clostridium tetani*). When introduced into your system, usually by a puncture wound, it produces an exotoxin that causes painful muscular contractions. Fatality rates: 10 to 90 percent.

Rabies is a disease that is caused by a virus (*Lyssavirus*). This is an invariably fatal disease that is transmitted from contact with virus laden saliva or tissue from infected animals, i.e., punctures, bites or scratches.

**Note: Both of these diseases can be prevented by vaccination.**

4. In recognition of the above:
   **I understand that my animal contact may be considered a health risk, but that as a volunteer, I do not qualify to participate in the Purdue University Animal Exposure Occupational Health and Safety Program. I do understand that should I be exposed to a zoonotic disease during the scope of my service, treatment will be provided by the University OSHA fund.**

Print Name: __________________________________________________________________

Signature of Individual: __________________________________________________________________

Date: ____________________________________________________________________
MEDICAL RECORDS/HOSPITAL INFORMATION SYSTEM
CONFIDENTIALITY POLICY

I will only access information and data necessary to do legitimate work/educational activities.

I will not discuss or share patient or client information with another individual unless it is necessary for that individual to perform their work/educational activities, and they are authorized to have access to that information.

I will exercise discretion in conducting patient/client specific conversations within the VTH and understand that sharing any VTH client/patient information in any manner (i.e. pictures, names, information related to patient care, etc.), outside of the VTH, (i.e. verbal conversations, written documents, pictures or information posted on any web application such as Facebook, Twitter, etc., or cell phone) is not allowed.

I will not allow unauthorized persons to access or view patient or client information in the medical record or on the computer. I will not leave medical records or patient or client information on computer screens, printers, fax machines or portable media such as USB flash drives, CD’s, or floppy disks unattended in public or semi-public areas.

I accept the responsibility for protecting my personal log-in and password for computer systems at the VTH, and will not share my personal log-in or password with others. I will inform my supervisor/VTH Director if I have reason to believe that anyone may have learned or has used my personal log-in or password for accessing computer systems at the VTH, so that log-in/password can then be changed. Clinicians may not at any time allow anyone (other than the IT Director) to have access to his/her unique PIN associated with his/her Electronic Signature. I understand that I may only make entries/changes into the HIS/EMR when using my personal log-in identification.

I will not remove any medical records from the VTH, including the emailing thereof, that exist on printed paper or portable media (i.e. USB flash drives, CD’s, Floppy disks, etc) and contain client demographics (i.e. client name, address, or phone numbers), unless authorized to do so by the VTH Administrative office.

I will inform my supervisor/VTH Director if I observe an unauthorized person harming or accessing any VTH computer system through inappropriate use.

This policy applies to all SVM employees and students, and violation of this policy is considered unprofessional and unethical according to the Principle of Veterinary Medical Ethics of the AVMA.

I affirm that I have read, understand and agree to comply with the Purdue University Veterinary Teaching Hospital Medical Records/HIS Confidentiality Policy.

I acknowledge that if I have been given Permissions for remote access to the Purdue University – VTH’s HIS and EMR, I accept that with this privilege goes the responsibility of adhering to all points within the Medical Records/Hospital Information System Confidentiality Policy. I understand that non-compliance with the Policy may result in revocation of this privilege.

Name: ____________________________ Position/Supervisor: ____________________

(please print)

Signature: ____________________________ Date: ____________________
Purdue University Volunteer Student
Emergency Contact Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Current Information:

Local Address:

Phone:

Campus/Bldg:

Phone:

Email:

CONTACT IN CASE OF EMERGENCY

NAME: ____________________________

RELATIONSHIP: ____________________

PHONE: __________________________

DATE: ___________________________
Authorization to Enter VTH MRI Facility

To be able to enter the MRI Facility, you must first watch the MRI safety program video titled MRI Safety Video for Non-MRI Personnel which is on the VTH web site at the below link.

https://www.youtube.com/watch?v=JrAJRsnquP4

This video is only 20 minutes long. Once you have watched the video, you must then print off this authorization page and sign and date it. The signed form must be turned into the VTH Administrative Office where it will be kept on file. This mandate is for your protection and the protection of the patient that is having the MRI done. Please make sure that you listen closely to what the video says and that you remember to remove anything on your body that is metallic or ferromagnetic. Examples of what should not be taken into the MRI room are on the poster that is posted in the MRI control room. Please also be aware that space is limited in the MRI control room and so you might not be able to be in that space if your help is not needed in monitoring the patient.

