



VOLUNTEER SERVICES HANDBOOK



Welcome to Volunteer Services

Thank you for your interest in volunteering! At Broadlawns Medical Center (BMC), we are committed to providing high-quality, compassionate, and cost-effective healthcare. Volunteers are important members of the team and contribute to BMC's mission of creating a healthier community where every individual can reach their full health potential, regardless of their circumstances. Our guiding principles reflect our commitment to ethical conduct and community well-being; they are:

1. Do what is right.
2. Ensure confidentiality and safety.
3. Focus resources on providing optimum patient care.
4. Impact the greater good of the community.
5. Respect our organization, our patients, and our colleagues.
6. Represent the organization with the highest standards of professionalism.
7. Treat everyone with respect and compassion.
8. Be mindful of conflicts of interest and act accordingly.
9. Meet or exceed government expectations.
10. Voice any questions or concerns that may arise.

This handbook is designed to provide general orientation and basic safety information to those participating in volunteer opportunities. All volunteers have the responsibility to understand and adhere to the policies and procedures outlined on the following pages. Failure to follow safety policies, inadequate response to unsafe conditions, and lack of preparation for emergencies can put individuals at risk for injury or harm.

If you have any questions or concerns about the material covered in this handbook, please contact Volunteer Services 515-282-5706 or via email at volunteers@broadlawns.org.

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Corporate Compliance

It is the policy of BMC to provide services in compliance with all state and federal laws governing its operations, and consistent with the highest standards of business and professional ethics. In order to ensure that BMC's compliance policies are consistently applied, the organization has established a legal and regulatory compliance program.

All BMC personnel, including employees, faculty, medical staff, residents, volunteers, trustees, contracted employees, students and individuals who enjoy professional staff membership, must carry out their duties for BMC in accordance with this program. Any violation of applicable law, or deviation from appropriate ethical standards, will subject the individual to disciplinary action.

All personnel must comply with these policies, which define the scope of BMC's employment and professional staff membership. Personnel in all areas of the medical center have the responsibility to become aware of specific compliance issues in their department. In the event you have a question regarding whether any action complies with BMC's policies or applicable laws, you should consult with your supervisor. All personnel should review this information yearly to make sure that these policies guide their actions on behalf of the medical center.

If, at any time, you become aware of any apparent violation of the BMC's policies, please report it to your supervisor.

For further assistance, please refer to the policies and procedures manual in your department if you are seeking additional information and/or supporting documentation regarding information presented in this handbook.

Becoming a Volunteer

All potential volunteers must understand the requirements and commitment to volunteering at BMC. All volunteers must complete an application process that includes an online application, interview, criminal background check, and submission of health records. A 6-month or two-semester commitment is required for all volunteers.

Application Process:

Prospective volunteers must complete an application using Volgistics: [Volunteer Application Form - Broadlawns Medical Center](https://www.volgistics.com/appform/178246564) (<https://www.volgistics.com/appform/178246564>)

The online application process includes the submission of your contact information, education and employment history, availability, skills, emergency contact information, and consent for a background check. Qualifying applicants are required to interview with a member of Volunteer Services. The purpose of the interview is to ensure the potential volunteer's time and talents are appropriately matched with the organization's needs.

- **Health Records:**

The following immunizations are required of all BMC volunteers and team members:

- Influenza (updated annually)
- Measles, Mumps, Rubella (MMR): Two doses of MMR vaccine or laboratory evidence of immunity

Health records will be required as a component of the onboarding process and will be submitted to Employee Health. All documentation must include the volunteer's name and date of birth.

All volunteers are required to participate in tuberculosis screening and symptom monitoring. If the volunteer has previously had a positive TB test, they should obtain and submit documentation of that test result and any therapy provided.

- **Background Check:**

All volunteers must pass a criminal background and dependent adult/child abuse registry check. A background check will not be completed until after the volunteer interview has been conducted.

Volunteer Guidelines

All volunteers at BMC are expected to adhere to the following guidelines:

Meals/Work Breaks:

Volunteers may eat and/or take breaks in the BMC Cafeteria as arranged and agreed upon with the preceptor. The cafeteria is located on the Ground Level of the Sands Building and is open 365 days a year. Meals are served daily from 6:30am-10:30am, 11:00am-1:30pm, and 4:30pm-6:30pm.

