# Volunteer Orientation and Policy Manual

*Board Approved September 2026*

**Purpose of Volunteer Policies and Procedures**

*These policies and procedures provide guidance and direction to staff and volunteers engaged in volunteer involvement and management efforts. These policies cover volunteers in placement at the Free Access Health Clinic (FAHC). These policies are intended for internal management guidance only and do not constitute a binding contractual or personnel agreement. The FAHC reserves the exclusive right to change any of these policies at any time and to expect adherence to the changed policy.*

*Policy Administration: This manual is approved by the FAHC Board of Directors. The Board may amend organizational policies as appropriate. The President, Medical Director, Clinic Operations Manager, or other designated leadership may establish and update operational procedures necessary to implement these policies, provided those procedures remain consistent with Board-approved policy and applicable law.*

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# CLINIC OVERVIEW

**Mission:**

Our mission is to provide medical and mental health care serving the needs of uninsured, underinsured and underserved people in Vermont. This care will be provided through various means as needed (in person at the clinic, through webinars and telemedicine) working with volunteers and partners who share the same goals. *We were established for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.*

**Services We Provide:**

The Free Access Health Clinic (FAHC) provides free medical care and care-navigation services at no cost to patients who are uninsured, underinsured, or otherwise face barriers to obtaining needed health care. There is no charge for services provided at the clinic; referrals, diagnostic services, medications, and vaccinations accessed through partner organizations may have separate eligibility requirements or costs, and FAHC staff and volunteers assist patients in understanding and navigating those requirements. Care-navigation services include assisting patients with scheduling, coordinating referrals, and connecting patients to community resources. We work to improve access through primary care, specialty care, preventive services, diagnostic and treatment partnerships, and connection to community resources. Services may be provided in person at the clinic or through telemedicine, webinars, or other virtual means as appropriate. Interpretation and translation services are available when possible to help patients access care.

At the Free Access Health Clinic, we provide the following health care services:

- Medical services include, but are not limited to, chronic health concerns (diabetes, hypertension, hyperlipidemia, obesity, depression, anxiety, etc.).
- Specialty medical care services
- Referrals for radiology and other diagnostic services
- Help with enrollment in medication and lab diagnostic patient assistance programs
- The medical personnel will be able to write and/or renew certain prescriptions. Providers will make every attempt to prescribe the least expensive medications.
- No medications will be available at FAHC.
- **NOTE: FAHC will not prescribe controlled substances, including, but not limited to, narcotics (such as Vicodin or Percocet), benzodiazepines (such as Ativan, Lorazepam, or Klonopin), stimulants (such as Ritalin), or Tramadol (Ultram).**
- Referrals to other health services as needed
- We try to have an Interpreter/Translator available when possible.

**Who We Serve:**

FAHC serves people who are uninsured, underinsured, or otherwise experience barriers to obtaining needed health care, such as cost, transportation, language, disability, or geographic isolation. Patients are served based on health care need, the services available through FAHC, and the Clinic's ability to safely and appropriately provide or coordinate care.

FAHC does not require proof of citizenship or immigration status, religious affiliation, or membership in any

particular community as a condition of receiving care. Certain outside programs, donated services, medications, diagnostic services, or financial-assistance programs coordinated through FAHC may have separate eligibility requirements established by the organization providing those services. FAHC staff and volunteers will assist patients in understanding and navigating those requirements, including by providing information, helping complete applications, and connecting patients with community resources.

**Patient Access and Nondiscrimination Policy:**

FAHC is committed to making its services accessible to people who face barriers to obtaining health care and to providing care in a manner that respects the dignity of every patient. Access to FAHC services is based on health care need, the services available through the Clinic, and our ability to safely and appropriately provide or coordinate care.

FAHC does not exclude, deny services to, or treat patients differently because of race, color, ethnicity, national origin, citizenship or immigration status, religion, sex, sexual orientation, gender identity or expression, age, disability, marital or familial status, or any other status protected by applicable law. Proof of United States citizenship or immigration status is not required to receive care.

FAHC seeks to identify and reduce practical barriers to care. When appropriate and available, the Clinic may assist patients with language interpretation, disability-related access needs, specialty referrals, diagnostic services, medications, financial-assistance programs, and connections to community resources. Patient privacy and confidentiality will be protected in accordance with applicable law and professional standards.

Patients may raise concerns about discrimination, accessibility, privacy, or the services they receive without retaliation. Concerns should be directed to the Clinic Operations Manager, Medical Director, President, or another designated FAHC leader so they can be reviewed and addressed promptly.

- https://freeaccessclinic.org/wp-content/uploads/2022/01/HAP-and-FAP-FPL-Chart_FAHC-version_for-Eligibility-Page_Completed-11.03.21.pdf

**Board of Directors:**

| | |
|---|---|
| President: | Umair Malik, MD |
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| Director: | Cheryl Fatnassi |
| Member: | Shaheedul Sami |
| Member: | Nausheen Azhar |

**Organization Chart:**

To be provided at the Volunteer Onboarding Orientation Session.

**Holidays:**

The office will be closed for these holidays:

- New Year's Day
- Memorial Day
- Eid al-Fitr

- Eid al-Adha
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

**Clinic Location:**
400 Swift Street, Suite 100, South Burlington, VT 05403

**Days and Hours of Service:**
Saturdays, 8:00 am – 12:30 pm

**Clinic Preparation:**
Please arrive at least 15 minutes prior to the start of the clinic or your scheduled time. A copy of the patient roster appointment schedule is available from the Practice Supervisor to help anticipate the flow of the day.

**Volunteer Personal Information:**
The FAHC discourages all volunteers from providing any personal information to patients, such as cell phone numbers, home addresses, Facebook names or any other social media connections.

**Record Keeping:**
We utilize an EHR, Practice Fusion, for all our documentation. All provider consultant notes, and relevant documentation must be completed before leaving the end of your scheduled clinic session.

**Patient Education:**
We have patient education materials available. Please ask the Medical Assistant or Administrative Assistant if you have a specific need.

**FAHC Specialty Services:**

FAHC may use symptom screening, masking, isolation, testing, or other infection-control measures when clinically appropriate, during outbreaks, or when recommended by public-health authorities. Volunteers should not report for service when they have symptoms of a potentially contagious illness that could place patients or other personnel at risk, and should notify their supervisor as soon as practicable.

**Medical Referral Outside of the FAHC:**

1. **Specialist Referral[1]:** The FAHC works closely with UVM Medical Center (UVMMC) and affiliated providers for referrals to medical specialists. The **Medical Assistant/Administrative Assistant** can assist in coordinating the referral to the appropriate specialist determined by the provider.
2. **Labs and X-rays[1]:** Some lab work can be administered at FAHC. The list can be identified in the FAHC Exam Room Reference Manual. X-rays and lab work not available at our clinic can be done at UVMMC.
3. **Vaccinations:** Providers should review each patient's immunization status and recommend appropriate vaccinations. FAHC does not currently administer vaccines onsite. Staff may assist patients in accessing vaccination through the Vermont Department of Health, participating community providers or

pharmacies, or other appropriate vaccination programs. Uninsured patients should be connected, whenever possible, with programs that provide recommended vaccines without charge.

[1]Financial Assistance: Our patients are usually eligible for the Financial Assistance Program (FAP) through UVM Medical Center which may allow discounted referral appointments. The **Medical Assistant/Administrative Assistant** can screen the patient for financial eligibility and assist them with the FAP application process and transition to UVMMC.

