

# McMinnville Free Clinic

*a place of hope and wholeness*

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## **VOLUNTEER**

### **POLICY AND PROCEDURES MANUAL**

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## **WELCOME NEW VOLUNTEERS**

The Board of Directors, management, and volunteers welcome you to the **McMinnville Free Clinic (MFC)** and hope that you find joy and fulfillment in serving here. Every volunteer contributes directly to MFC's growth and success, and we trust that you will take pride in being a vital member of our team.

MFC desires to have a safe and positive environment for volunteers and patients, so has put in place policies to help ensure this goal is met. This handbook was developed to describe some of the expectations of a volunteer. Each volunteer should become familiar with the contents of this handbook as soon as possible, for it will answer many questions about volunteering with MFC. If you have further questions, feel free to ask your supervisor or the clinic coordinator.

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,

The McMinnville Free Clinic Board of Directors

## **INTRODUCTORY STATEMENT**

This manual is designed to acquaint you with McMinnville Free Clinic and provide you with information affecting your volunteer experience. You should read, understand, and comply with all provisions of the manual. It describes many of your responsibilities as a volunteer. No manual can anticipate every circumstance or question about policy. As MFC continues to grow, the need may arise and MFC reserves the right to revise, supplement, or rescind any information or portion of the manual from time to time, as it deems appropriate, in its sole and absolute discretion.

## **DEFINITIONS**

**Management:** Includes MFC board, volunteer and clinic coordinators, and team supervisors

**Volunteer coordinator:** Specified person responsible for coordination of nonmedical volunteers, may be done directly or through supervisors of teams

**Clinic coordinator:** Each clinic day will have a designated clinic coordinator who is responsible for smooth operation of the clinic: may frequently be the same person as the lead RN

**Scheduling coordinator:** Person responsible for scheduling: may be volunteer coordinator, nursing coordinator, provider coordinator, or team supervisor: please see contact list to see who to contact for your team

## ORGANIZATION DESCRIPTION

### Who We Are

We are a diverse group of people who want to serve God and others through a free medical clinic in McMinnville.

The McMinnville Free Clinic Board of Directors is made up of a diverse group of community members whose mission is anchored by their conviction that God cares for everyone, especially the most vulnerable. Led by God's love and compassion, the board's vision is to improve access to healthcare in Yamhill County, especially for vulnerable populations and those without other access to healthcare. Toward this, their objective is to open a clinic staffed entirely with volunteers that provides health and wholeness to members of the community that are underserved, impoverished, or otherwise unable to access health care, social services, and/or spiritual support and guidance.

### Our Mission

Led by God's love and compassion, McMinnville Free Clinic seeks to provide free health care and connect people to resources in our community.

### Our Values

**Dignity** - all people are uniquely made in the image of God

**Compassion** - God cares deeply for every person, especially the most vulnerable

**Grace** - God freely gives all that we have and we seek to demonstrate the grace of God freely through our care

**Wholeness** - we join in Jesus' mission to bring health, hope, and wholeness to all

**Partnership** - we recognize a broad-based spectrum of gifts and resources in our community and desire to work together for the common good

### Our Faith Affirmations:

#### **All people are made in the image of God**

Genesis 1:27

So God created human beings in his own image, in the image of God he created them; male and female he created them.

#### **God cares deeply for every person, especially the most vulnerable**

Psalm 68: 5-6:

A father to the fatherless, a defender of widows, is God in his holy dwelling. God sets the lonely in families, He leads out the prisoners with singing; but the rebellious live in a sun-scorched land.

#### **We experience new life through the grace of God expressed in Jesus Christ**

Ephesians 2:4-5

But because of his great love for us, God, who is rich in mercy, made us alive with Christ even when we were dead in transgressions — it is by grace you have been saved.

**We join in Jesus' mission to bring health, hope, and wholeness to all**

Matthew 9:35

Jesus went through all the towns and villages, teaching in their synagogues, proclaiming the good news of the kingdom and healing every disease and sickness.

**We serve in the Spirit of Christ for the glory of God**

Colossians 3:17

And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.

**Our Goals**

- To enable individuals and organizations to help those in the community in need
- To meet urgent needs, while connecting community members to long term services available in community
- To have a social service and prevention focus
- To holistically care for people: physically, mentally, socially, and spiritually, as people feel comfortable

We are faith based, but volunteers at MFC or Friends of the Free Clinic need not be Christians. We expect, however, that volunteers and Friends should be willing to abide by Christian ethical principles, including honesty, respect, and compassion.

**Who provides the medical services?**

Trained medical professionals, including doctors, nurse practitioners, physician assistants, registered nurses, medical assistants, as well as social workers, social service assistants, and pastors will be on hand to assure appropriate assessment and treatment for every patient.

In addition, MFC will work with the local departments of mental health, public health, human services, Virginia Garcia Clinic and the local hospital to help find medical "homes" for patients where they can receive ongoing medical care.

**Criteria for Patients**

- Everyone is welcome at MFC, although priority will be given to those without any medical insurance or any other resources.
- MFC is committed to providing services to all patients without regard to race, color, national origin, disability, sex, sexual orientation, marital status, age, or spiritual affiliation.
- No fees will be due, although donations will be welcome from those who can afford to pay something.
- We will not request identification. Everyone is eligible, adults and children, regardless of residence. No questions will be asked about legal status.

