

OVERVIEW

SAMARITAN INTRODUCTION

UCLA Health Volunteer Services has been working on a project to provide volunteers the opportunity to take lead in their role as a volunteer. We are excited to share with you all that we have fully transitioned to a new volunteer management system called Samaritan. Samaritan not only captures your shift times and hours but it also provides a wide variety of functions by supporting both volunteers and program management through every stage of a volunteer's journey by intelligently supporting volunteers with onboarding, training, health clearance management, scheduling, hours reporting and more!

Samaritan allows Care Extenders to view and submit upcoming annual compliance items, schedule shifts, view hours, download hours reports, submit Leave of Absence and Completion/Inactivation requests.

VOLUNTEER LOG IN

HOW TO LOG IN

The volunteer log in page is provided below where volunteers are able to log in to view the dashboard and perform the functions as mentioned above. Save the following link to the bookmarks page or home screen for easy access. Directions on how to log in begins with resetting your password as outlined below.

https://volunteer.uclahealth.org/

UCLA Health	
	Login or Register
	EMAILADORESS
	PASSWORD
	Volunteer Login
	Forgot your password?
	Apply to volunteer

HOW TO RESET PASSWORD

- 1 Use the email that CE Briefs are sent to as this is the email on record
- 2 Select 'Forgot your password'

Login or R	egister
EMAIL ADDRESS	
1	
PASSWORD	
	Forgot your password?
	Apply to volunteer



- 3 Fill out all fields required
- 4 Use the zip code initially included in the application when initially applied
- 5 Select 'Reset my password"
- 6 Select 'Next'

	Reset Password	
	1-2-3	
	Complete the fields below.	
	* First Name	
	* Last Name	
	* Postal Code (Zip Code)	
	* Date of Birth	
\longrightarrow	Reset my password	
\longrightarrow	Next	
	Return to Login	

7 Click on your email



- 8 Type in the full email
- 9 Select 'Send Email'
- 10 Receive Reset Password notice



Reset Password	
1-2-3	
Verify email matching: o******n@m******************************	Reset Password
Type the full email in the provide space below.	
	An email has been sent to your associated email account providing further instruction.
Send Email	If you experience a problem resetting your password, please
Select Different Email	contact volunteer Administration for assistance.

- 11 Email will be sent with subject line: Volunteer Password Reset
- 12 Click on the link below and follow the steps

Т	Touryan, Carna S.
	CAUTION - EXTERNAL EMAIL:Do not click links or open attachments unless you recognize the sender.
	To reset your password click on the link below: https://volunteer.uclahealth.org/custom/527/#/forgot_password?crc=6fddc149f0e645f409498b11173e4d34

- 13 Complete all fields and select 'Submit'
- 14 Click on the link below to follow the steps and log in





VOLUNTEER DASHBOARD

GENERAL OVERVIEW

The Volunteer Dashboard provides volunteers the opportunity to:

- 1. Upload a professional headshot
- 2. Update profile information such as mailing address through 'Edit Profile'
- 3. Submit Leave of Absence Request
- 4. Submit Exit Request (Inactive/Completion)
- 5. View and complete annual compliance items
- 6. Search special events offered by UCLA Health Volunteer Services
- 7. View hours reported under Log Books
- 8. View scheduled shifts under Upcoming Schedule*
- 9. View department assignment under 'My Opportunities'

* This functions is not yet utilized



UPLOAD HEADSHOT

- 1 Select camera icon
- 2 Choose File and Select 'Next'
- 3 Crop the photo to desired section and Select 'Upload'





EDIT PROFILE

Update password, email address, contact information and emergency contact information in this section. Prior to completing the program, update contact information to include a permanent address where completion packet can be mailed to.

Contact Information					
✓ Mailing Address (Street Address, Apt #)					
12345 Bruin Ave.					
✔ City	✓ State		✔ Zip Code		
Los Angeles	California	a 🗸	90068		
✓ Primary Phone Alternate	Phone		Where would you like to receiv	e text messages?	
(123) 456-7890 ext ()	ext.		I do not want to receive text	messages	~

REQUEST LEAVE

Follow the Leave of Absence policy when submitting a leave request as found in the Care Extender Program Training Manual.

- 1 Select 'Request Leave'
- 2 Fill out all areas including: Start Date, End Date and Which Program(s).
- 3 Allow 48 hours to receive a response regarding your leave submission request. If you do not receive a confirmation, please follow up by contacting the LOA Coordinator (email found on the Care Extender website under 'Meet the Staff' tab).