4. **Medications[2]:** Since most of our patients are uninsured or underinsured, providers must be certain that if any prescriptions are written, that the patient can afford them. Our patients are usually eligible for the Health Assistance Program (HAP) through UVM Medical Center. Depending on the patient's financial situation, other options such as GoodRx may also be a preferred alternative, please refer to the FAHC Exam Room Reference Manual for more information.

[2]Financial Assistance: The **Medical Assistant/Administrative Assistant** can screen the patient for financial eligibility and assist them with the HAP application process and transition to UVMMC.

**Patient Follow-up:**

1. **Clinic Follow-up Appointments:**
   Patients will be scheduled for necessary follow-up appointments at the clinic. As volunteers, it's not expected for you to follow up with patients outside of clinic hours.
2. **After-Hours and Emergency Situations:**
   In after-hours emergencies, patients should seek immediate care at the nearest emergency department or urgent care facility. Our clinic operates solely on Saturdays with volunteer staff, and after-hours care beyond this schedule is not available.
3. **Follow-up Care Coordination:**
   Follow-up care will be managed by FAHC medical staff and, when necessary, coordinated with the **Practice Supervisor or Assistant Practice Supervisor** due to the gap between volunteering sessions. It's crucial to encourage patients requiring immediate attention outside of our operating hours to visit the nearest healthcare facility for prompt medical assistance.

# THE VOLUNTEER PROGRAM

**Service at the Discretion of the Agency:**

The Free Access Health Clinic (FAHC) accepts the service of all volunteers with the understanding that such a service is at the sole discretion of the agency, FAHC. Volunteers agree that the FAHC may at any time, for whatever reason, decide to terminate the volunteer's relationship with the FAHC.

You may at any time, for whatever reason, decide to sever your relationship with the Clinic. Notice of such a decision should be communicated as soon as possible to the **Practice Supervisor or Assistant Practice Supervisor**.

**Volunteer Rights and Responsibilities:**

Volunteers are viewed as a valuable resource to the FAHC, its staff, and its patients. Volunteers shall be extended the right to be given meaningful assignments, the right to be treated as equal, the right to

effective supervision, the right to full involvement and participation and the right to recognition for work done.

In return, volunteers shall agree to actively perform their duties to the best of their abilities and in accordance with FAHC policies and to remain committed to the goals and procedures of the practice.

**The Clinic Operations Manager or designated FAHC supervisor:**

Provides supervision and guidance to a volunteer and is responsible for the overall coordination of the volunteer program. Your Clinic Operations Manager or designated FAHC supervisor are interested in your success as a volunteer and the overall success of the program.

**What You Can Expect from your Clinic Operations Manager or designated FAHC supervisor:**

As a volunteer for the FAHC, you can expect:

- To receive a clear, specific job description.
- To be given appropriate assignments according to your skill, interests, availability, and training.
- To be trusted with confidential information if needed to carry out assignments.
- To be given appropriate formal and informal forms of recognition.
- To receive orientation, training, and supervision for the jobs you accept and to know why you are being asked to do a particular task.
- To have your time utilized well due to the planning, coordination, and cooperation of FAHC staff.
- To discuss any problems with FAHC staff and receive prompt attention to any concerns raised.
- Those records will be kept documenting your volunteer experience including positions held, training, evaluations, and commendations.
- That your individual rights will be respected, and that all volunteers will be treated with courtesy and respect.
- To have appropriate workspace, including consideration for physical disabilities.
- To lead in a friendly and cooperative manner.

**What the FAHC Expects from You:**

As a volunteer for the FAHC, we expect you to:

- Be prompt and thorough in any job you are doing.
- Know your duties and how to do them correctly and pleasantly.
- Follow all FAHC policies and procedures in the completion of your duties.
- Practice only within the competency areas for which you are qualified by licensing, training and/or experience.
- Cooperate with FAHC staff and your fellow volunteers and maintain a good team attitude.

Your interactions with fellow volunteers, staff, the public, our patients, and how you accept direction will affect the success of your personal experience. Consequently, whatever your position, you have an important assignment: perform every task to the best of your ability. The result will be greater personal satisfaction and improved services for the patients of the FAHC.

We provide an open environment where you can discuss any problem or ask any question of the **Practice**

**Supervisor, Assistant Practice Supervisor** or **Medical Director**. We expect and encourage you to voice your opinions and contribute your suggestions to improve the quality of the FAHC. We work as a team, so do not hesitate to communicate your feelings. The FAHC needs your help in making each volunteering day enjoyable and rewarding. Your experience is important to us.

**Volunteer Application Procedure:**

1. All volunteers must complete a Volunteer Application, typically online. The Clinic Operations Manager or designated FAHC supervisor are responsible for reviewing all Volunteer Applications and
   - determine the initial placement for all volunteers, based on the needs of the FAHC and the skills of the volunteer applicant.
   - is responsible for gathering documentation of any required training education of licensure or other information as required prior to placement of the volunteer.
   - is responsible for contacting and documenting at least two professional references for any volunteer who has applied to provide services to patients.
   - will forward the Volunteer Application to the Medical Director, after confirming any required licensure, training and completing reference checks. The Clinic Operations Manager or designated FAHC supervisor will approve the initial placement and set a start date for the volunteer.
   - All volunteers must attend a brief orientation of the FAHC, provided by the Clinic Operations Manager or designated FAHC supervisor and/or Medical Director, before starting their placement at the FAHC. The Volunteer Onboarding Orientation includes:
     - Overview of the FAHC's Mission, Objectives and Services
     - Organization Chart and Clinic Patient Visit Flow Chart
     - A review of the FAHC Volunteer Orientation and Policy Manual
   - The **Practice Supervisor** is responsible for enrolling licensed volunteers.
2. Before starting volunteer work at the FAHC, all volunteers will receive instruction from the Clinic Operations Manager or designated FAHC supervisor and/or Medical Director. This instruction will include a review of the volunteer job description, scheduler requirements, review of policies and procedures related to the volunteer job, and how to track volunteer hours worked.

# VOLUNTEER MANAGEMENT PROCEDURES

**Annual Evaluation of Volunteer Performance:**

The **Practice Supervisor** is responsible for contacting each volunteer, at least annually, to discuss the volunteer's performance, their satisfaction with their volunteer placement, and to solicit suggestions about how to improve the volunteer program and services to patients. This discussion will be documented in writing and included in the volunteer's record and/or will be done using an electronic survey tool.

**Volunteer Review:**

The Clinic Operations Manager or designated FAHC supervisor may conduct reviews at his/her discretion or at the request of a volunteer. Topics for discussion may include goals, training needs and areas of improvement. The volunteer will work with the FAHC volunteer members to create a plan, review and update as needed. Some types of misconduct are considered serious enough to warrant immediate suspension pending dismissal, see the

Attendance, Absenteeism, Dismissal of a Volunteer sections below.

Licensed Providers: Licensed providers (i.e. MDs, DOs, NPs, PAs) will complete peer reviews as part of the Quality Assurance (QA) process. Every two years, a letter will be sent to each provider indicating the status of their FAHC peer review records and the determination of their ongoing work with FAHC. Conducted by **Quality Assurance Supervisor**.

Registered Nurses and Other Licensed Professionals: Also, as part of the QA process required by our malpractice coverage, simple competency reviews (Supervisor's Evaluation of Performance) for registered nurses and other licensed professionals at FAHC will be completed at least once per month (or as volunteering occurs, if less frequent) and will be reviewed once a year. A letter will be sent every two years to the professional regarding the status of the review and the determination of their ongoing work with FAHC.