## Services Provided

- Medical services include, but are not limited to, urgent medical needs (respiratory and other infections, minor injuries, and so forth) and chronic health concerns (diabetes, hypertension, hyperlipidemia, obesity, depression, anxiety, etc.). Those with chronic health concerns will be assessed with the goal being to find a permanent medical home for these clients for ongoing management of their health care needs.
- Education by RNs around chronic conditions, medications, and prevention will provide a core aspect of the services as well.
- MFC will work with local physicians' offices, the county health and human services departments, and our local federally qualified health center (FQHC), Virginia Garcia Memorial Health Center, to provide patient medical homes within the new coordinated care organizations as possible.
- The medical personnel will be able to write and/or renew certain prescriptions (see note). Providers will make every attempt to prescribe the least expensive medications.
- No medications will be available at MFC.
- **NOTE: MFC 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).**
- Some laboratory tests may be available (glucose, urine, strep, pregnancy), although most testing will be done at the hospital.
- Social service assistants will be available who will be able to help fill out Oregon Health Plan forms and have information about the variety of services available in the community.
- We hope to have bilingual people available to translate when possible.

## Facility and Location

- MFC is housed at First and Cowls Street, in the First Baptist Church facility, in McMinnville, Oregon.
- There is an elevator for those who cannot use stairs

## Dates & Hours

9:00 a.m.-2:00 p.m.      1<sup>st</sup> and 3<sup>rd</sup> Saturdays of every month

Patients are encouraged to come early to MFC on the dates that it is open, as they will typically be seen on a first-come, first-served basis. However, priority may be given to urgent medical needs.

## **PATIENT VALUE STATEMENT**

Every volunteer represents MFC to our patients and the public, and patients are the reason we are here. The way we perform our roles presents an image of our entire organization. Patients judge all of us by how they are treated by each person associated with MFC, so it is important to be professional, courteous, friendly, helpful, and prompt in the attention you give to patients.

Our personal contact with the public and the communications we send to clients are a reflection not only of ourselves, but also of the professionalism of MFC. Positive patient relations enhance the public's perception or image of MFC.

## **VOLUNTEER RELATIONS**

MFC desires to offer a safe and positive environment for volunteers to work in. Volunteers with concerns about work conditions should voice these concerns openly and directly to their supervisors. Forms are also available if people are uncomfortable with verbalizing their concerns. Our experience has shown that when a volunteer deals openly and directly with supervisors, the work environment can be excellent, communications can be clear, attitudes can be positive, and there is respect for all. We believe that MFC amply demonstrates its commitment to volunteers by responding effectively to all concerns.

## **NON-DISCRIMINATION/NON-HARASSMENT**

### **Harassment Defined**

Disparate and unfair treatment of any volunteer or individual because of his or her race, color, sex, religion, national origin, age, disability or protected group status as defined by federal and state laws is prohibited. This includes harassment and intimidation. Harassment is behavior perceived by the receiver as unwelcome and includes, but is not limited to, the use of verbal or practical jokes, unwelcome touching, offensive remarks or put-downs, displays of objects and materials that create an offensive environment. Actions such as these are prohibited and if repeated they are also unlawful.

### **What to do if you have a complaint**

This procedure is meant to provide the most comfortable means of reporting unlawful discrimination or harassment. If you feel you are the victim of discrimination or harassment in any form, you are encouraged to first discuss the matter with your supervisor or with other management personnel with whom you feel comfortable discussing the matter. Perhaps the problem is due to a simple misunderstanding and can be resolved. However, you may file an internal complaint with any member of management. The following steps have been established for filing and handling complaints of any volunteer based on alleged acts of discrimination:

1. Any volunteer may file a complaint by communicating directly with their supervisor or any member of management. The multiple options noted here for presenting a complaint are made available with the intent of giving the volunteer the opportunity to select a person with whom they feel comfortable. Any volunteer may file a complaint verbally by meeting with management or by submitting a complaint in writing on a complaint form. All complaints will be acknowledged within three days of receipt.
2. MFC will proceed with an investigation of the complaint. Confidentiality will be maintained as

far as is practicable. If it is necessary to identify the volunteer filing the complaint to others, the volunteer shall be advised in advance and shall be told why it is necessary.

3. On the basis of the facts developed, management will render a decision in writing as soon as possible after completion of the investigation. If corrective or remedial action is warranted appropriate disciplinary action will be taken.
4. Volunteers who file complaints or who testify, assist, or participate in an investigation or hearing will be safeguarded against intimidation, coercion, retaliation, or discrimination of any kind. All such acts against complainants or other participants should be reported immediately to management.
5. All volunteers/interns are required to fully cooperate in carrying out this policy and to avoid acts of discrimination, harassment, and intimidation.

### **What is Sexual Harassment?**

Sexual harassment is considered sex discrimination not only because of the sexual nature of the conduct to which the victim is subjected but also because the harasser treats a member or members of one sex differently from members of the opposite sex. Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's volunteerism; or
2. Submission to or rejection of such conduct by an individual is used as a basis for volunteer decisions affecting such individuals; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an offensive work environment.

This is by no means an exhaustive list of conduct which is considered inappropriate and which will not be tolerated at MFC. If you are aware of such illegal conduct, it is your responsibility to take affirmative action to stop it immediately either by telling the volunteer to stop the offensive conduct or reporting it immediately to management.

