



# VOLUNTEER SAFETY ORIENTATION INFORMATION

This handout is provided to assist you with understanding the Department of Corrections' expectations for working safely while you are conducting state business. The Department is concerned for your safety and asks your assistance to ensure your valuable time spent with us is safe and beneficial.

### BLOOD AND BODY FLUIDS PRECAUTIONS:

Because of the potential hazard of contracting hepatitis B and/or the Human Immunodeficiency Virus (HIV), which are transmitted by blood or other body fluids, you are to refrain from assisting in any situation which may lead to contact with blood and/or body fluids.

Please notify staff in case of emergency.

### CHEMICAL HAZARD COMMUNICATION (HAZCOM) INFORMATION:

You have a right to know if any chemical substances you come in contact with are hazardous to you.

Notify staff if you have questions regarding chemical substances you may be exposed to. They will explain if there are hazards associated with the use of those chemicals.

### HOW TO REPORT WORKPLACE ACCIDENTS:

Contact your supervisor or notify staff on duty and fill out a DOC 03-133 Accident/Injury Report within 24 hours. Use **RED INK** when filling out the form. Check the "Volunteer" box in Part 1 of the form. This form is available at the work site.

### DRIVING SAFELY:

Volunteers must have prior authorization from the Secretary/designee to use state vehicles for official state business. If you drive a state vehicle to conduct official state business, you must exercise caution, utilize the seatbelts provided for yourself and passenger(s), and observe all traffic laws.

Should you have an accident while on state business, notify your supervisor or staff, and fill out SF137 Vehicle Accident Report and submit it to the reporting agency.

### REPORTING UNSAFE WORKING CONDITIONS:

Contact your supervisor or staff if you have identified a workplace hazard or condition that may affect your or another's ability to work safely. Your supervisor may request you fill out DOC 03-151 Hazard Report. This form is also available at the work site.

### BACK INJURY PREVENTION:

Do not lift any object greater than 25 lbs. without assistance.

Should you have a medical restriction or you are aware of any problem(s) that may affect your ability to lift, please let your supervisor or a staff person know.

### TUBERCULOSIS EXPOSURE:

Volunteers will be provided publication P137 What to Do if You are Exposed to Tuberculosis. If you become exposed to tuberculosis while on the job, the Department will coordinate with the Washington State Department of Health's Tuberculosis Control Program to ensure appropriate follow-up.

## ACKNOWLEDGEMENT

I acknowledge I have read this handout and the contents have been explained to me. I realize that any willful neglect on my part to abide by the safety rules of the Department of Corrections may be cause for disciplinary action.

\_\_\_\_\_  
Volunteer name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator Specialist

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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