

<Your Logo Here>

# TRAINING MANUAL VACCINE BUDDIES

**Volunteers of the Vaccine Buddies Program will provide their support  
virtually due to the Covid Pandemic.**

Vaccine Buddies TM was developed by IVCG New Haven, CT for distribution by NVCN



## **Welcome to the Vaccine Buddy Program.**

The decision to create this program was simple, we saw a tremendous need to help interested seniors, adults with disabilities and caregivers in getting the Covid-19 vaccine.

This assistance program and the application process are ever changing, and we will learn as we go. Our hope is to create a team approach with ideas, suggestions, and volunteer input as to the most effective and streamlined approach possible.

## **Vaccine Buddy Responsibilities**

1. Call the client and introduce yourself.
  - a) Use the script as a template in getting to know your client and determine the best way to assist this particular individual.
  - b) Be pro-active, ask the questions you feel will help expedite the process.
  - c) Forward any questions or concerns to our office
2. Follow up after the 1<sup>st</sup> vaccine and document 2<sup>nd</sup> vaccine details and any support needed.
3. Follow up after 2<sup>nd</sup> vaccine shot.
4. Complete the service activity timesheet and fax, scan, mail or email it to your coordinator.

## **Protecting the Privacy of Those We Serve.**

As a volunteer you are an extension of our program and adhering to all privacy guidelines is essential. The program depends upon a climate of mutual caring and trust. To promote the trust between the volunteer and the client, we must make proper use of the personal information we are given.

When someone asks for assistance, personal details are often shared. Medical problems, family circumstances, disabilities and age can be sources of embarrassment to many people. To maintain the trust demonstrated by their requests for assistance, we must strive to guard the dignity and privacy of everyone we serve.

Personal information should not be shared unless absolutely necessary to better meet the client's needs – and then, share it only as necessary.

All volunteers can use information provided in the official performance of their duties for technical, social, medical, and financial support.

You will undoubtedly be asking personal questions and may be in a position to ask for medical coverage, diagnoses, medications, and various other necessary information to assist. Treasure that

information and paperwork keeping it safe. Contact our office to drop off any client paperwork for shredding services.

### **Common violations**

- Discussing clients in communal areas whether or not names are used.
- Phone volume being loud enough for others to hear the conversation.
- Computer or phone screens with client information visible to others or left unattended.
- Improperly disposing of paperwork that has client information.
- Patient information posted somewhere which is visible to others, such as you personal notes kept on individuals when assisting with the application process.
- Discussing the client's status with their family member without first getting permission from the client.

**Remember: Respecting and providing for clients' privacy is EVERYONE'S responsibility.**

### **Things to remember with talking with your client(s)**

- Use a friendly tone of voice and identify yourself as soon as possible when making the call.
- Spend as much time listening and talking as feels comfortable or appropriate.
- If a person does not seem interested in a conversation when you call, ask about calling at another time. Some individuals may have aides helping them during certain times of the day.
- If they seem to have trouble hearing make sure to talk slowly, use simple words and enunciate as clearly as you can.
- If you find the person is unable to follow, answer or comprehend the reason for your call, notify our office.
- **If there is an emergency call 911!**

### **Understanding how the clients get to us**

We will be receiving referrals generated from a variety of organizations such as The Agency on Aging, Interfaith Caregivers, local senior centers, and other organizations working with seniors, adults with

disabilities and caregivers. Referrals will be registered and assigned a Vaccine Buddy. The referral may also generate a referral to Interfaith for transportation support.

**What to expect**

Remember “attitude is everything.” This process may be very overwhelming and emotional for the clients we will be helping. Your attitude will have much to do about how they react, so always keep that in mind. Help redirect their negative thought into the positive thoughts about overcoming the pandemic.

This has to be a fluid program as it will change as we move forward. Please feel free to share ideas, assist others within the volunteer pool and share your struggles. We will manage this together.

<Your Logo Here>

## Vaccine Buddy Training Manual Receipt

- I received a copy of the Vaccine Buddy Training Volunteer Manual
- I acknowledge that program staff has reviewed key elements of this training manual with me prior to placement.
- I know that I am responsible for asking questions so that I will fully understand the policies, expectations, and responsibilities to fulfill this volunteer assignment.
- I know that Volunteer Program staff are available by phone, email and in person to answer my questions.

<Your Contact Information Here>

- I agree to read the manual and refer to it if I have any questions.
- I agree to abide by the policies and procedures contained in the manual.

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## **Volunteer Acknowledgement Form**

### **Vaccine Buddy Support Training**

I, \_\_\_\_\_ acknowledge that the Volunteer program has provided me with the Vaccine Buddy Manual which details my responsibilities, program details and clarifications. The manual is mine to use as a reference.

My signature indicates that I have read, reviewed, and understand this information and how it pertains to my volunteering responsibilities and coverage provided to me while I am on assignment as a Vaccine Buddy.

I also understand that this acknowledgement will be retained in my volunteer file.

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Volunteer's Signature and Date

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