### **BUSINESS AND PROFESSIONAL CODE OF ETHICS AND CONDUCT**

The successful operation and reputation of MFC is built upon the principles of fair dealing and ethical conduct on the part of our volunteers. Our reputation for integrity and excellence requires careful observance of all applicable laws and regulations, as well as a regard for the highest standards of conduct and personal integrity.

A volunteer must always act in a way that will merit the continued trust and confidence of our patients, MFC employees, referral sources, vendors, and other members of the community, regardless of age, sex, race, ethnicity, national origin, financial status, religion, or sexual orientation.

MFC expects all staff to conduct business in accordance with all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. MFC will not misrepresent any agency information in agency marketing or advertising practices.



## **Ethical Statements**

1. A volunteer is required to adhere to HIPAA and all confidentiality policies.
2. A volunteer will not misrepresent themselves in terms of professional qualifications, license/credentials, job title or expertise or misrepresent MFC to:
  - Persons served
  - Family member(s)/spouse/partner/significant other of persons served
  - Referral contacts
  - Other professional contacts
  - Certifying bodies
  - The community at-large
3. Volunteer documentation must be complete, accurate, and timely. All documentation will meet the current requirements MFC policies and procedures
4. A licensed volunteer will adhere to the respective regulations, standards and ethical codes of their certifying/ licensing entities

## **Resolving Ethical Issues**

The use of good judgment and high ethical principles will guide you to acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed with your immediate supervisor, the clinic coordinator, or medical director.

## **Reporting Ethical Violations**

A volunteer with concerns about ethical misconduct is required to bring these concerns to the attention of their supervisor, MFC's Volunteer Coordinator, or a member of the Board of Directors. The volunteer alleging ethical misconduct and the designated MFC representative will review the ethical concern with the proper person and/or department. The MFC representative will inform the volunteer of the ethical misconduct allegations reported against him/ her. Allegations of ethical misconduct will be investigated in a timely and confidential manner. Investigations will include face-to-face interview(s) with all individuals involved. Results of the interviews will be reviewed with the volunteer alleged with the ethical misconduct. Remedial and/or disciplinary action will be taken, as appropriate.

**A volunteer is assured freedom from retribution and/or reprisal when reporting, in good faith, allegations of ethical misconduct.**

## **CONFLICTS OF INTEREST**

A volunteer has an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which the MFC wishes to operate. The purpose of these guidelines is to provide a general direction so that a volunteer can seek further clarification on issues related to the subject of acceptable standards of operation. Contact the Volunteer Coordinator or see MFC policy for more information about conflicts of interest.

Transactions with outside firms must be conducted within a framework established and controlled by the MFC board of directors. Business dealings with outside firms should not result in unusual gains for those firms. Unusual gains refer to bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit MFC, the volunteer, or both. Promotional

plans that could be interpreted to involve unusual gain require specific board approval.

An actual or potential conflict of interest occurs when a volunteer is in a position to influence a decision that may result in a personal gain for that person or for a relative as a result of MFC's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the volunteer is similar to that of persons who are related by blood or marriage.

No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if any volunteer has any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose it to an officer of MFC so that safeguards can be established to protect all parties.

Personal gain may result not only in cases where a volunteer or relative has a significant ownership in a firm with which MFC does business, but also when a volunteer or relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving MFC.

Nothing in MFC's conflict of interest policy shall be construed to prohibit or limit the ability of a volunteer, vendors, or other agencies or parties from making bona fide donations to MFC.

All MFC's volunteers must disclose, in writing, to the Volunteer Coordinator and/or board of directors member, any existing or potential conflicts of interest. A volunteer has an ongoing obligation to update such disclosures if there are any changes of circumstance.

A violation of the conflict of interest policy may result in disciplinary action as deemed appropriate; such discipline may include oral or written reprimand or dismissal.

Nothing in this policy shall be construed to regulate or restrict the political involvement of a volunteer other than to prohibit such activity on clinic time. The MFC name or resources may never be used for political purposes.

Bribery will warrant the immediate dismissal of a volunteer guilty of such conduct.

## **CONFIDENTIALITY/PERSONNEL FILES/ATTENDANCE/REFERENCES**

### **Confidentiality**

It is the MFC's policy to ensure its services, activities, and operational affairs are kept confidential to the greatest possible extent. Volunteers will hold all confidential information in strict confidence and should not discuss such information outside MFC.

### **Personnel Files**

MFC maintains volunteer records that are performance related and confidential. We protect the confidentiality of all volunteer records by limiting file access to individuals with a legitimate need to review the files. If a volunteer wishes to inspect their file or request copies of documents in the file, they should submit a written request to the Volunteer Coordinator. Volunteers may inspect their file in the presence of the Volunteer Coordinator, but may not remove documents from the files.

Please notify MFC of any change in personal status, including changes in name, address, telephone number, or emergency contact information.

### **Attendance**

In order for MFC 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 are able to be seen on any given clinic date is determined by the number of providers that sign up for the clinic, as well as anticipated staff for the clinic.

Volunteers are expected to attend on the days scheduled to volunteer, to arrive promptly, and to volunteer the time agreed upon. Whenever possible, absences should be scheduled in advance. If volunteers are ill or must be away for an emergency, they are expected to notify their scheduler as soon as possible. Volunteers who are absent without notice or explanation for two consecutive shifts will be considered to have voluntarily terminated their active volunteer status with MFC.