**Maintenance of Records/Confidentiality and Personal Files:**

A system of records will be maintained on each volunteer with the FAHC, including dates of service, positions held, certificates of training or licensure, duties performed, and awards received. Volunteers and appropriate staff shall be responsible for submitting all appropriate records and information to the Clinic Operations Manager or designated FAHC supervisor in a timely and accurate fashion. Volunteer records shall be given the same confidentiality as staff personnel records. You may request documentation regarding the number of hours you have volunteered for the FAHC from the Clinic Operations Manager or designated FAHC supervisor.

**Right to Work:**

*Conducted by: Clinic Operations Manager or designated FAHC supervisor*

All volunteer health provider work is contingent on verification of your medical credentials and privileges along with your right to do this work in the United States. Before your volunteer work, you must provide documents used to obtain malpractice insurance and support your privileges at FAHC. Background checks may be required depending on your role at FAHC.

**Conflict of Interest:**

*Conducted by: Clinic Operations Manager or designated FAHC supervisor*

Volunteers involved in the management or operation of the clinic must avoid personal, philosophical, or financial conflicts of interest that could compromise the clinic's objectives or services. This includes refraining from decisions that may benefit them personally or from affiliations that could interfere with fair and impartial clinic operations. Individuals with such conflicts will not be permitted to partake in decision-making processes or managerial duties within the clinic.

**Representation of the FAHC/Public Relation:**

*Permission from: Medical Director*

The success of FAHC depends upon the quality of the relationships between FAHC, our volunteers, patients, donors, partners and the general public. In a sense, regardless of your position, you are FAHC's ambassador. The more goodwill you promote, the more our patients and supporters will respect and appreciate you, FAHC and our services. You can help by doing the following:

- Understand and be able to explain FAHC's mission.
- Act competently and deal with everyone in a business-like, courteous and respectful manner.

- Communicate pleasantly and respectfully.
- Follow up on questions promptly, provide business like replies to inquiries and requests, and perform all duties in an orderly manner.
- Take great pride in your work and enjoy giving back to our community.
- Not take actions or make statements which might significantly affect or obligate the FAHC.
- Refer requests for public statements to the press, coalition or lobbying efforts with other organizations, or any agreements involving contractual or financial obligations to the Board President.
- Act only as specifically indicated within your job descriptions and only to the extent of such written specifications.

**Scheduling and Tracking Volunteer Hours:**

Scheduling of volunteers is done by the Clinic Operations Manager or designated FAHC supervisor. The process will be explained at the orientation session.

**Remember: You can only volunteer for jobs for which you have been trained. If you are interested in working for another department or performing a different job, contact the Clinic Operations Manager or designated FAHC supervisor to request training and/or approval.**

Also, FAHC will track volunteer activity to apply for grants and funding, so volunteers are asked to keep a record of volunteer hours. Volunteers sign in at the beginning and out at the end of each clinic in the FAHC office. This information will be entered into the volunteer database. This is especially important for anyone who may want to request a letter of reference in the future.

**Attendance:**

For FAHC to run smoothly and give the best care possible, it is important for all volunteers to attend each clinic as scheduled, as the numbers and types of volunteers are carefully balanced based on anticipated number of Providers and patients. The number of patients that can be seen is determined by the number of Providers that sign up for the FAHC, as well as anticipated staff for support.

Volunteers are expected to attend on the days they sign up to volunteer, to arrive promptly, and to volunteer for the period indicated on the sign-up sheet. If volunteers are ill or must be away for an emergency, they are expected to notify the Clinic Operations Manager or designated FAHC supervisor as soon as possible. In addition, volunteers who have not volunteered in six consecutive months will be moved to the inactive list but can reactivate their status by calling or emailing the Clinic Operations Manager or designated FAHC supervisor explaining the absence and their renewed commitment to FAHC.

**Ability to Safely Perform Volunteer Duties:**

FAHC may request appropriate documentation when reasonably necessary to determine whether a volunteer can safely perform the essential functions of a particular assignment or whether a reasonable accommodation is needed. Any request for documentation will be limited to information relevant to the volunteer's ability to safely perform the assigned role and will be handled in accordance with applicable law and confidentiality requirements.

**Absenteeism/Out-of-Office:**

*Report to: Clinic Operations Manager or designated FAHC supervisor*

**Purpose and Scope:** This Out-of-Office Policy applies to all volunteer medical and administrative staff of Free Access Health Clinic and is designed to manage absences during both our Saturday clinic operations and regular weekday tasks.

**Definition of Out-of-Office:** An individual is considered out of office when they are unable to fulfill their duties during our Saturday clinic hours or regular weekday administrative tasks due to personal reasons, vacations, emergencies, or any other unforeseen circumstances.

**Notification Procedures: Volunteer staff members involved in Saturday clinic operations should provide advanced notification to the Clinic Operations Manager or designated FAHC supervisor of any planned absences during these hours. Whenever possible, volunteers should aim to notify at least two weeks in advance of the scheduled absence to facilitate adequate coverage arrangements.**

For regular weekday tasks, volunteers should follow the standard notification procedures established by the Clinic Operations Manager or designated FAHC supervisor within the staff group.
In case of unforeseen emergencies or sudden situations that prevent timely notification, volunteers are urged to inform the respective coordinators as soon as possible to allow for contingency planning.

**Coverage and Responsibilities: In the event of an absence during Saturday clinic hours, volunteers are encouraged to arrange a suitable substitute or inform the Clinic Operations Manager or designated FAHC supervisor in advance. For regular weekday administrative tasks, volunteers should coordinate with the Clinic Operations Manager or designated FAHC supervisor to ensure coverage.**

**Procedure for Urgent Situations:** Should a critical situation arise when essential personnel are absent, the respective coordinators will follow predefined contingency plans outlined for urgent circumstances.

**Expectations during Absence: Remote work or attending clinic matters is acceptable during personal time off at the discretion of the Clinic Operations Manager or designated FAHC supervisor.**

**Return and Reintegration:** Upon returning to duties, volunteers are expected to report back for any pertinent updates, missed information, or developments during their absence to ensure a smooth reintegration into clinic operations or administrative tasks.

**Policy Review and Updates: This policy will be reviewed annually or as needed to accommodate changes in clinic operations or volunteer structure. Suggestions for updates or improvements are encouraged and can be submitted to Clinic Operations Manager or designated FAHC supervisor.**

## Liability Insurance:

Liability insurance is provided for all volunteers while acting within the scope of their duties as a volunteer.

## Voluntary Resignation:

*Submit to: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*
Any volunteer may resign at any time and for any reason. Exit interviews are conducted as outlined in the policy. We may consider that you have resigned if you do not return from an approved leave period or after 2 or more consecutive, unexplained absences.

## Exit Interview Policy & Procedure:

*Conducted by: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*
The purpose of this policy is to identify workplace, organizational or human resources factors that have

contributed to a volunteer service provider's decision to leave volunteer service; to enable FAHC to identify any trends requiring attention for improving FAHC's ability to respond to volunteer service provider issues; and to allow FAHC to improve and continue to develop recruitment and retention strategies aimed at addressing these issues. This policy covers the procedures to be adopted when FAHC volunteers leave service for whatever reason.

This policy applies to all volunteer service providers including volunteer health providers, volunteer administrative staff and others. Exceptions include short term/event volunteers & volunteer service providers discharged for cause. The Board President will designate an appropriate person to conduct exit interviews (serving as the HR representative) once the volunteer service provider's confirmed departure date has been received.