This is to certify that I have watched and understand the MRI Safety Program video that is located at the above stated URL.

_________________________________  ____________________________  ___________
Name                         Signature                        Date
Name of Volunteer:
_____________________________________________________________________________

Date of Volunteer Services: From ______________ To _____________
(Date) (Date)

I have chosen to volunteer my services to Purdue University ("Purdue") in ______________________ Department.

Event to perform the following services
___________________________________________________________________________.

TERMS OF AGREEMENT and RELEASE

I am willing to accept the following terms in order to participate in Purdue's volunteer program:

1. I acknowledge that Purdue is committed to maintaining an environment that recognizes the inherent worth and dignity of every person. Harassment at Purdue is unacceptable conduct and will not be tolerated. 
   ________ (Initials)

2. I understand and consent to Purdue conducting a Sex and Violent Offender Registry Check, and motor vehicle records check if applicable, per the University's policies and practices. __________ (Initials)

3. I acknowledge and agree that I will not be considered an employee of Purdue University for purposes of state and federal wage and hour laws, and that my voluntary participation is without promise, expectation or receipt of compensation.

4. I understand that Purdue does not provide me with accident or medical insurance and is not responsible for any accident or medical expense incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my voluntary affiliation.

5. I agree to abide by the University's policies and practices while volunteering my services to Purdue.

6. I understand to not disclose or discuss any confidential information obtained from the University, either during or after my volunteer work with Purdue.

7. I understand that Purdue shall have the right to release or discipline me as a volunteer at its sole discretion and without prior notice. I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by Purdue. This agreement may be modified by Purdue as it deems necessary and, if so modified, I will be provided with notice of such modifications.

8. I, on behalf of myself, my heirs and my representatives, do hereby release, waive, indemnify and hold harmless The Trustees of Purdue University, The Board of Trustees of The Trustees of Purdue University, Purdue University, and its past and present officers, and its trustees, agents, attorneys, affiliates, related foundations, principals, insurers, subsidiaries, predecessors, successors and assigns of the University ("Released Parties") from any and all liability, damage or claim of any nature for the Released Parties' negligence that arises out of or is related to my volunteer activities.

9. I acknowledge and accept that any activity I engage in has inherent risks that may result in bodily injury, property damage or death. I accept and assume the risk of such injuries and damages.

10. The risks described above also include injury or property damage resulting from transportation to or from the volunteer activity.

11. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing the agreement I attest to the fact that I am eighteen years of age or older and am able to perform the above-described volunteer services with or without reasonable accommodation (OR) (Applicants age 14 to 17) I am under the age of eighteen years of age, my parent or legal guardian has reviewed this agreement, is aware of the terms and conditions of this agreement and is signing this agreement providing consent so that I may provide volunteer services to Purdue. My parent or legal guardian has reviewed the above-described volunteer services and is attesting that I am able to perform these services with or without reasonable accommodation.
Please affirm your acceptance of the terms of this agreement stated above with your signature below, and please accept our sincere thanks for your valuable contributions to Purdue.

___________________________________________
Volunteer Signature

__________________________________________
Print Volunteer Name and Date

___________________________________________
Department (Witness) Signature

__________________________________________
Print Department (Witness) Name and Date

___________________________________________
Parent/Legal Guardian Signature *(If Applicable)*

__________________________________________
Print Parent/Legal Guardian Name and Date
A Message from Human Resources:

Purdue University endeavors to enhance a campus environment that values the inherent worth and dignity of each member of the Purdue community, and also ensures a campus environment free of discrimination and harassment.

The University is committed to foster an equitable and inclusive campus climate by ensuring equal access and equal opportunity to all members of the University community. For more information about specific policies and procedures, please review the following:

**Anti-Harassment Policy**

**Non-Discrimination Policy Statement**

**Sexual Discrimination**

**Violence in the Workplace Policy**
http://www.purdue.edu/policies/pages/human_resources/c_43.html

These and many other important University policy statements may be found at: