



Volunteer Manual

Clínica Esperanza/Hope Clinic
60 Valley Street, Suite 104
Providence, RI 02909

www.aplacetobehealthy.org



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Introduction

It is the goal of **Clínica Esperanza/Hope Clinic (CE/HC)** to provide a pleasant and safe working environment for its volunteers and to operate **Clínica Esperanza/Hope Clinic (CE/HC)** in an efficient manner. In order to achieve these objectives, it is important that each volunteer become familiar with the personnel policies and guidelines.

Clínica Esperanza/Hope Clinic (CE/HC)'s mission is to provide high-quality, culturally and linguistically appropriate healthcare to uninsured Rhode Islanders. We work with community members to empower others through a variety of health education and outreach programs, including women's health and other specialty clinics, healthy lifestyle intervention programs, various peer support groups, and health screenings.

Clínica Esperanza/Hope Clinic (CE/HC)'s vision is three-fold: we work to reduce health disparities, to engage in healthcare workforce development, and to improve health self-efficacy.

Clínica Esperanza/Hope Clinic (CE/HC) has the right to modify, revoke or replace policies at any time.

Updated February 2022



Confidentiality and Non-Disclosure

Volunteers often have access to confidential information regarding patients and/or internal **Clínica Esperanza/Hope Clinic (CE/HC)** matters. Volunteer providers, clinic personnel, and designated operation volunteers may have to make entries into patients' medical records. This information should be discussed only in the line of duty.

Volunteers are also legally and morally obligated to maintain the privacy of all **Clínica Esperanza/Hope Clinic (CE/HC)** patients. Volunteers must recognize that any disclosure of information on their part may cause irreparable injury to **Clínica Esperanza/Hope Clinic (CE/HC)**, patients, or vendors. If confidential information is disclosed, the individual or vendor affected may seek legal remedies against **Clínica Esperanza/Hope Clinic (CE/HC)**.

All volunteers will not at any time, during or after volunteering by **Clínica Esperanza/Hope Clinic (CE/HC)**, disclose any information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the volunteer or coming into his/her possession, that have in any way to do with patients, providers, or vendors of **Clínica Esperanza/Hope Clinic (CE/HC)**.

Confidential information (i.e., medical records, billing reports, financial statements, etc.) must never be verbalized or left where they can be seen or retrieved by unauthorized persons.

Each volunteer will be required to sign a Confidentiality Statement indicating that this have been read and is understood by all volunteers.

The Confidentiality Statement may serve as the signature file.

The signed statements will be copied and kept in the volunteer's personnel file.



Equal Opportunity Policy

Clínica Esperanza/Hope Clinic (CE/HC) provides equal volunteer opportunities to all and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Americans with Disabilities

Clínica Esperanza/Hope Clinic (CE/HC) is committed to complying with the provisions of the Americans with Disabilities Act (ADA). The company does not discriminate against any volunteer with regard to such individual's disability or perceived disability as long as the individual and perform the essential duties of their role. In accordance with the ADA, the company will provide reasonable accommodations to individuals with a disability provided that the accommodation does not constitute any undue hardship on **Clínica Esperanza/Hope Clinic (CE/HC)**. **Clínica Esperanza/Hope Clinic (CE/HC)** encourages individuals with a disability to come forward and request reasonable accommodation; all such inquiries shall be confidential. **Clínica Esperanza/Hope Clinic (CE/HC)** will investigate the feasibility of making accommodations as defined in ADA regulations and communicate the findings to the respective individual.

Sexual Harassment Statement

Consistent with the provisions of the Title VII and the Civil Rights Act of 1964 and Rhode Island General Laws 28-5-7, sexual harassment in the workplaces of **Clínica Esperanza/Hope Clinic (CE/HC)** is prohibited. Sexual harassment and/or sexual discrimination complaints must be reported to your immediate supervisor, who will attempt to resolve them promptly. Complaints against a volunteer that can be sustained will lead to disciplinary actions against that volunteer. This could mean the dismissal of the volunteer.

Sexual harassment (any overt or sexually suggestive behavior which has the effect of unreasonable interfering with the volunteer's work performance or creates an intimidating, hostile or offensive working environment) will not be tolerated. Nor will sexual harassment be made a condition of volunteering or used as a basis of volunteer decision.