**Exit Interview Procedure:**
The designated Human Resources (HR) representative will contact the volunteer service provider, inviting them to attend an exit interview at a mutually convenient time (face to face or via an electronic meeting) or alternatively to fill out the "Exit Interview Questionnaire" (using the link provided). The Exit Interview/Exit Interview Questionnaire should be completed as soon as it is reasonable after the confirmed leaving date has been received.

The volunteer service provider will be asked a standard set of questions like the Exit Interview Questionnaire and be given a chance to discuss any concerns and/or to provide information they feel would be beneficial for FAHC to know about their volunteer service experience at FAHC. To ensure anonymity of the exit interview process, the Human Resource representative will refer to the responses using a numbering code to protect the identity of the responder. This process will also be used for those questionnaires completed using the online method.

Volunteer service providers participate in the exit interview process voluntarily. If a volunteer service provider chooses to participate in an exit interview, they will be encouraged to be honest, candid, and constructive in their responses. The information received through Exit Interviews will be confidential. No specific information that could possibly be traced back to an ex-volunteer service provider will be disseminated or discussed.

**Exit Interview Reporting:**
The information will be reviewed annually by the HR designee to identify areas or determine trends that may need to be addressed. Periodically, the analysis and recommendations with be shared with the Board and other key staff. The analysis and review will include:

- Appropriate statistical information regarding the number and distribution of volunteer service provider departures during the preceding year including reasons for leaving.
- Discussion of any trends or common themes which are suggested by the exit interview feedback.
- A summary of any actions or interventions taken during the year based on exit information.
- Any actions FAHC feels are required to address any concerns or FAHC identified through exit interview feedback.

## Volunteer Dismissal:

Volunteers are an essential part of FAHC's mission and work. Our goal is to retain a satisfied volunteer base that finds gratification and reward in helping FAHC meet its mission in the most effective manner possible. However, there are occasions when an FAHC's volunteer is simply not a good fit. Just as a volunteer is free to leave at any time, for any reason, FAHC reserves the same right to end our volunteer relationship with a

volunteer, with or without notice, for any reason not prohibited by law.

Dismissal of a volunteer will occur only as a last resort and will generally take place following progressive disciplinary actions where possible. While our objective is to always be fair and thoughtful, FAHC manages its volunteer base within a fast-paced, high-risk environment. Therefore, concerns, misconduct and possible dismissal must be handled swiftly. Immediate dismissal of a Volunteer may occur in serious cases and is within the discretion of the President, Board and their HR designees.

Grounds for volunteer dismissal may include, but are not limited to the following:

- Illegal, violent or unsafe acts.
- Failure to abide by policies and procedures.
- Gross misconduct.
- Theft of property or misuse of FAHC funds, equipment or materials.
- Being under the influence of illegal drugs or alcohol while performing Volunteer duties.
- Failing to satisfactorily perform volunteer duties as agreed.
- Undisclosed conviction/history of malpractice, abuse or neglect.
- Breach of confidentiality.
- Willfully not following proper lines of communication and authority.
- Intentionally spreading misinformation.
- Behavior or communication that intentionally disrupts daily operations.
- Being verbally aggressive or disrespectful to other volunteers, staff or patients.
- Harassment/discrimination

FAHC will investigate and document all performance concerns and incidents which may serve as grounds for dismissal. Volunteers may be offered the opportunity to meet with the HR designee to provide the Volunteer's account of the incident, or perspective on the situation. Where appropriate, verbal and/or written warnings may be issued to the Volunteer and documented.

Dismissal of a Volunteer will take place after consultation between the HR designee, direct supervisor of the volunteer and/or the President. The Board, President or HR designee may dismiss a Volunteer. As timing allows, subsequent to dismissing a Volunteer, the Board, President and HR designee along with impacted FAHC staff will be made aware of the dismissal. A notice of termination will be sent to the Volunteer following the dismissal via mail or email as appropriate and all privileges and access will be revoked/removed.

# POLICIES AND PROCEDURES

**Patient Confidentiality and HIPAA:**

As a volunteer of the Free Access Health Clinic, you will receive certain information which is confidential, and which needs to be protected against any disclosure to unauthorized persons as outlined by practice and ethical standards as well the official Health Insurance Portability and Accountability Act's (HIPAA) regulations. FAHC is a HIPAA-covered entity because it provides health care and uses an electronic health record system, and therefore HIPAA rules apply to its operations. Such information is patient and family information, which includes protected health information, Clinic business and financial information, and the strategic plans of the organization. You understand that it is the responsibility of each volunteer to take steps necessary to safeguard such confidential information to protect the interests of our patients, their families, our donors, our volunteers, our business partners and other business activities. As part of FAHC's workforce, volunteers must complete HIPAA training and comply with FAHC's privacy and security policies. Violations of HIPAA may result in civil

and/or criminal penalties, and FAHC will address violations by volunteers through the disciplinary procedures set forth in this manual.

To coordinate services for patients and families, you understand information is shared among, and limited to, those who have a need to know. All written, electronic and oral information obtained by you in your role at the FAHC will be handled with discretion. You understand that maintaining confidentiality regarding patients/families, donors, volunteers and business matters of the FAHC are of the utmost ethical importance and are regulated by federal and state law. Therefore, upon completion of the use of all data and reports regarding these matters, documents will be returned to the Clinic or shredded.

In addition, you will abide by the following guidelines regarding patients, families, donors, and other agency information:

1. Patient Records Confidentiality: Patient records and documents are for official use only.
    a. Copies will be made for official use only as determined by those department leaders responsible and accountable for such records.
2. How to handle 3rd Party Inquirers: Any party identifying themselves as "official" will not receive any information regarding patients, families, donors or volunteers without the FAHC's approval.
    a. Questions about patients and families are referred to a Clinic Operations Manager or designated FAHC supervisor or designee.
    b. Questions about volunteers are referred to the Clinic Operations Manager or designated FAHC supervisor or designee.
    c. Questions about the FAHC are referred to the Clinic Operations Manager or designated FAHC supervisor or designee.
    d. Questions by members of the media (newspaper, TV or radio) are referred to the **Medical Director**.
    e. No volunteer may speak to members of the press about the FAHC, its employees, its volunteers, patients, families or business operations, without prior approval from the **Medical Director**.
3. Request for Donations: All requests for donations of money, goods, or services on behalf of the FAHC are the responsibility of the **Medical Director**. No requests for donations may be made to any individual or FAHC without the prior approval of the **Medical Director**.

The FAHC complies with the **HIPAA Privacy and Security Rules**, which require that **Protected Health Information (PHI)** be specifically safeguarded. PHI is defined as individually identifiable health information transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form, i.e. verbal or written. All volunteers will understand and comply with the Privacy and Security Rules' regulatory requirements.

In addition to understanding and complying with regulatory requirements, the Clinic Operations Manager or designated FAHC supervisor has the responsibility to:

- Identify, report, and correct any misconduct or non-compliance.
- Educate volunteers in Privacy and Security regulations.

**Cultural Sensitivity Awareness:**

Cultural sensitivity begins with recognizing there are differences between cultures. These differences are reflected in the ways different groups communicate and relate to each other and how they carry-over into interactions with healthcare providers. In healthcare, Providers and their patients need to interact effectively; they must move beyond cultural barriers created by cultural biases.

A culturally competent Provider respects the uniqueness of all patients and realizes that their experiences,

beliefs, values and language may affect their perceptions of FAHC's service delivery, acceptance of a diagnosis and compliance.