### **Letters of Reference**

The Volunteer Coordinator or Team Supervisor can issue letters of reference for employment or education purposes. Volunteers who desire a letter of reference should submit a written request.

**Reference letters will only be written for volunteers who have volunteered 50 hours or more.**

## **SCHEDULING AND TRACKING VOLUNTEER HOURS**

Scheduling of volunteers is done by the Volunteer Coordinators (medical and general) or by the heads of each team. Volunteers are responsible for notifying volunteer coordinators of the dates that they will be available prior to each scheduling block.

It is the responsibility of each volunteer to be aware of the volunteer schedule. If a volunteer is unable to come to a clinic, it is the volunteer's responsibility to notify the scheduler, preferably at least 72 hours ahead of time. If a volunteer is ill or must be away for an emergency, they are expected to notify their scheduler as soon as possible.

Additionally, MFC will track volunteer activity in order to apply for grants and funding, so volunteers are requested to keep a record of volunteer hours. **At the end of each clinic, volunteers are expected to log their hours on their timecard in the file in the MFC office.** That information will be entered into the volunteer database at the end of each month.

This is especially important for anyone who may want to request a letter of reference in the future. As previously mentioned, **reference letters will be written for volunteers who have volunteered 50 hours or more.**

## **VOLUNTEER REVIEW**

The Volunteer Coordinator or a 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 MFC management member to create a plan, review, and update as needed. Some types of misconduct are considered serious enough to warrant immediate suspension pending dismissal, see conduct policy.

Licensed independent providers (eg. MDs, DOs, NPs, PAs) will complete peer review as part of the quality assurance (QA) process. Every two years a letter will be sent to each provider indicating the status of their MFC peer review records and the determination of their ongoing work with MFC.

Also as part of the QA process required by the malpractice coverage, simple competency reviews (supervisors evaluation of performance) for registered nurses and other licensed professionals at MFC will be completed a minimum of once per month (or as volunteering occurs if less frequent) and will be reviewed in June. 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 MFC.

### **EMERGENCY CLOSING/INCLEMENT WEATHER**

Weather conditions may require MFC to cancel clinic days to accommodate 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 volunteers, interns, and/or employees.

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

If clinic is not canceled, volunteers are expected to make every reasonable effort to be at MFC on scheduled volunteer clinic days involving severe weather; however, volunteers may decide not to come if the weather conditions would expose them to unnecessary danger. Any volunteer who is unable to make it to MFC should make every effort to notify their scheduler.

### **FLAMMABLE MATERIALS**

Due to safety precautions, MFC prohibits the burning of candles, incense, and/or any other flammable materials within MFC.

### **NO WEAPONS POLICY**

It is the policy of MFC that all firearms or dangerous weapons, of any type, concealed or unconcealed, are prohibited on MFC premises, including the parking areas, without board approval, regardless of whether the person is licensed to carry a weapon or not. This policy applies to all persons on clinic premises, with the exception of authorized security personnel and law enforcement officers. Further, all MFC volunteers are prohibited from carrying firearms or dangerous weapons outside of MFC premises while acting within the course and scope of their clinic responsibilities without board approval, regardless of whether the person is licensed to carry the weapon.

Failure to follow this policy may result in disciplinary action. If a volunteer has questions about this policy, or becomes aware of any violation of this policy, they should immediately notify their team supervisor, the Volunteer Coordinator, and/or a MFC board member.

### **SMOKING**

To promote a safe and healthy environment for staff and patients, smoking is prohibited in all MFC facilities and, according to Oregon State Law, within 10 feet of all building entrances. Additionally, because MFC's goal is to improve the health of the community, it is requested that volunteers refrain from smoking anywhere on the premises or in parking areas.

## **CONDUCT RULES**

To ensure orderly operations and provide the best possible work environment, MFC expects volunteers to follow rules of conduct that will protect its interests and safety.

While it is not possible to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of infractions to the rules of conduct that may result in disciplinary action, including suspension and possible dismissal:

- Theft or inappropriate removal or possession of MFC property
- Falsification of records
- Arriving to volunteer at MFC intoxicated or under the influence of non-prescribed drugs
- Illegally manufacturing, possessing, using, selling distributing or transporting drugs
- Bringing or using alcoholic beverages on MFC property or using alcoholic beverages while performing MFC business either on or off MFC premises, unless authorized
- Fighting or using foul language, abusive or threatening behavior toward co-workers, patients, or management
- Negligence or improper conduct leading to damage of employer-owned or customer-owned property
- Insubordination or other disrespectful conduct
- Soliciting or accepting gratuities from patients or clients
- Violating the MFC's nondiscrimination and/or non-harassment policy
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in MFC
- Excessive absenteeism or absence without notice
- Unauthorized disclosure of confidential information
- Violation of MFC policies or disregard for MFC safety or security rules
- Unsatisfactory performance or conduct
- Any action against the best interests of the MFC

Any volunteer, arrested or convicted of a crime must report such arrest or conviction to their supervisor immediately. The supervisor will report to the board of directors, who will determine the effect of the arrest and/or conviction on the volunteer's continued association with MFC.

Volunteering with MFC is by mutual consent and either party may terminate the relationship at any time, with or without cause, and with or without advance notice.