Parking:

Volunteers must park on the east side of the River Plaza parking lot (2300 Euclid Avenue). Big Dog Cab Company operates a shuttle to transport volunteers. The shuttle operates from 5:30am-6:30pm. Volunteers may call Big Dog directly to arrange transportation at (515) 782-0004.

Dress Code:

Volunteers will be issued a BMC Volunteer Services shirt. This shirt is to be worn during all scheduled volunteer shifts to assist employees and patients with recognizing volunteers in the facility. Close-toed shoes must be worn in all clinical areas. Volunteers should consult with their preceptor for specific rules relating to dress code in the area or department in which they are working.

Name Badges:

All personnel, including volunteers, are identified by a BMC-issued name badge. Volunteers will be issued a name badge on their first day of service, and they are required to wear their name badge at all times when inside the facility. Name badges must be worn in a highly visible position above the waist.

Schedule:

All scheduling will be managed in Volgistics. Volunteers will be shown how to use the scheduling system on their first day of service.

Department-Specific Rules:

Ask the preceptor in the assigned area or department to discuss rules or procedures related to the following items:

- Where food and drinks are allowed
- Break/meal times
- Use of cell phone

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes federal standards protecting sensitive health information from disclosure without patient's consent.

General Rule

A patient's Protected Health Information cannot be disclosed without the patient's consent.

- Protected Health Information is “any information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse” that “relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual,” and identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number)

How Can I Protect Patient Privacy?

- When performing your job, always keep patient privacy in the forefront. (sign off on your computer when not in use, keep the computer screen from being viewed by others, keep records or confidential papers secured and locked up, etc.)
- Know the BMC privacy policies
- Do not discuss patients in common spaces, including hallways or the cafeteria
- Do not share patient information with those who do not have a need to know for their job
- Shred confidential information; ensure the contents of the shred bins cannot be removed

When Can Patient Information Be Released?

- Providers have the right to report a communicable disease to state health agencies.
- Police have the right to certain information about patients if they are a suspect in a criminal investigation.
- The court has the right to order a facility to release information.
- Hospital staff may call funeral directors or coroners when a patient dies.
- Hospital staff must report crime victims, suspicious deaths, and gunshot wounds.

How Do I Report a Violation?

Report violations or suspected violations to the hospital's Privacy Officer and the Information Security Officer. The violation may be reported anonymously.

- BMC's Privacy Officer: (515)-282-2529
- BMC's Information Security Officer: (515)-282-5671

Confidentiality

What you see here, what you hear here, you leave here.

No matter where you are working in the health organization, you may hear or see intimate and private information about patients. This information is confidential and must **never** be disclosed to others except as it is required in caring for the patient.

Use discretion when discussing patient information with other members of the health care team who have a need to know. Do not use the hallways, cafeteria, elevators, or other open areas as a meeting place to discuss patient information, as there is no guarantee that information will not be overheard by other employees, patients, volunteers, or visitors.

Patients have the right to expect that all communications and records pertaining to their care will be treated as confidential. The patient's right to confidentiality is protected by both federal and state courts. Unauthorized release of this information may subject the institution, providers, and staff to civil and criminal liability or professional disciplinary actions.

A breach of confidential information pertaining to a patient's medical, mental, personal, or financial conditions are considered an "intolerable offense" and will be considered adequate justification for discharge or dismissal.

BMC's confidentiality policy of the medical center is located on BMCNet: Information Security, C-0504 (Confidentiality Policy).

All volunteers are asked to sign a confidentiality agreement.

Tobacco- and Drug-Free Workplace

As a healthcare organization and an Iowa public employer, BMC is a tobacco-, drug-, and e-cigarette-free environment.

- The use, possession, sale or distribution of illegal drug(s) or drug paraphernalia or the improper or abusive use of legal drugs, alcohol or other intoxicating substances while on BMC property, in BMC owned or leased vehicles, and/or in other BMC work locations is strictly prohibited.
- Smoking or otherwise using tobacco products (including cigarettes, cigars, chewing tobacco, snuff, pipes, and/or any other type of tobacco or smoking related products) on company time or property is prohibited
- E-cigarettes and/or other similar products are prohibited from use on BMC property.
- Prohibition includes any buildings, owned, leased, rented or areas maintained by BMC; any grounds, parking lots, ramps, sidewalks or plazas owned, or leased; or in vehicles owned, or leased by BMC with the exception of the resident's apartments and the clients who live in the Residential Group Homes
- Tobacco use in any vehicle by any employee when on BMC property is prohibited
- The distribution or sale of all tobacco products at or while representing BMC is prohibited
- There are no designated smoking areas within any BMC facility or on any grounds
- All individuals are expected to comply with the Iowa Smoke Free Air Act of 2008 and any subsequent amendments

Any volunteer who receives a criminal drug statute conviction for a violation occurring in the workplace must notify the head of their department within five (5) days of conviction. Volunteers who violate the policy may receive disciplinary action up to and including termination of service.