Language Barriers: Language differences between a health care provider and the patient are a barrier to providing optimum health care. When possible, interpreters should be used, especially ones that are not members of the patient's family. Speak in short sentences or phrases, to make translating easier for the interpreter. Make sure the patient understands what he or she has been told by asking for him/her to repeat the message in his/her own words.

Religious and Other Barriers: Patients are often willing to share their customs with those who seek to understand them. True concern about what is important to the patient is the best way to surpass any cultural barriers as care is provided. If a patient seems resistant to actions recommended by the provider, seek to understand if there is a religious or cultural reason and perhaps an alternate solution that is acceptable to the provider and patient that would work equally well.

**Working with Interpreters:**

The goal of the interpreter is to convey the provider's message as best possible. The interpreter has been taught to interpret everything said as accurately as possible, without adding, omitting and changing anything in the message.

When working with interpreters, the focus of the interaction should always be between the provider and the patient.

- Speak directly to the patient, not the interpreter. For example, ask, "How are you today?" rather than saying, "Ask her how he/she is today."
- Speak slowly and clearly, pause frequently, and use short sentences.
- Ask one question at a time.
- Use simple English and, to the extent possible, avoid technical terms, idiomatic expressions, colloquialisms, acronyms and slang.
- Be prepared to explain some parts of the conversation in more detail for the interpreter. Some terminology and concepts may not have an equivalent in the client's primary language.
- Do not "think out loud" or ask the interpreter not to interpret something that you have said in the patient's presence.
- Do not engage the interpreter in personal or side conversations. Everything you say should be repeated to the patient.
- The interpreter is there to interpret only. Please do not ask him/her to assist you with any other tasks. The interpreter's role is to help you communicate with the patient.

**Electronic Communications:**

Electronic communications, including the contents of Clinic owned computers, telephones and facsimiles are the property of the Free Access Health Clinic and electronic communications are subject to all the policies of the FAHC. Internet, e-mail, phone, mail, or any other communication or information system of the FAHC is not to be used in any way that may be disruptive, offensive to others, harmful to morale, or in violation of Free Access Health Clinic policies. If you have been provided with access to the FAHC's Electronic Health Record or other electronic data system, you will be provided with the necessary passwords. Sharing passwords or accessing electronic data without authorization is grounds for immediate termination of volunteer placement.

**Passwords:**

If you are working on any computer and/or with our Electronic Medical Records systems, you will need to create a personal password for which you will be responsible for maintaining confidentiality. Passwords are not allowed to be shared between volunteers, providers and patients.

**Infection Control Practices:**

*Report Non-compliances to: Clinic Operations Manager or designated FAHC supervisor*

We work to provide protection for healthcare workers, volunteers and patients from exposure to infectious agents. This means that we must always take appropriate actions to prevent the spread of infection.

1. **Hand Hygiene:**
   - Hand-wash with antimicrobial soap for 15 seconds; apply friction & rotating action to dislodge bacteria.
     - If using manual hot/cold faucets at a sink, use a paper towel to turn faucets on/off.
     - While entering & leaving an exam room.
     - Always after using the restroom.
     - If visibly soiled, any contact with blood body fluid.
     - Prior to gloving and immediately after removing gloves.
   - Alcohol-based hand rubs can be used before direct patient contact, after any contact with patient's skin, belongings, or room surfaces, and after removing gloves.
2. **Personal Protective Equipment (PPE):**
   - **Gloves**
     - To be worn when providing direct patient care, when touching patient bodily fluids or other contaminated items.
     - Do not wear gloves outside the exam room.
     - Do not wash gloves; remove & reapply when re-entering the room.
     - When wearing gloves, do not touch your cell phone, pager, pens, etc.
   - **Respiratory Illness and Masking:**
     - A medical mask must be worn at the FAHC.
3. **Needle Sticks:**

   **Prevention Measures:**

   1. Safe Handling and Disposal:
      - All staff members handling needles or sharp instruments must do so with extreme caution.
      - Use appropriate containers for the disposal of used needles immediately after use, following established guidelines for biohazardous waste.
   2. Personal Protective Equipment (PPE):
      - Use and maintain PPE such as gloves, safety glasses, and, when necessary, protective clothing when handling sharps or performing procedures involving potential exposure to bloodborne pathogens.
   3. Education and Training:
      - Provide regular training sessions to all staff on safe handling, disposal procedures, and the risks associated with needlestick injuries.
      - Ensure understanding of the clinic's protocol for handling sharps and accidental exposures.

   **Response to Needlestick Injuries:**

   4. Immediate Action:
      - If a needlestick injury occurs, wash the affected area thoroughly with soap and water.
      - Encourage bleeding from the wound while avoiding squeezing.
   5. Reporting Procedure:
      - Immediately report the incident to the Clinic Operations Manager or designated FAHC

supervisor or the person in charge.
    - Complete an incident report detailing the circumstances and nature of the injury.
6. Medical Evaluation and Follow-Up:
    - Seek immediate medical evaluation and treatment.

**Support and Counseling:** Offer emotional and informational support to the affected staff members, including access to counseling services if required.

**Review and Training Updates:** Regularly review and update the policy based on evolving best practices, regulatory changes, and incident analyses. Conduct periodic training sessions to reinforce safety measures and procedures related to needlestick injuries.

4. **Food & Beverages:**
   No food or beverages are allowed in exam rooms. Do not carry beverages/food into any patient areas.
5. **Respiratory Hygiene and Cough Etiquette:**
   Respiratory hygiene and cough etiquette is important for both volunteers and patients. The FAHC will post instructions in places that can be easily seen by volunteers and patients that show a person covering up their nose and mouth with tissues or a mask when coughing and sneezing and performing proper hand hygiene frequently. The clinic will have tissues, hand sanitizer and masks available at the entry, in the bathroom and other key areas.

   FAHC volunteers should:

   1. Place patients with respiratory ailments away from common areas.
   2. Alert patients and others entering these areas to take extra care and remind them to perform hand hygiene when leaving.
   3. Alert patients with ailments of proper hygiene etiquette.
6. **Regular Cleaning**
   FAHC will ensure that common areas and areas with infectious patients are regularly cleaned, and frequently touched surfaces are disinfected once it is recognized that they have been infected. Cleaning staff will be trained and reminded periodically of these requirements.
7. **Waste Disposal**
   FAHC's procedure for disposing of biohazard that has been contaminated with blood, human tissues, and bodily fluids safely in the receptacle provided.

We all share responsibility for maintaining a safe environment for our patients, our volunteers, and our staff. If you observe a practice that could compromise infection control or patient safety, report it to the Clinic Operations Manager or designated FAHC supervisor as soon as practicable. If the concern involves the Clinic Operations Manager or designated FAHC supervisor, report it to the Medical Director or Board President.

Immediate safety concerns such as a needlestick injury, exposure to bodily fluids, or a volunteer who is visibly ill should be reported immediately to the supervisor on duty. Routine concerns may be reported by the end of your shift. If you are unsure whether a situation requires a report, ask the Clinic Operations Manager or designated FAHC supervisor. It is better to ask than to guess when patient safety is involved.

FAHC prohibits retaliation against any volunteer who reports a safety or compliance concern in good faith. Volunteers who self-report errors or lapses will not be disciplined for doing so, provided the report is made promptly and in good faith. Questions or concerns are always welcome and may be addressed to the Clinic Operations Manager or designated FAHC supervisor.