Leave of Absence Reque	st
Leave of Absence Reques	t
Start Date:	06/09/2022
End Date:	06/23/2022
Which Program(s):	 All programs I work with Specific program(s)

EXIT REQUEST

- 1 Read over the type of requests and eligibility. To leave in good standing, Care Extender must meet the requirements listed including completion of the Alumni Survey.
- 2 Select which program(s) you'd like to exit
- **3** Mail in through regular mail or drop off badge items in person. DO NOT including badge clip in either scenario.



xit Request		\rightarrow	○ I am requesting to complete the program in good ○ I am requesting to be inactivated from the progra	standing. m.
UCLA Health	Volunteer Services completion/inactivation Request FORM		PLEASE BRIEFLY TELL US WHY YOU HAVE DECIDED T	O LEAVE THE PROGRAM
Name: Osanna Tosunyan		\rightarrow		
Program(s) CE - Care Extender				
Which Programs are you requesting to Leave:				
All programs I work with			PLEASE READ AND SIGN THE FOLLOWING STATEMEN	т
 Specific program(s) 			I agree to comply with the requirements in either the completion o complete/inactivate from UCLA Health's Volunteer Program. I unde	r inactivation section I've selected above. I am requesting to rstand that by completing/inactivating from the program, I will
Completion or Inactivation Request			no longer report for my shifts in the hospital, and my role as a Volu issued ID badge in order to be eligible for any documentation relea	nteer will conclude. I understand that I must return my hospital- se, completion certificate, etc.
Leaving in Good Standing	Requesting to be Inactivated		By checking off this box, I am confirming that I wi addresses below:	ll mail in/drop off my ID badge to one of the
To complete the program in good standing, receive a certificate of completion, and a letter of reference from the program, you must: • Certify the you have completed at least 4 full active rotations (excluding leave of basences), the required number of hours, this device finance for an encode the received of the second and the se	By requesting to be inactivated, you are letting us know that: • You are leaving the program without completing the required 4 rotations of service AND/OR the required number hours of service and service share the brade		Ronald Reagan-UCLA Medical Center 757 Westwood Fizas, Suite 8751 Los Angeles, CA 90095	UCLA Santa Monica Medical Center 1328 Sureenth Street, 2 nd Roor Santa Monica, CA 90404
AND have finished your last volumeening shift. PL658 VORE Committee member exits hours and bonus hours from extra events do not count towards the completion requirement. Complete the Alumni Survey (sent separately) Return your ID Badge	 You must also return your to badge. You may request documentation of your hours by completing and submitting the hours verification request form. 		Signature (type full name)	06/09/2022 Today's Date (mm/dd/vvvv)

ANNUAL COMPLIANCE DASHBOARD

Care Extenders are required to complete annual education trainings to update their knowledge on the most with the most current information in addition to submitting an annual negative Tuberculosis blood test. The trainings that will appear on your annual compliance dashboard will be the following:

- 1. CICARE
- 2. Radiation Safety
- Safe Patient Handling Training (online)
 Care Extender Training
- 5. Safe Patient Handling Training (in-person)
- 6. CPR Certification (Renewed every two years)
- 7. Cybersecurity Training*

*Applicable to select Care Extenders

COVID Boosters

Submit most recent COVID vaccine only.

- 1 Select 'Medical: COVID'
- 2 If you are due for the COVID booster and have received it, upload the booster date, vaccine type, select 'Booster' and upload legible proof of vaccination by attachment. If you have not received your booster or are not eligible to receive it yet, upload your second (2nd) vaccination date, vaccine type, select which vaccine and upload legible proof of vaccination by attachment. Reference eligibility in table below.
- 3 When uploading proof of vaccination, photo must be clear and include your first and last name for verification and select 'Save Training'

Vaccine Type	Booster Eligibility	
Johnson and Johnson	2 months after single dose	
Moderna	6 months after 2 nd dose	
Pfizer	5 months after 2 nd dose	



Add Activity
Medical: COVID V
Please upload a copy of your COVID Vaccination Documentation and provide the information below regarding your MOST RECENT vaccination only.
 COVID Vaccine Date:
 COVID Vaccine Type: Y
 Which Vaccine: Vaccine:
 *Attachment Choose File No file chosen
Additional Comments (Optional):

<u>TB</u>

Submit most recent TB test.