## **DRUG AND ALCOHOL USE**

The following policy describes MFC's Drug Free Policy, and all volunteers are expected to read and understand it. Consequences will apply to anyone who violates the policy.

Behaviors related to substance use can endanger all volunteers, interns, and patients. MFC is fully committed to being drug free and will not tolerate behaviors that relate to substance use, such as:

- Use of illegal drugs
- Misuse of alcohol
- Misuse of prescription medications or over-the-counter medications
- Possession of illegal drugs or alcohol on MFC property

- Sale, purchase, transfer, trafficking, use, or possession of any illegal drugs
- Arrival to MFC under the influence of any drug (legal or illegal) or alcohol to the extent that job performance is affected

This policy does not apply to physician-prescribed medications where a volunteer takes the medication as prescribed and where use of the medication does not compromise workplace safety. All legal prescribed and non-prescribed medications are to be kept out of the sight and reach of patients and children at all times, and the volunteer is responsible for maintaining the safety of their medication.

### **Prohibited Behavior**

Under MFC's Drug-Free Policy, the following are examples of prohibited behavior and/or conduct that are considered to be violations:

1. Any use, possession, storage, manufacture, distribution, dispensation or sale of illegal drugs or drug paraphernalia, controlled substances, or alcohol while on or in MFC's premises.
2. Using alcohol off MFC's premises in a manner that adversely affects the volunteer member's attendance, work performance, the staff, or others' safety at the clinic.
3. Misuse of prescription or over-the-counter medications in a manner that adversely affects the volunteer's attendance, work performance, or the safety of others at work. If any volunteer uses a prescription drug or over the counter medication, which causes adverse side effects, e.g. drowsiness or impaired reflexes, the volunteer must inform his or her supervisor that he or she is taking such medications. The supervisor may send the person home or temporarily assign him or her to a different duty if the side effects of the prescription drug may cause a threat to safety or impair work performance. MFC also reserves the right to require the volunteer to provide a "fitness for duty" release confirming the person's ability to perform his/her duties.
4. Possession, use, manufacture, distribution, dispensation or sale of illegal drugs or controlled substances off MFC's premises that adversely affects the volunteer member's attendance, work performance, or others safety at the clinic.

### **Consequences for Violation of MFC Policy**

Compliance with MFC's Drug Free Policy is a condition of volunteering, internship, employment, or to provide contract services with MFC in any capacity. Failure or refusal of any staff to cooperate fully or submit to any test will be grounds for termination.

MFC reserves the right to discharge a volunteer for violating this Policy. MFC also reserves the right to contact appropriate law enforcement authorities to come onto the premises in conjunction with an investigation of possible criminal activity.

## **CULTURAL SENSITIVITY**

### **Definition**

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 health care providers. In health care, the providers and their patients need to interact effectively; they must move beyond both cultural sensitivity and cultural

biases that create barriers. To become culturally competent is an ongoing process. A culturally competent provider views all patients as unique and realizes that their experiences, beliefs, values, and language affect their perceptions of MFC's service delivery, acceptance of a diagnosis, and compliance.

## **Description**

Cultural competence is an important component of providing health care as the diversity of America's patient population and the disparities in the health status of people from different racial, ethnic, socioeconomic, religious, and cultural backgrounds continues to increase. A clinician must respect the differences seen in other people, including customs, thoughts, behaviors, communication styles, values, traditions, and institutions.

A clinician should be aware of the differences that exist within cultures. A common culture may share a common historic and geographic experience, but individuals within the group may not share anything beyond that.

Culture greatly influences how people view their health and the health care services they receive. Clinicians need to be aware of these differences, respect them, and work within the parameters set by the patient's values. Clinicians need to recognize their own cultural values and draw parallels where possible; they need to identify stereotypes and prejudices that prevent them from effective communication with their patients.

## **Language Barriers**

Language differences between a health care provider and the patient are a further barrier to providing optimum health care. When and where possible, translators should be used and not members of the patient's family.

A clinician should use an interpreter and keep the following in mind:

- Try to find an unrelated interpreter, the same sex as the patient, who is able to translate medical information clearly
- If the patient has already met the clinician, the interpreter should be presented as a member of the healthcare team
- 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
- Remember who the patient is—keep the focus on the patient, not the interpreter.
- Be sensitive to cultural differences when using nonverbal communication. For example, a touch has many cultural meanings. Clinicians must be aware that personal space has different boundaries in different cultures

Patients are often willing to share their customs with those who seek to understand them. Genuine concern about what is important to the patient is the best way to insure that culturally competent care will be provided.

## **DRESS CODE and PERSONAL APPEARANCE**

- **Always wear your name badge.** If you accidentally forget your badge, see the clinic coordinator

so a temporary badge can be issued.

- Maintain a professional appearance at all times. Hair and fingernails should be nicely groomed and clean.
- Please dress modestly, in clean clothes, trying to avoid holes or frays.
- We recommend closed toed shoes in patient care areas.
- **Avoid the use of perfumes and strong after-shave when you are volunteering, as many people have allergies or sensitivities to scents and they can trigger asthma attacks.**

### **PROGRESSIVE DISCIPLINE**

The purpose of this policy is to state MFC's position on administering equitable and consistent discipline for unsatisfactory conduct in the clinic. The best disciplinary measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all volunteer levels.