**<u>Smoking Policy:</u>**

The FAHC facility is designated as smoke and tobacco-free. A smoke/tobacco-free environment directly protects patients, visitors, physicians and volunteers and affirms our commitment to the promotion of a healthy lifestyle. Smoking and tobacco usage by FAHC volunteers and patients is not allowed on the building premises, including

the parking lots, sidewalks and grounds. If anyone chooses to smoke, they will do so off the premises while being respectful of neighboring entities and the environment and must be responsible for proper disposal of any related garbage.

**Substance Abuse Workplace Policy:**

*Report Substance Abuse to: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*

It is the policy of the Free Access Health Clinic to provide a workplace that prohibits the abuse of drugs, alcohol, and/or related substances. Abuse of drugs, alcohol and/or related substances by volunteers is a significant hazard to patients/families, co-workers, volunteers and individual employees. The FAHC is entrusted with the responsibility of providing the best, most professional care and services to its patients, and a safe and healthy workplace. With this purpose in mind, the FAHC chooses to have volunteers who are free of the effects of illegal drugs, narcotics, controlled substances or alcohol. To fulfill this practice, any such presence may be cause for corrective action, up to and including termination.

The FAHC prohibits the unlawful manufacture, distribution, dispensing, possession or use of alcohol, illegal drugs, narcotics or controlled substances in the workplace or on FAHC property. This policy also prohibits the use of prescription drugs by volunteers if the drugs affect their ability to safely perform his/her volunteer duties and/or behavior. Also prohibited is the use of a prescription drug by an individual for whom the drug was not prescribed, or the abuse of a drug by the individual for whom it was prescribed.

Each volunteer shall, when drugs are prescribed by a medical professional, inquire of the prescribing professional whether the drug prescribed has any side-effects, which may impair the volunteer's ability to perform the volunteer's job duties. If the answer from the medical professional is yes, the volunteer shall obtain a statement from the medical professional indicating any work restrictions and their duration. The volunteer shall present that statement to the Clinic Operations Manager or designated FAHC supervisor prior to the volunteer's assignment. Volunteers must notify the Clinic Operations Manager or designated FAHC supervisor when they observe another employee or volunteer exhibiting symptoms associated with drug, alcohol and/or related substance misuse or abuse.

**Equal Opportunity Policy:**

It is the policy of the FAHC to provide equal volunteer opportunities to all qualified individuals without regard to race, color, religion, national origin, age, gender, marital status, sexual orientation or disability. This policy of equal opportunity covers all aspects of the volunteer relationship, including the application, reviews and working conditions.

**Anti-discrimination and Anti-harassment Policy:**

*Report Complaints to: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*

The FAHC prohibits discrimination and/or harassment of volunteers based on race, color, national origin, religion, gender, age, disability and sexual orientation. No volunteer, regardless of title or position, has the authority (expressed, actual, apparent or implied) to discriminate against another employee or volunteer of the FAHC. This policy applies while on volunteer assignments or during any Clinic-related activity.

Whether particular conduct constitutes harassment prohibited by this policy may depend on the circumstances. It therefore is impossible to provide a complete list of all prohibited activities.

However, behaviors that may be illegal and violate this guideline include:

- Reference to co-worker by derogatory terms relating to gender, race, age, religion or another protected- class status.

- Other conduct that another person reasonably could construe as creating or contributing to the creation of an intimidating, hostile work environment.
- Insulting, degrading, threatening or otherwise offensive or hostile remarks, graffiti, jokes, posters, writings, gestures, actions, email or other communications relating to race, color, religion, gender, national origin, age, disability, veteran or marital status.
- Racial, ethnic, religious jokes or slurs or any other communications or conduct disparaging or degrading any racial, minority, ethnic, religious group or any other protected class.

Sexual harassment is a form of sex discrimination that can occur in a variety of different circumstances.

Examples of unlawful work-related sexual harassment include, but are not limited to:

- Conduct unreasonably interfering with the individual's work performance, or creating an intimidating, hostile or offensive work environment.
- Direct or implied threats that submission to sexual advances will be a condition of continued volunteer service with the FAHC.
- Sexually related material such as pornography, objects, pictures or internet sites. Unwelcome verbal or visual conduct of a sexual nature such as comments, innuendos, jokes, emails, voice messages, gestures, leering or stalking.
- Unwelcome physical sexual conduct, such as grabbing, groping, pinching, patting, and pulling against another's body, rape or any attempts to commit such wrongdoing.

Discrimination and harassment are extremely serious misconducts and may result in discipline, up to and including termination of volunteer assignments. If you are aware of workplace discrimination or harassment taking place, you must immediately discuss your questions, problems, complaints or reports with the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee.

To the extent possible, any investigation will be handled in confidence. However, the FAHC cannot promise anonymity to persons who report harassment or participate in any investigation. The FAHC reserves the right and hereby provides notice that third parties may be used to investigate harassment or discrimination claims. The FAHC prohibits retaliation against any volunteer who lodges a good faith complaint of discrimination or harassment, or who participates in any related investigation. Volunteers should recognize that making false or bad faith accusations of discrimination or harassment can have serious consequences for those who are wrongly accused. The FAHC prohibits deliberately making false and/or malicious allegations of discrimination or harassment, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of volunteer assignment. Volunteers with questions concerning this guideline are responsible for contacting the Clinic Operations Manager or designated FAHC supervisor for clarification.

## Workplace Violence/Abuse:

*Report Complaints to: Practice Supervisor and/or HR Specialist*

Workplace violence is any act of threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at a worksite. The FAHC prohibits volunteers and employees from engaging in workplace violence and requires that volunteers and employees report any incidence of workplace violence to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee immediately.

The FAHC prohibits and does not tolerate any physical, mental or sexual abuse, in the workplace or in any organization-related activity. The FAHC provides procedures for employees, volunteers, family members, patients or others to report abuse and disciplinary action for those who commit such acts. No employee, volunteer or third party has the authority to commit or allow any type of abuse.

Examples of workplace violence include, but are not limited to, the following:

1. All threats or acts of violence occurring on FAHC's premises, regardless of the relationship between FAHC and the parties involved.
2. All threats or acts of violence occurring off FAHC's premises involving someone who is acting in the capacity of a representative of FAHC.
3. All threats or acts of violence between FAHC volunteers off FAHC's premises that reasonably result in the creation of a hostile work environment for one or more FAHC volunteers and/or patients in the FAHC workplace.

Specific examples of conduct that may be considered threats or acts of violence include, but are not limited to, the following:

1. Hitting or shoving an individual.
2. Directly or indirectly threatening a volunteer/patient or his/her family, friends, associates, or property with harm, including behavior or remarks that could reasonably be construed as threatening, e.g. having literature about assault weapons in the workplace.
3. Intentional destruction or threatening to destroy FAHC property.
4. Making harassing or threatening phone calls or e-mail notes from or to FAHC workplace or to an FAHC' employee/patient.
5. Harassing surveillance or stalking (following or watching) an FAHC' employee/patient and/or family member.
6. Unauthorized possession of or inappropriate use of drugs, firearms or weapons.

Upon determination that abuse by an employee, volunteer or third party has occurred, disciplinary action up to and including termination of volunteer assignment or business relationship may occur. The FAHC may also report abuse allegations to appropriate law enforcement and/or regulatory agencies.

If you are aware of or suspect that physical or sexual abuse is taking place, you must immediately report it to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee. An investigation will be conducted, including law enforcement if appropriate, to prevent further events. If law enforcement is involved, Clinic volunteers and staff are required to fully cooperate with law enforcement personnel. The FAHC will make every reasonable effort to keep all matters regarding allegations as confidential as possible while still allowing for a prompt and thorough investigation.