Any volunteer perpetrating sexual harassment will be subjected to disciplinary action. Any volunteer in a supervisory position who knows of such behavior or suspects such behavior and fails to report it to Assistant Director of Clinical Services will also be subject to disciplinary action.



Volunteer Orientation

It is the policy of **Clínica Esperanza/Hope Clinic (CE/HC)** to conduct orientations for the purpose of acquainting new volunteers with **Clínica Esperanza/Hope Clinic (CE/HC)** policies, practices and guidelines. All new volunteers will be required to participate in an orientation process that has been developed by **Clínica Esperanza/Hope Clinic (CE/HC)**. The Volunteer Coordinator and Project Manager will document the volunteer's orientation at **Clínica Esperanza/Hope Clinic (CE/HC)**.

Volunteer's Time & Attendance

All volunteers must sign **Clínica Esperanza/Hope Clinic (CE/HC)**'s volunteer time sheet at the start and end of every shift at the clinic. This is used for numerous reports, some of these include: independent auditors, funding sources, IRS, etc. If volunteers do not sign in or out, no time will be documented for that day.

Clínica Esperanza/Hope Clinic (CE/HC) requires that volunteers commit to at least one three-hour shift per week. If this is not feasible, please contact the Volunteer Coordinator and Project Manager.

If a volunteer cannot make their scheduled shift, they must contact the Project Manager and Volunteer Coordinator at least 24 hours prior to their scheduled shift.

IMPORTANT: Three absences without notifying **Clínica Esperanza/Hope Clinic (CE/HC)** staff (no-call, no-show) over the course of a semester will be considered a voluntary termination of your position for that semester. The Project Manager, Volunteer Coordinator, and appropriate senior management staff member will determine if future volunteer opportunities are possible for volunteers who violate this policy.



Professional Attitude and Personal Appearance

As **Clínica Esperanza/Hope Clinic (CE/HC)** volunteer, we expect you to serve the community in a manner that displays professionalism, courtesy, self-confidence, and pride. It is expected that each volunteer work together in a courteous and professional manner. Personal appearance expresses your professionalism in an unspoken manner which means proper judgment is essential in selecting your work attire.

All clothing must be clean, neat, and appropriate for the type of work the volunteer performs.

All volunteers will receive a copy of the Dress Code Policy and Procedure during their orientation session. Any volunteer inappropriately dressed will be counseled by CE/HC staff and may be sent home to change into appropriate work attire.

Close-toed shoes MUST be worn at all times in the clinic. Open-toed shoes are prohibited.

For those positions for which uniforms are **not** required, the following guidelines must be adhered to:

Appropriate

Blouses/shirts/sweaters*
Tailored slacks/dress pants/capris
Jeans^/jean skirts^
Pencil skirts%/dresses%
Suits/pant suits
Scrubs
Closed-toed shoes&

Inappropriate

Tops with low necklines/spaghetti straps
Halter tops/tube tops
Sweatshirts/sweatpants
Sheer blouses
Mini skirts
Graphic t-shirts\$
Shorts
Spandex clothing/leggings/stirrup pants
Sandals/high heels/platform shoes
Large/excessive jewelry
Long nails (including fake acrylic, gel, and press-on)

*Sweaters must be clean, neat, and free of rips.

^If jeans or jean skirts are worn, they **must** be neat and free from rips, distressing, etc.

%Dresses and skirts must be at least knee length.

&Sneakers are allowed if they are neat and clean. Croc-style shoes are not allowed.

\$Graphic t-shirts are prohibited. Solid color or patterned, clean, neat t-shirts are acceptable. CE/HC graphic t-shirts are allowed.



Volunteers With Direct Patient Contact

The dress code for medical volunteers (medical assistants, nurses, medical students, etc.) is scrubs. If non-provider volunteers have direct contact with patients, scrubs **MUST** be worn with no exceptions. If street clothes are worn, a white lab coat must be worn over street clothes.

All patient-facing volunteers must remove all rings (except wedding rings), large bracelets, and any other large pieces of jewelry before seeing patients. Hair and cosmetics must be neat and presentable. Patient-facing volunteers with hair longer than shoulder length must have it pulled back neatly.

All patient-facing volunteers are prohibited from wearing long nail. Fake acrylic, gel, press-on, or other forms of long fake nails are not allowed as they are a health and safety hazard.



Incidents/Accidents

Volunteers must report any incidents or accidents to their clinic coordinator immediately or as soon as possible after the occurrence including any incidents involving visitors or patients. The word "incident" includes any occurrence that is not routine involving volunteers, clients or visitors.