Safety Procedures

During any emergency, call x350 for immediate assistance.

BMC Public Safety

BMC Public Safety is committed to the safety of our patients, visitors, and staff. Public safety is available 24 hours a day, 7 days a week. To contact Public Safety, please call **(515) 282-4736**. Public Safety can assist with escorting persons, jump-starting vehicles, unlocking vehicles, assisting with disabled vehicles, and unlocking spaces within the facility.

Fire Safety

Fire drills are conducted on a regular basis to allow staff to practice the RACE procedure and to test all the safety systems involved.

If you discover a fire, take the following steps:

- **R:** Rescue persons in immediate danger
- **A:** Alarm others by pulling the fire alarm and calling x350 to report the location of the fire
- **C:** Contain the fire by closing doors
- **E:** Evacuate or extinguish (only extinguish if properly trained and equipped)

Tornado Safety

On the first day of service, the volunteer's supervisor will review the tornado escape route for the area. When patients are unable to be moved to the basement of the facility, the following should occur: move patients to an interior corridor; close patient room doors; assure adequate staff is available to care for these patients and those who are directed to the basement.

Electrical Safety

If equipment has been dropped or damaged, do not operate it as a shock hazard may exist. Have it checked by Plant Operations. Report to your supervisor immediately, any of the following:

- Frayed, worn, and/or burned wire
- Broken, bent, and/or loose plugs
- Loose cable connectors
- Loose switches, control knobs
- Overheated equipment
- Equipment that has produced a shock

Infection Prevention and Control

Standard Precautions

Standard Precautions are used for all patient care; they're based on a risk assessment and make use of common sense practices and personal protective equipment (PPE) to protect healthcare providers from infection and prevent the spread of infection from patient to patient. Standard precautions recommendations include:

- Perform hand hygiene
- Use PPE whenever there is an expectation of possible exposure to an infectious material
- Follow respiratory hygiene and cough etiquette principles
- Ensure appropriate patient placement
- Properly handle, clean, and disinfect patient care equipment and instruments/devices. Clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices

Transmission-Based Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

- Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission
 - Recommendations: ensure appropriate patient placement; use PPE appropriately, including gloves and a gown; limit transport and movement of patients; use disposable or dedicated patient-care equipment; and prioritize cleaning and disinfection of the rooms
- Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking
 - Recommendations: put a mask on the patient; ensure appropriate patient placement (in a single room if possible); use PPE appropriately, including a mask; and limit transport and movement of patients.
- Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route
 - Recommendations: put a mask on the patient; place the patient in an airborne infection isolation room (if this is not possible, place that patient in a private rooms with the door closed); restrict susceptible healthcare personnel from entering the room; use PPE appropriately, including a fit-tested and National Institute for Occupational Safety and Health approved N95 respirator; limit transport and movement of patients; and immunize susceptible persons as soon as possible following unprotected contact.

Forms of Harassment

BMC is committed to maintaining a workplace where all persons feel safe and harassment in any form is not accepted or tolerated. Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA).

Sexual misconduct, both overt and subtle, can create an offensive work environment and is thus prohibited. Specifically, the following conduct is illegal, as defined in the Equal Employment Opportunity Commission's Sexual Discrimination Guidelines:

- Unwelcome sexual advances, requests or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

If you have a reason to believe that you have been the victim of any type of unlawful harassment, you should immediately report the facts of the incident to your supervisor and/or the Assistant Vice President of Human Resources.

Any employee, student, or volunteer, engaging in any harassment, will be subject to disciplinary action, up to and including discharge.

Identifying Victims of Child & Dependent Adult Abuse

BMC has a zero-tolerance policy for mental, physical, sexual, and verbal abuse, neglect, and exploitation of patients, staff, providers, or visitors by any staff member or provider. Any report of suspected abuse will be investigated immediately as specified below. Applicants/staff/providers with a record (verified history) of abuse will neither be hired nor retained by BMC.