MFC's own best interest lies in ensuring fair treatment of all volunteers and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the volunteer for satisfactory service in the future.

Although volunteering with MFC is based on mutual consent, and both the volunteer and MFC have the right to terminate the volunteer relationship at will, with or without cause or advance notice, MFC may use progressive discipline at its discretion.

Disciplinary action may call for any of four steps, verbal warning, written warning, suspension, or termination, depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed:

- a first offense may call for a verbal warning
- a second offense may be followed by a written warning
- a third offense may lead to suspension
- a fourth offense may then lead to termination

MFC recognizes that there are certain types of staff problems that are serious enough to justify either a suspension or termination without going through the progressive discipline steps.

By using progressive discipline, we hope that most problems can be corrected at an early stage, benefiting both the volunteer and MFC.

### **INFORMAL CONFLICT RESOLUTION**

MFC is committed to providing a healthy community for its volunteers and interns. MFC recognizes that conflicts arise or disagreements occur which are sometimes difficult to resolve.

MFC values constructive conflict resolution approaches and strongly encourages the volunteers to attempt to resolve their differences through less formal means prior to considering use of the formal MFC grievance procedure (see below).



These less formal avenues may include but are not limited to the following:

- Direct person to person conversation
- Use of a neutral third party for observation or facilitation
- Use of a clinic supervisor for facilitating discussion or negotiation

In an attempt to resolve conflict, MFC strongly encourages volunteers to take advantage of these various avenues to resolve their issues. Under no circumstances may volunteers be penalized for attempting to resolve any conflicts in a constructive manner nor will MFC tolerate retaliatory actions.

## **GRIEVANCE PROCESS**

A grievance or complaint is a verbal or written statement submitted by a patient (or their representative), a volunteer/staff member, or a community member, which addresses lack of satisfaction with any aspect of the agency's operations, activities, or behavior. MFC recognizes that conflicts and misunderstandings can arise between patients and volunteers/staff about services and treatment priorities. Our goals are to encourage individuals to voice their concerns, and to create a respectful process that enables all parties involved to seek mutually accepted resolutions. Complaints and resolutions are reviewed by the Clinic Coordinator (or designee) initially, then forwarded on to the Quality Assurance Committee to find ways to provide better services. Individuals have the right to express dissatisfaction without fear of retaliation.

If there is a grievance or complaint, we encourage people to talk directly to the volunteer/staff person involved. *Although the following is listed in a progressive format, patients may start anywhere in the process.* Assistance may be requested from volunteer/staff or a representative to submit a complaint.

1. Discuss the complaint with the volunteer/staff involved.
2. You have the right to be represented by a third party at any time in the grievance process.
3. If the complaint is not about a volunteer/staff or if you are not comfortable speaking with the volunteer/staff involved, you may discuss the complaint with the lead RN or other lead personnel on duty at the clinic.
4. You may complete a Grievance/Complaint Form available at the Reception Desk and turn it in to the Clinic Coordinator on duty at the clinic. The Clinic Coordinator or designated personnel will provide you with a written response to your complaint within thirty (30) working days if a mailing address is included with the complaint.
5. You may pursue your concerns with the Clinic Coordinator or a member of the Board of Directors.
6. If your complaint is urgent and requires immediate attention you may request on the Complaint Form that you need an urgent response and tell the Clinic Coordinator why. The Clinic Coordinator will determine whether the situation requires immediate attention to prevent serious jeopardy to your life, health, or ability to function. If so, the Clinic Coordinator or designated personnel will respond to the request as soon as possible and always within 72 hours.
7. Grievance forms will be kept on file with MFC for 5 years.

## **VACCINATIONS AND TB**

In order to assure the safety of all volunteers and staff of MFC, the following policy gives Tuberculosis (TB) Screening and vaccination guidance.

1. TB Testing: All volunteers and staff that do not have a history of a positive screening must have a TB screen completed as a part of the application for volunteering/employment with MFC current within one year of application.
  - a. There will be no additional screening unless an exposure occurs.
  - b. With baseline positive or new positive test results for TB infection, treatment according to county health recommendations should be completed and documented via a statement from their medical provider or the county health department.
2. Wholly volunteer organizations, in which members receive no monetary or other compensation for their services, do not fall under Occupational Safety and Health Administration's (OSHA's) purview. However, it is strongly recommended that volunteers are fully vaccinated in accordance with Centers for Disease Control (CDC) recommendations (<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>), including: Hepatitis B; Tetanus, diphtheria, pertussis (Tdap); Varicella (if has not had disease); Measles, mumps, rubella (MMR); Pneumococcal and Hepatitis A, if recommended by CDC due to risk factors; and annual Influenza vaccinations.

### **HAZARDOUS MATERIALS AND BODY FLUID SPILLS**

In the event of a hazardous material exposure risk, body fluid spill, or exposure to communicable disease, please refer to appropriate Hazardous Material Containment and Disposal Policy and Procedure, Body Fluid Spill Policy and Procedure, or Exposure Control Plan. These are available on the website, [www.mcminnvillefreeclinic.org](http://www.mcminnvillefreeclinic.org) or in the MFC office, along with a body fluid spill kit and hazmat containment kit.