The incident report form must be completed within 24 hours and will be forwarded to the Medical Director.



Holidays

Clínica Esperanza/Hope Clinic (CE/HC) will be closed on the following days, subject to the day of the week that the holidays occur. Closure for additional holidays varies from year to year.

New Year's Eve
New Year's Day
Martin Luther King Day
Presidents Day
Memorial Day
Independence Day
Victory Day

Labor Day
Columbus Day
Veteran's day
Thanksgiving (and the day after)
Christmas Eve
Christmas Day



Code of Conduct

This Code of Business Conduct sets out basic principles and covers a wide range of business practices and procedures to guide all employees and volunteers of **Clínica Esperanza/Hope Clinic (CEHC)**. All of our staff and volunteers must conduct themselves accordingly and seek to avoid even the appearance of improper behavior.

If a law conflicts with a policy in this Code, you must comply with the law. Also, if a local custom or policy conflicts with this Code, you must comply with the Code. If you have any questions about these conflicts, you should ask your supervisor how to handle the situation. Employees and officers are responsible for understanding the legal and policy requirements that apply to their jobs and reporting any suspected violations of law, this Code or Company policy.

Drug-Free Workplace Statement

Clínica Esperanza/Hope Clinic (CE/HC) provides a drug-free workplace in accordance with 45 CFR Part 76. It is unlawful to manufacture, distribute, dispense, possess or use alcohol or illegal substances on all **Clínica Esperanza/Hope Clinic (CE/HC)** property. If any of the above occurs, it is grounds for immediate dismissal.

Drugs are defined as: alcohol, including distilled spirits, wine, malt beverages, beer, and intoxicating liquors, amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or metabolite of any of these substances or any substances listed in the 'Drug Free Workplace Act of 1988.'



Severe Weather Policy

Volunteers should always assume that they should report to the clinic.

If the clinic is closed or there is a delayed opening, the volunteer would be contacted by a **Clínica Esperanza/Hope Clinic (CE/HC)** staff member.

If you are unsure if **Clínica Esperanza/Hope Clinic (CE/HC)** is closed due to severe weather, please email the Project Manager and Volunteer Coordinator.



Security

All volunteers are expected to wear their **Clínica Esperanza/Hope Clinic (CE/HC)** issued ID badge while they are in **Clínica Esperanza/Hope Clinic (CE/HC)**. Rhode Island State law specifies that all volunteers that have direct contact with patients must wear a **Clínica Esperanza/Hope Clinic (CE/HC)** picture ID.

All volunteers representing **Clínica Esperanza/Hope Clinic (CE/HC)** at an outside organization, event, health fair, etc. are required to wear their ID badge.

Do not bring any personal property to the clinic that is not absolutely necessary to perform your duties. Do not leave any personal property visible. **Clínica Esperanza/Hope Clinic (CE/HC)** assumes no liability for loss, damage, destruction or misuse of any personal property that is brought onto the **Clínica Esperanza/Hope Clinic (CE/HC)** premises.



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Annual Confidentiality Statement

I have read and understand the policies and procedures of **Clínica Esperanza/Hope Clinic (CE/HC)** and agree to abide them as described in these manuals. I have also received training in and understand that infection and exposure control policies of **Clínica Esperanza/Hope Clinic (CE/HC)**. I understand that appropriate protective equipment will be provided to me at no cost by **Clínica Esperanza/Hope Clinic (CE/HC)**, should I be at risk.

Further, I understand that the material contained in the manuals are provided for informational purposes only and that **Clínica Esperanza/Hope Clinic (CE/HC)** reserves the right to modify the manuals, that they are not a contract for employment, benefits, or otherwise, and that my involvement with **Clínica Esperanza/Hope Clinic (CE/HC)** may be terminated with or without notice or cause by me or **Clínica Esperanza/Hope Clinic (CE/HC)**.

I further understand that no manager or representative of **Clínica Esperanza/Hope Clinic (CE/HC)** other than the Executive Director has the authority to enter into any volunteer relationship on behalf of the agency for a specific period of time. Any such agreement will be unenforceable unless it is an express written consent signed by the Executive Director and the volunteer.

Volunteer's Name (Please Print)

Volunteer's Signature

Date

CEHC Coordinator's Name (Please Print)

CEHC Coordinator's Signature

Date



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