**Anti-retaliation:**

The Free Access Health Clinic prohibits retaliation against any volunteer, board member, patient or family member who makes a good faith report of abuse or who participates in good faith in any related investigation. Making false accusations of abuse can have serious consequences for those who are wrongly accused. The FAHC prohibits making false and/or malicious abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of volunteer placement.

**Reporting Suspicion of Patient Abuse or Neglect Procedures:**

*Report Complaints to: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*

**Suspected Abuse, Neglect of an Adult Patient:**

It is the policy of the FAHC that all volunteers must report suspected adult abuse, neglect, or

exploitation to Vermont Adult Protective Services (APS) when they know or reasonably suspect that a vulnerable adult has been abused, neglected, or exploited. This duty applies to all volunteers as a condition of their volunteer service, and it applies to those who are mandated reporters under Vermont law as well as to those who are not. FAHC's confidentiality requirements do not override, limit, or impede the duty to report. Volunteers who make a good-faith report are protected by Vermont's immunity provisions and by FAHC's anti-retaliation policy. Any volunteer who fails to fulfill this obligation is subject to disciplinary action, up to and including termination of volunteer placement. The Clinic Operations Manager or designated FAHC supervisor is responsible for ensuring that all volunteers are aware of their responsibilities and for providing current reporting procedures and contact information. Reports should be made to Vermont APS as soon as possible, and in no case later than the timeframe required by Vermont law.
Further, it is the policy of FAHC that any volunteer who abuses, neglects or exploits a patient, or permits a patient to be abused or neglected, is subject to immediate termination of their volunteer position.

**Reporting Suspected Abuse or Neglect:**

All FAHC volunteers, while acting in their professional capacity, are required by Vermont law to report suspected adult abuse or neglect to Vermont Adult Protective Services (APS). This policy requires that the volunteer also report suspected abuse or neglect to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee. Each volunteer shall be responsible for the documentation and reporting of suspected abuse or neglect.

The court may impose a fine for personnel who have observed suspected abuse or neglect and have not reported the incident to Vermont Adult Protective Services (APS). Vermont law provides that persons making a report of abuse or neglect shall be immune from civil or criminal liability unless it is proven that the person acted with malicious intent.

- Any volunteer who suspects that a patient has been a victim of abuse and/or neglect, including staff/patient abuse, must immediately notify the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee.
- After consultation with the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee, the volunteer must immediately report his or her concerns to Vermont Adult Protective Services (APS). If the volunteer feels that consultation may unnecessarily delay action in a particular incident, they may contact Vermont Adult Protective Services (APS) before notifying management.
- Reporting concerns the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee in no way relieves an individual volunteer of ensuring that a report is made to Vermont Adult Protective Services (APS).
- Each time a volunteer suspects that a patient has been abused or neglected, a report must be made to Vermont Adult Protective Services (APS), even if repeated previous reports have been made.
    - Please follow this link and the online guidelines from the State of Vermont to make a report of suspected abuse or neglect and the APS staff will help complete the report: https://dlp.vermont.gov/aps/make-aps-report or call 800-564-1612 and the Adult Protective Services staff will help you complete your report.
    - Mandatory reporter state requirements: Required to report within 48 hours of knowing or reasonably suspecting or receiving information about or alleging abuse/neglect/exploitation of a vulnerable adult.

**Volunteer or Patient Injury Procedures:**

*Reports to: Clinic Operations Manager, designated FAHC supervisor, and/or HR designee*

Procedures:

- Volunteers should report the injury, the same day, to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee.
- The volunteer should complete a Volunteer Injury Report and forward it to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee.
- The volunteer files with his/her personal medical insurance if treatment is necessary.
- Provide copies of treatment to the Clinic Operations Manager, designated FAHC supervisor, and/or HR designee.
- Volunteers are covered by our insurance when acting under their scope of duties.

**V.S.A. Title 21, Chapter 9, §640(e):**
In the case of a work-related, first-aid-only injury, the employer shall file the first report of injury with the department of labor. The employer shall file the first report of injury with the workers' compensation insurance carrier or pay the medical bill within 30 days. If the employer contests a claim, a first report of injury shall be forwarded to the department of labor and the insurer within five days of notice. If additional treatment or medical visits are required or if the employee loses more than one day of work, the claim shall be promptly reported to the workers' compensation insurer, which shall adjust the claim. "Work-related, first-aid-only-treatment" means any one-time treatment that generates a bill for less than $750.00 and for which the employee loses no time from work except for the time for medical treatment and recovery not to exceed one day of absence from work. For more information, please refer to: https://www.healthvermont.gov/sites/default/files/documents/pdf/DEPRIP.Volunteer%20Liability%20Protections%20Summary.pdf

**Emergency Preparedness Procedures:**
*Questions: Clinic Operations Manager or designated FAHC supervisor*
These procedures are designed to guide everyone during emergencies such as fire, disaster, bomb threats or medical emergencies. Anyone wishing to have more information regarding emergency procedures should contact the Clinic Operations Manager or designated FAHC supervisor.

1. **Behavioral Emergencies:**
   For assistance in securing an out-of-control patient who presents an immediate danger to self or others, call other volunteer members and/or supervisor on duty.
2. **Civil Disturbances** (in immediate vicinity of the FAHC):
   - Personnel are to remain in their own area of assignment.
   - Reassure patients.
   - Use the telephone for emergencies only.
   - Await further instructions.
3. **Body Fluid Exposure:**
   In the event a volunteer has an exposure to body fluid, either thru the skin (for example, a needle stick) or mucous membrane (eyes, nose or mouth):
   a. Provide Immediate First Aid.
      - For a splash into the eyes, flush the eyes with lots of water.
      - For a needle stick, cut, wound or splash onto the body or mucous membrane other than the eyes, wash the exposed body part with lots of soap and water.
      - Remove soiled clothing, wash skin and change into clean clothing.
   b. Inform the Clinic Operations Manager or designated FAHC supervisor, who will coordinate with a clinical staff to implement the Infection Control Practices noted above.
4. **Bomb Threat:**
   If bomb threat is received:

a. DO NOT HANG UP if a threat Is made by telephone.
   - Remain calm.
   - Try to prolong the conversation and get as much information as possible.
   - Note what you hear.
     - Are there any background noises, such as music, voices or cars?
     - How does the caller's voice sound? Any accents? What sex? What age? Any unusual words or phrases?
     - Does the caller seem to know about the FAHC? How is the bomb location described? Does the caller use a person's name? Does the caller give his/her name?

b. Dial 911 and report a bomb threat. Give the operator all the information collected – give your name, clinic address and phone number.

c. After this is done, notify the Clinic Operations Manager or designated FAHC supervisor or the Medical Director immediately. Then be on standby for further instructions.

d. If so directed, evacuate the facility.

**5. <u>Bomb or Suspicious Item</u>:**

- Leave items untouched and secure the area.
- Dial 911 and report a suspicious item. You may be asked to assist in a search because you are familiar with the area.
- Notify the Clinic Operations Manager or designated FAHC supervisor or the Medical Director.
- If so directed, evacuate your area.

**6. <u>Cardiac Arrest</u>:**

If you discover someone who has suffered cardiac or respiratory arrest, (they are unconscious and do not appear to be breathing) you should:

- Note the time.
- Summon help while remaining with the person. Shout or yell if necessary.
- Send someone to call 911. If you are alone, do it yourself.
- Begin cardiopulmonary resuscitation (CPR) and use the automated external defibrillator (AED), if you know how. Continue CPR until assistance arrives and takes over.
- CRP Certified: While CPR certification is not mandatory for volunteers, it is strongly encouraged. If you are not currently CPR certified but interested in obtaining certification, please inform the Clinic Operations Manager or designated FAHC supervisor to include you on the list for the next CPR training session.