### **ABUSE REPORTING**

MFC volunteer staff are required to report all incidents of suspected abuse for children, persons 65 and older, and people with disabilities under Oregon State Law. Abuse is considered any of the following: physical, financial exploitation, neglect, self-neglect, psychological abuse or sexual abuse. For suspected child abuse, report is to be made to the Department of Human Services/Child Welfare and/or the appropriate law enforcement agency, and for elder or person with disability suspected abuse, report to Northwest Senior and Disability Services. If a crime has been committed or if it is suspected that the person is in imminent danger, a law enforcement agency should be called and every attempt should be made to keep the person on the premises until law enforcement responds. More information can be found in the Abuse Reporting Policy, found in the MFC policy and procedure manual in the clinic office.

### **DANGEROUS AND DISRUPTIVE PATIENTS**

In the event that there is an individual felt to pose a danger to others or self or is disrupting the clinic, the following procedure is to be followed and an occurrence form is to be filled out.

1. Any person deemed disruptive to clinic flow or a danger to themselves or others will be immediately assessed to determine if police need to become involved (unmanageable, medical condition, drugs, alcohol, etc). If so, 911 will be called.
2. If the client is there for medical assistance, the clinic coordinator and/or provider in charge will determine the immediacy of the need and if the service can be provided safely for the patient and volunteers. Recommendations by clinic coordinator and/or provider will be followed.
3. Any staff member that feels at risk because of the behavior of a client should avoid being alone with the client, but immediately seek the presence of one or more staff members,

preferably including the clinic coordinator to assess risk, and may request that all available staff be present to minimize the threat until police arrive.

4. Once the incident is resolved, the occurrence policy and procedure is to be followed.

## **BACKUP AND SUPERVISION OF CLINIC STAFF**

### **Clinical Supervision**

A trained lead registered nurse (RN) (may be the same person as clinic coordinator) will be identified for each clinic. A clinic coordinator will provide general oversight to the running of the clinic. The lead RN's areas of responsibility are:

- a. Provider support
- b. Clinic Assistants
- c. Triage
- d. Education

A trained lead provider will be identified for each clinic to provide oversight and be a resource for other providers and nurses. This will typically be a physician (MD/DO), but, if only nurse practitioners (NPs) are present or there are unusual circumstances (eg. there is not an MD/DO on site with significant experience at MFC and familiarity with MFC policies), a nurse practitioner may be the identified lead provider.

In the event that an identified RN Coordinator is not available for a clinic (only LPN's are on site), the lead provider will provide on site supervision to the clinical staff with the Clinic Coordinator assisting with logistics as needed.

### **Nonclinical Supervision**

A trained Clinic Coordinator (may be same as lead RN) will be identified to provide oversight to the running of clinic generally. The areas of responsibility are:

1. Admitting/Reception
2. Medical Records
3. Prayer Teams
4. Social Services
5. Facilities Team
6. Volunteer Care

If there are staffing issues, the Clinic Coordinator will assess the needs of that clinic and determine if staff needs to be temporarily moved to another team or if additional staff needs to be called in and make those calls.

## **CLINIC FLOW**

The goal of clinic flow is to adequately assess the needs of patients presenting themselves for care, obtaining accurate and adequate assessment of the patient, and serving the patients' needs as well and quickly as possible. The triage team will assess the patient and determine what available services can best meet the needs of the patient.

It is not the intention of MFC to treat conditions better treated in the emergency room, for example: acute cardiac or stroke conditions, broken bones, trauma situations, or other situations deemed emergent by the triage staff and providers. Such cases will be referred immediately to a local emergency room.

## Flow

1. Patients arrive prior to the opening of a scheduled clinic, and line up according to the time of their arrival. Each new patient will receive a number: some patients may be prioritized based on urgency of need.
2. Reception & Medical Records
  - a. Gives out numbers
  - b. Greets each patient and completes an intake form of name, date of birth and chief complaint and gives out and collects demographics forms and consents.
  - c. If any patient presents with a predefined critical complaint (eg. seizures, severe shortness of breath, chest pain, suicidal ideation, etc.) or appears significantly ill, the admitting receptionist contacts the Lead RN immediately and moves the patient to a triage room.
  - d. If patient does not have a critical complaint, the admitting receptionist gives each patient a number with the corresponding number on intake form.
  - e. At check out, makes certain checklist complete and all forms filled out completely.
  - f. Inputs chart information into Excel database after visit.
  - g. Follow up test log for radiology and labs will be maintained at reception desk.
3. Triage
  - a. Patients who present to the clinic will be triaged under the oversight of a licensed registered nurse (RN) who has received training and demonstrates competency. Uniform documentation of this assessment will be completed prior to the patients' exam by a Provider.
  - b. Each RN may be assisted by a CNA, MA, LPN, EMT, or nursing student (taking vital signs while nurse takes patient history). The triage nurse will fill out the Triage Form, documenting a focused assessment including medication list, problem list, chief complaint, pain scale, history, allergies, alcohol use, tobacco use, and drug use.
  - c. A complete set of vitals (blood pressure, heart rate, respirations, temperature, oxygen saturation if available) will be taken by trained medical staff and assessed by the triage nurse. Weight, height and BMI will also be taken and recorded. For adults, if height has previously been measured at MFC, previous height may be used.
  - d. A blood glucose should be obtained on all known diabetic patients, a urine dip stick should be performed on all patients with signs and symptoms of urinary tract infections and urine pregnancy test should be performed on all female patients who may suspect they are pregnant or have missed a menses and/or present with abdominal pain. Other appropriate tests (such as rapid strep) may be performed based on assessment and availability. Results will be recorded on Visit Form.
  - e. Once all information has been gathered, the triage nurse is to assess the needs of patients and determine what available services can best meet their needs, completing the checklist of services.
  - f. If the patient will be seeing a provider, the completed chart will be placed in the basket for providers and the patient will be escorted back into the lobby to wait until their number or letter is called.
  - g. The lead nurse may determine whether returning patients need to be seen based on criteria from previous appointment (eg. if placed on blood pressure medication and blood pressure within goals, may not need a provider appointment).
  - h. If the patient does not have a slot but the triage nurse determines that the patient has an urgent need that should be seen the same day, the triage nurse will bring the case to the attention of the lead RN. The lead RN will assess the issue and, alone or in