- 1 Select 'Medical: TB'
- 2 TB Clearance Date is the date that results were reported. A sample of a negative QuantiFERON blood test is below.

	PATIENT INFORM	ATION	REPORT STATUS:	FINAL	
SPECIMEN INFORMATION			ORDERING PHYSICIAN		
SPECIMEN:	DOB:				
REQUISITION:	AGE :		CLIENT INFORMATION		
LAB PEE NO.	GENDER:			• •	
	FASTING:		= ALCES	A	
COLLECTED:	Clinical In	fo:	L A B	5	
RECEIVED:			Order Today		
REPORTED:		w		ww.accesalabs.com/tb	
Test Name	Result	Flag	Reference Range	Lab	
QUANTIFERON(R)-TB GOLD					
QUANTIFERON(R)-TB GOLD	NEGATIVE		NEGATIVE	KS	
Negative test result	. M. tuberculosis complex				
infection unlikely.	11221		1000000000	1000000	
NIL	0.07		IU/mL	KS	
MITOGEN-NIL	>10.00		IU/mL	KS	
TB-NIL	0.00		IU/mL	KS	
The NII tube value 1	s used to determine if th	e patient			
false positive readi	and a the test In order	for a			
test to be valid th	a Nil tube must have a va	lue of			
less than or equal t	o 8.0 IU/mL.	140 01			
The mitogen control	tube is used to assure th	e patient			
has a healthy immune	status and also serves a	s a			
control for correct	blood handling and incuba	tion. It			
is used to detect fa	lse-negative readings. Th	e mitogen			
tube must have a gam	ma interferon value of gr	eater			
than or equal to 0.5	IU/mL higher than the va	lue of			
the Nil tube.					
The TB antigen tube	is coated with the N. tub	erculosis			
specific antigens. F	or a test to be considere	d			
positive, the TB ant	igen tube value minus the	Nil tube			
value must be greate	er than or equal to 0.35 I	U/mL.			
For additional infor	mation, please refer to				
http://education.que	stdiagnostics.com/faq/QFT				
	annulded for informations	. /			
(This link is being	provided for informationa	1/			

3 TB Test Result is the type of test received. If your most recent negative TB test was a skin test, select 'Negative QFT/TSPOT (blood test).

Sample results. Actual results may vary

ance



4 When uploading proof of vaccination, photo must be clear and include your first and last name for verification and select 'Save Training'

Medical: TB	•	
Please fill out the foll vaccination you rece	owing information on the Tuberculosis	(TB)
TB Clearance Date		
Expires		
TB Test Result	¥	
*Attachmen	Choose File No file chosen	
Additional Com	iments (Optional):	

<u>FLU</u>

Submit flu shot vaccination.

- 1 Select 'Medical: Flu
- 2 Include the date flu shot was received
- **3** When uploading proof of vaccination, photo must be clear and include your first and last name for verification and select 'Save Training'

Medical: Flu	~
Please fill out the following information	on on the Influenza (Flu) vaccination you receiv
Date	
Expires	
*Attachment Choose File No file of	cholen
Additional Comments (Optio	onal):
	li li



<u>CPR</u>

Submit CPR Certification.

- 1 Select 'Training: CPR'
- 2 Include the date CPR Certification was complete
- **3** When uploading proof, photo must be clear and include your first and last name for verification and select 'Save Training'.
- 4 Proof of CPR certification must be American Heart Association "BLS for Healthcare Providers". No other forms of CPR certification will be accepted. Sample below.

Add Adding	× BASIC LIFE	SUPPORT	
Training: CPR Card	BLS Instructor	American Heart Association.	
CPR Certification is required to participate in the Care Extender Program.			
Please upload a copy of your CPR card and enter the completion and expiration dates below:			
CPR Cert O6/09/2022 Data Expiration 06/09/2022 Vers	has successfully comple skills evaluations in accord of the American H Basic Life Support (BLS	has successfully completed the cognitive and skills evaluations in socordance with the connoutum of the successful the successful the successful the successful Basic Life Support (BLS) Instructor Program.	
*Attachment Choose File No file chosen	Issue Date	Renew By	
Additional Comments (Optional):	Training Center Alignment	Instructor ID	
	Training Center ID	eCard Code	
	Training Center City, State		
	Training Center Phone Number		

SEARCH

This function allows you to search for special events offered by UCLA Health Volunteer Services and sign up to receive additional hours should you meet the eligibility requirement for the special event.