**7. <u>Fire Emergency</u>:**

If you smell something burning, but see no smoke, notify a staff member immediately. ***If smoke or a fire is sighted:***

- Call 911 immediately. Give the exact location of fire, your name and type of fire (if known).
- Inform the Clinic Operations Manager or designated FAHC supervisor or the Medical Director.
- Evacuate the building.

**<u>Building Security:</u>**

The Free Access Health Clinic is located in the facility owned by the Islamic Society of Vermont. It is the responsibility of all volunteers and staff of the FAHC to ensure the security of the FAHC office space, medical equipment, computers and patient information contained in the building.

The clinic's main entrance door will always be locked. To gain access into the building, volunteers and patients should use the Call Button on the clinic's main door during FAHC's hours of operation.

Unless authorized, no clinic volunteer or patient is permitted to be unescorted in the building sections beyond the clinic's allotted space.

**Inclement Weather/Emergency Closing:**

*Notification by: Clinic Operations Manager or designated FAHC supervisor*

Weather conditions may require FAHC to cancel clinic days to accommodate inclement weather-related problems. Our policy is to operate our facilities to the extent possible but not in a way that may adversely affect the safety of patients, volunteers, interns, and/or employees.

When weather conditions warrant, FAHC may close the office in the interest of safety. If FAHC closes the FAHC, volunteers and patients will be *notified by phone and/or e-mailing* as soon as possible.

**Dress and Appearance Policy:**

Customer service includes everything from our appearance to the way we deliver care and communicate with our patients. Note: If you are a medical volunteer, you are not required to wear scrubs or lab coats.

Our dress and appearance code are about respecting all the people we encounter and serve. In order to meet this standard, we offer the following guide:

- Fragrances: **Avoid the use of perfumes and strong after-shave when volunteering, since allergies or sensitivities to scents can trigger asthma attacks and bother headaches/migraine patients.**
- Jewelry: Jewelry must not jeopardize volunteer or patient safety.
- Facial Hair: Beards and mustaches need to be clean and neatly trimmed.
- Hair: Clean, pulled back so as not to interfere with professional care practices.
- Tattoos: Tattoos must be non-violent and non-offensive, including profanity.
- Fingernails: Should be clean, neatly manicured and of a length that allows a volunteer to accomplish tasks safely and efficiently. No chipping of polish is permitted for clinical staff.
- Undergarments: Should be worn at all times.
- Shoes: OHSA regulations mandate that individuals performing procedures involving biohazards must wear closed-toed shoes. Open-toed footwear, such as flip flops, is prohibited. Shoes should be safe and in good condition.
- Professional Attire: Attire must adhere to professional standards and should **not** include leggings, athletic wear, jeans, sweatshirts, sweatpants, or any clothing displaying offensive logos, wording, or materials.

**Personal Belongings:**

Everyone, volunteer staff and visitors, are responsible for safeguarding their own personal effects while at the FAHC. The clinic accepts no responsibility for loss of personal effects, including cash.

**Respiratory Illness Screening and Infection-Control Measures:**

Prior to entering the FAHC facility, all volunteers and patients must have their temperature taken (with a touch-free thermometer) and recorded. If signs of a fever or any respiratory symptoms are present, or one has been in contact with anyone exhibiting respiratory symptoms or fever or diagnosed with COVID-19, one may NOT enter the building. If anyone refuses the screening, that person may NOT enter the building. An N95 mask must be worn at all times when in the building.

**Background Check Policy:**

FAHC may conduct background checks for volunteers and employees when appropriate to the responsibilities of the role, patient safety, organizational risk, or applicable legal and regulatory requirements. Background-check

practices will be applied consistently to volunteers in similar roles and circumstances. Where a background check is required, FAHC will inform the volunteer, obtain consent, and provide information about the process, including any appeal rights. Background-check information will be kept confidential and accessible only to authorized personnel.

Background Check Procedure:

1. **Consent:** All applicants must consent to a background check.
2. **Provider:** We use a third-party provider for background checks, focusing on criminal history records.
3. **Verification for Healthcare Professionals:** Current licensed health care professionals may be asked to provide evidence of licensure, credentialing, or a recent background check when appropriate to their role. FAHC may conduct additional screening when required by law, regulation, insurer requirements, or organizational policy.
4. **Evaluation of Results:** Background-check results will be evaluated in relation to the responsibilities of the position, patient safety, applicable legal or regulatory requirements, the nature and circumstances of any identified offense, and other relevant factors. Certain findings may preclude service when required by law or when FAHC determines that participation would present an unacceptable risk to patients, volunteers, staff, or the organization.
5. **Appeals Process:** Disqualified individuals have the right to appeal, with details provided upon disqualification.
6. **Confidentiality:** Background check information is confidential and accessible only to authorized personnel.
7. **Policy Acknowledgment:** All applicants must accept this policy during the application process.

# RECEIPT AND ACKNOWLEDGEMENT OF VOLUNTEER ORIENTATION AND POLICY MANUAL

The **FAHC Volunteer Orientation and Policy Manual** is an important document intended to help you become acquainted with the volunteer program. This handbook will serve as a guide to your service to the Free Access Health Clinic; it is not the final word in all cases. Individual circumstances may call for individual attention.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the **FAHC Volunteer Orientation and Policy Manual**.

- I have received and read a copy of the FAHC Volunteer Orientation Handbook and Policy Manual. I understand that the policies and rules described in it are subject to change at the sole discretion of the FAHC at any time.
- I understand that my volunteer service is terminable at will, either by me or the FAHC, regardless of the length of my volunteer service.
- All writings, photographs or other artwork created that relate to any persons or experience at the FAHC will be reviewed and approved by the **Medical Director** prior to distribution. Review is necessary to assure confidentiality, appropriateness and accuracy of all information.
- I authorize the FAHC to use or publish any interviews, photographs, videotapes or motion pictures in any manner and any medium deemed appropriate by them. I acknowledge that I have no interest, ownership or copyrights for any pictures, images or recordings.
- I understand that FAHC may implement symptom screening, masking, isolation, testing, or other infection-control measures when clinically appropriate or recommended by public-health authorities. FAHC will communicate any changes to these requirements to volunteers in advance of clinic sessions when practicable. I agree to follow those requirements while volunteering.
- I am aware of the "**Workplace Violence/Abuse" policy**. I understand that the FAHC will not tolerate any employee or volunteer who commits abuse. I further acknowledge that the FAHC will not tolerate retaliation against any individual who in good faith reports a suspected incident of abuse. I understand that it is my responsibility to abide by all the rules contained in this policy. I also understand how to report incidents of abuse or retaliation set forth in the sexual abuse policy.
- I am aware of the "Reporting Suspicion of Patient Abuse or Neglect Procedures". I understand that I am required to report suspected adult abuse or neglect to Vermont Adult Protective Services (APS) as required by Vermont law, and that I must also report suspected abuse or neglect internally to the Clinic Operations Manager or designated FAHC supervisor. I understand that good-faith reports are protected by law and that FAHC prohibits retaliation against anyone who makes a good-faith report.
- I am aware that during my volunteering, confidential information may be made available to me. I understand that all confidential information must not be released within or outside the FAHC premises or property.