- concert with the lead clinician, will decide whether the patient needs to be seen.
- i. If at any time during a patients visit it is determined by the nurse that the patient needs to be seen sooner than their designated number, they will be given priority care and moved to the top of the patient list.
  - j. In the event that a patient is unable to be seen (due to lack of available providers) and appears to have an urgent medical problem, they will be referred to urgent care or the emergency room.
4. Provider assistant
    - a. When a Provider's room is available, the provider assistant retrieves the patient chart and calls their number. The assistant escorts the patient to provider room, and stays with client as appropriate. The assistant meets both provider and client needs while in room. When finished, assistant escorts client to Education Nurse for education and completion of check-off list.
    - b. Will make any necessary follow up appointments at the reception desk and document any lab or radiology orders in the test log.
  5. Provider
    - a. Practices according to level of training and licensure, within MFC policies.
    - b. Does peer chart review (with the exception of Physician Assistants) before leaving for the day.
  6. Education nurse
    - a. Reviews medications and instructions with patient, may include in depth education about disease processes or prevention, and documents any follow-up needed for patient.
    - b. Returns the chart to reception for input into database.
  7. Lead RN/Clinic Coordinator
    - a. Acts as a resource for all staff and manages patient flow. Consults with a provider (preferably lead provider) to determine filling of urgent slots and any overbooking for urgent needs.
    - b. Completes monthly assessments of competency for RNs as required by FTCA.
  8. Lead Provider
    - a. Acts as a resource for other providers and collaborates with clinic coordinator/lead RN in making clinical decisions.
  9. Social Services
    - a. Assists patients in identifying social service needs and resources and aids in filling out applications for assistance (eg. Healthy Kids, OHP, medication assistance applications). May see patients at any available point during clinic visit.
  10. Prayer Teams
    - a. When desired by the patient, will pray with patients under guidelines established by MFC pastoral team. May see patients at any available point during clinic visit.
  11. Facilities Team
    - a. Will set up rooms for clinic and return them to previous state after clinic, provide needed cleaning during and after clinic, monitor grounds and help direct patients to clinic areas.
  12. Volunteer care team
    - a. Works with clinic coordinator to take care of volunteers and make sure they have any needed breaks, questions answered, and are not overwhelmed.
    - b. Is responsible for volunteer room, including music, snacks, and beverages: may serve snacks and beverages as available and requested.

***Thank you for the invaluable service you provide to those in the greatest need. Without the dedication of volunteers like you, the McMinnville Free Clinic would not exist.***

Name: \_\_\_\_\_

### HANDBOOK ACKNOWLEDGEMENT

This handbook describes important information about McMinnville Free Clinic (MFC), and I understand that as a volunteer I should consult with the clinic coordinator or my supervisor regarding any questions not answered in the handbook. I acknowledge that either MFC or I can terminate the volunteer relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the handbook may occur, which may supersede, modify, or eliminate existing policies. MFC will make every effort to communicate in writing regarding any changes in this handbook of MFC's policies or procedures, but reserves the right to implement changes without advance notice. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HIPAA ACKNOWLEDGEMENT

As a volunteer at MFC, I acknowledge the confidentiality of patient health care information that I may have access to. Patient and volunteer information from any source and in any form, including oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis. Violations of HIPAA policy include, but are not limited to:

- Accessing information that is not within the scope of your job;
- Disclosing, misusing without proper authorization, or altering information;
- Leaving a secured application unattended while logged on; and
- Attempting to access a secured application without proper authorization.

Violations of this policy may constitute grounds for disciplinary action, up to and including termination of volunteer status, as well fines and jail time in accordance with federal and state laws. I shall maintain the confidentiality of patient and volunteer information, and in doing so shall comply with all applicable state and federal laws and regulations. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my volunteer time at MFC. I also acknowledge that I received and participated in training on this policy on \_\_\_\_\_ ( in a class OR  through review of online materials).

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### BLOODBORNE PATHOGEN ACKNOWLEDGEMENT

I hereby acknowledge that I have received the Bloodborne Pathogens Training as established by MFC. I also acknowledge that I received and participated in training on this policy on \_\_\_\_\_ ( in a class OR  through review of online materials), during which various bloodborne pathogens were discussed, along with education on techniques to eliminate or reduce the risk of exposure to bloodborne pathogens. I understand that if I do not use the techniques taught in this training, I increase the chance of contracting and/or transmitting bloodborne pathogens.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* If you are completing these trainings online, please print and sign a copy of this form, and give it to your supervisor to be placed in your volunteer file.