Any volunteer that suspects abuse shall immediately notify their Supervisor.

Definitions

Child Abuse

As defined in Iowa Code section 232.68 is:

- Physical Abuse
- Mental Injury
- Sexual Abuse
- Child Prostitution
- Presence of Illegal Drugs in a Child's Body
- Denial of Critical Care
- Dangerous Substance
- Bestiality in the Presence of a Child
- Allows Access to a Registered Sex Offender
- Allows Access to Obscene Materials
- Child Sex Trafficking
- The victim must be a child, and the abuse must be the result of the acts or omissions of:
 - A person responsible for the care of the child; or
 - A person who resides in a home with the child, if the allegation is sexual abuse; or
 - A person who engages in or allows sex trafficking

Adequate food, shelter, clothing, medical or mental health treatment, supervision or other care

Food, shelter, clothing, medical or mental health treatment, supervision, or other care which, if not provided, would constitute a denial of critical care.

Allegation

A statement setting forth a condition or circumstance yet to be proven.

Caretaker

A person responsible for the care of a child as defined in Iowa Code section 232.68

Denial of critical care

The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare when financially able to do so, or when offered financial or other reasonable means to do so, and shall mean any of the following:

- Failure to provide adequate food and nutrition to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate shelter to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate clothing to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate health care to the extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the child abuse registry. However, a court may order that medical service be provided where the child's health requires it.
- Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function.
- Gross failure to meet the emotional needs of the child necessary for normal development.
- Failure to provide for the adequate supervision of the child that a reasonable and prudent person would provide under similar facts and circumstances when the failure results in direct harm or creates a risk of harm to the child.
- Failure to respond to the infant's life-threatening conditions (also known as withholding medically indicated treatment) by providing treatment (including appropriate nutrition, hydration, and medication) which is the treating physician's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure of provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's reasonable medical judgment any of the following circumstances apply: the infant is chronically and irreversibly comatose; the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

Department

The Iowa Department of Human Services and includes the local offices of the department.

Immediate threat or imminent danger

Conditions which, if no response were made, would be more likely than not to result in sexual abuse, injury, or death to a child.

Infant

As used in the definition of “denial of critical care,” means an infant less than one year of age or an infant older than one year of age who has been hospitalized continuously since birth, who was born extremely prematurely, or who has a long-term disability.

Non-accidental physical injury

An injury which was the natural and probable result of a caretaker’s actions which the caretaker could have foreseen, or which a reasonable person could have foreseen in similar circumstances, or which resulted from an act administered for the specific purpose of causing an injury.

Physical injury

Damage to any bodily tissue to the extent that the tissue must undergo a healing process to be restored to a sound and healthy condition or damage to any bodily tissue which results in the death of the person who has sustained the damage.

Proper supervision

Supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child’s life or health, or cruelly or unduly confine the child.

Dangerous operation of a motor vehicle

Failure to provide proper supervision when the person responsible for the care of a child is driving recklessly or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report.

Reporter

The person making a verbal or written statement to the department, alleging child abuse.

Report of suspected child abuse

A verbal or written statement made to the department by a person who suspects that child abuse has occurred.

Sex trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1

Dependent adult

A person eighteen years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by department rule.

Caretaker

A related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

Dependent adult abuse

Any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- Physical injury to, or which is a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- The commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult.
- Exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions.
- The deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult.
- Sexual exploitation of a dependent adult who is a member of a health care facility, defined in section 135C.1 by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility.

Cultural Humility

Cultural humility refers to *an orientation towards* caring for others that is based on: self-reflection and assessment, appreciation of the social and cultural context of others' lives, openness to establishing power-balanced relationships, and a lifelong dedication to learning. Below, find examples of a few ways that cultural humility can be demonstrated:

- Acknowledge the limitations of your knowledge
- Listen to others' perspectives
- Ask open-ended questions
- Be open to new information and perspectives
- Show empathy for others' experiences
- Avoid making generalizations or assumptions
- Seek out opportunities to learn about others

Making sure everyone feels welcome and safe is a priority of BMC and it is the expectation that volunteers are respectful and kind to others.

**Together, a healthy
community.**