Opportunity Sea	< Back to Previous
Forwards 4	Detrong a controller Detrong a controller The Market Andream Market Andream
	Were beaux Humanitarian efforts for Ukraine UCLA Health Published: 03/11/2022 Click "more details" for description.
	more details

- 1 Select 'more details'
- 2 Select 'Sign Up'



Opportunit	/ Details	< Back to Previou
	Humanitarian efforts for Ukraine UCLA Health	h
	We need your help at our Van Nuys UCLA Distribution warehou humanitarian efforts in Ukraine. Bonus hours credit for your part (+BOOSTER)	ise to help support inventorying supplies for the ticipation. MUST BE FULLY COVID VACCINATED
Sign Up	TRANSPORTATION IS AVAILABLE FOR YOUR CONVENIENC ENTRANCE OF THE RONALD REAGAN HOSPITAL AT 8:30AN VAN NUYS AT 12NOON.	CE. THE SHUTTLE WILL LEAVE FROM THE MATT M. THE SHUTTLE WILL START ITS RETURN FRO
f 🗾 🖻 🗞 🛨	ADDITIONALLY, THE WAREHOUSE IS OPEN TO ANY ASSISTA you are available to drive yourself to Van Nuys). Minimum age: 16	TANCE, MONDAY-FRIDAY 8AM-4PM (in the case th
	Availability	
	Location Where the coportunity will occur	
	UCDC 16001 Strathern Street Van Nuys, CA 91406	and the second s
	Location Description: "Free parking on-site	Ven Nort
		Coordinates: 34.198511,-118.498074
	J Contact Info	
	Contact 1 Contact Name: Candis Crockett	

LOGBOOK

This function allows you to double check your recorded hours and print an hours report for your own records. Care Extenders may also use this function to calculate the total number of hours for each program and whether or not they are eligible to complete in good standing.

Report & View Hours		< Back to Previous
Logbook	Sort: Date - Newest First 💌	Filter • Print
Summary Totals Today: 4 Month: 4 Year: 4 All Time: 4 show more details >		
Recent Service History *CE-RR-Greeter UCLA Health • Date/Time: 06/09/2022 7:00 am - 9:00 am Hours: 2 * Hide Details • Hours: 2 • Service Performed:		
*CE-RR-Greeter UCLA Health • Date/Time: 06/09/2022 7:00 am - 9:00 am • Hours: 2 • <u>Hide Details</u> • Hours: 2 • Service Performed:		
View All Service History		



MY OPPORTUNITIES

This function shows all departments a Care Extender is assigned. When clicking on the opportunity, Care Extenders may find contact information for the departments they are assigned to and any additional information.

My Opportunities		Calendar List
CE- You've Report	RR-Greeter UCLA Health been placed with this opportunity. ing service is not enabled for this opportunity details	
Opportunity	Details	< Back to Previous
You are placed with this opportunity. Remove yourself	*CE-RR-Greeter UCLA Health Assist with waylinding and greeting of patients and visitors at ROnald In hour credit. P Location Where the apportunity will occur 757 Westwood Plaza Los Angeles, CA 90095 Cet Directions	Reagan UCLA. Shiffs are two hours each with 4
	Contact Address Address to use when contacting someone about this opportunity (see location 757 Westwood Pisza Los Angeles, CA 90095	for opportunity location)

FREQUENTLY ASKED QUESTIONS (FAQs)

Where do I view my total number of hours completed thus far in the program?

You may find your total number of hours completed in all programs under your profile photo and also in the Log Book. Be sure to open the Log Book to calculate total hours for a specific program. For Care Extender Program, add up all hours under the 'CE' assignments.

When I click on the log book, why do I see CE – HISTORICAL HOURS and not individual shift hours? Where are all the departments I shifted in the past?

When data was moved over to Samaritan, the total number of hours was added as a large lump was transferred over. We can still provide you with a breakdown of your hours based on shifts should it be needed. Contact <u>CEAdmin@mednet.ucla.edu</u>.

- I'm planning on taking a leave of absence next rotation, should I submit by selecting 'Request Leave'? Yes. Please wait 48 hours to receive a confirmation from our Leave of Absences Coordinator.
- I'm planning on inactivating/completing the program, should I submit by selecting 'Request Leave'? Yes, this function has been activated. For additional questions, please contact <u>CEAdmin@mednet.ucla.edu</u>.

** If you are currently onboarding for another program, you will not see the Care Extender dashboard populate until you have successfully completed your requirements with that program and have an active status.