Dear Volunteer:

We are pleased to have you as a member of the North Central Health Care (NCHC) family. As a volunteer, you should be informed of the policies, procedures, rules and practices that affect you while at NCHC. It is important for you to know what is expected of you at NCHC as a volunteer.

The information in this handbook is directed to all volunteers of NCHC. The use of the term “NCHC” throughout this booklet refers to the entire organization including the Wausau Campus, Mount View Care Center, Pine Crest Nursing Home, Lincoln Industries, Merrill Center and Antigo Center.

This handbook is your guide. It is intended to provide a general statement of policies and procedures. If, after reading it, you have specific questions regarding the information presented, we encourage you to bring these to the attention of the staff in the Volunteer Services Office, who will be glad to discuss them with you in more detail.

NCHC administration believes in communicating openly with our volunteers and dealing directly with them when questions arise or changes must be made. It is our philosophy that direct contact with you, through our management and supervisory personnel, is the most appropriate and effective method for dealing with the concerns and needs of both you and the organization. Your suggestions and ideas are always welcome, and we want you to communicate them.

We look forward to your continued relationship with NCHC and to working with you in meeting our goal of providing quality health care services to our community.

Make it a great day,

Michael Loy
Chief Executive Officer
# Table of Contents

1. **North Central Health Care Values**  
   - Mission .................................................................................................................. 5  
   - Vision ................................................................................................................... 5  
   - Core Values ......................................................................................................... 5  

2. **Volunteer Practices and Procedures**  
   - Rights & Expectations of Volunteers ................................................................. 5  
   - Commitment & Attendance ............................................................................. 5  
   - Badges ............................................................................................................... 5  
   - Signing In and Out .......................................................................................... 5  
   - Dress Code ....................................................................................................... 6  
   - Personal Belongings ......................................................................................... 6  
   - Mobile phones ................................................................................................ 6  
   - Social Media ..................................................................................................... 6  
   - No Smoking Policy .......................................................................................... 6  
   - Gifts and Donations ......................................................................................... 6  
   - Handling Money ............................................................................................... 6  
   - Misappropriation ............................................................................................... 6  
   - Annual Training ............................................................................................... 6  
   - Change of Contact Information .................................................................... 7  
   - Ending of Volunteer Service ......................................................................... 7  
   - Termination of Volunteer Service .................................................................. 7  

3. **Serving Our Clients, Patients and Residents**  
   - Healthcare Insurance Portability and Accountability Act (HIPAA) .............. 7  
   - Patient Confidentiality ................................................................................... 7  
   - Client, Patient and Residents Rights ............................................................... 7  
   - Diversity ........................................................................................................... 7  
   - Services you do not perform ......................................................................... 7  
   - Keep a Professional Relationship ................................................................ 8  

4. **Infection Control**  
   - Stopping the Spread of Infection ................................................................... 8  
   - Volunteer Health Requirements ................................................................... 8  
   - Volunteer Illness ............................................................................................. 8  

5. **Safety Guidelines**  
   - Safety ............................................................................................................... 9  
   - Guidelines for Transporting Residents .......................................................... 9  
   - Food & Beverages ........................................................................................... 9  
   - Emergency Response Procedures .................................................................. 9  
   - Reporting Accidents and Unusual Occurrences/Injury of Unknown Source .. 9  
   - Injury Policy ................................................................................................... 9  
   - Trauma ............................................................................................................ 9
• Exploitation ................................................................................................. 10
• Abuse/Neglect/Caregiver Misconduct ...................................................... 10
• Behavioral Health/Zero Harm ................................................................. 10
• Ethics ........................................................................................................ 10
• QAPI (Quality Assurance and Performance Improvement) ......................... 10
• Thank you for Joining our Volunteer Team .............................................. 10
• Acknowledgement of receipt and understanding of NCHC Volunteer Handbook… 10

6. Appendix (pages to 11-13 must be signed and returned to the Volunteer Office)
   A. Volunteer Handbook sign off page ...................................................... 11
   B. Confidentiality Agreement for Non-Employees .................................... 12
   C. Volunteer Self-Test ............................................................................. 13

Important Phone Numbers:
NCHC Volunteer Office: 715-848-4450 volunteer@norcen.org
Mount View Care Center: 715-848-4300
Pine Crest Nursing Home: 715-536-0355
Community Corner Clubhouse: 715-843-1926
North Central Health Care Values

North Central Health Care Mission
Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.

North Central Health Care Vision
Lives Enriched and Fulfilled

Core Values
As a volunteer, you are an ambassador for North Central Health Care. It is important that you positively support our values and mission. North Central Health Care practices the five following Core Values.

Dignity Partnership Accountability Integrity Continuous Improvement

Volunteer Practices and Procedures

When you become a volunteer you join in a special endeavor – to create the best experience possible for our clients, patients and residents. Your words and actions can leave a lasting impression on a client, patient, resident or family.

Rights & Expectations of Volunteers
You have the right to:
• Be treated with consideration, respect and full recognition of your dignity and individuality.
• Voice suggestions, opinions and grievances
• Choose an assignment of your preference
• Refuse an assignment
• Expect proper training for an assignment

Commitment & Attendance
Consistent and dependable attendance is vital to the success of our volunteer program. If you have accepted a volunteer assignment, we are counting on you, please make every effort to be here. Call your supervisor or the Volunteer Services Office at 715-848-4450, or if time allows, email volunteer@norcen.org if you will be late or unable to work your assignment.

Badges
All volunteers must wear their NCHC identification badge on the upper third of their body. Wearing your badge helps patients, families and staff to recognize you as a volunteer. If you misplace your badge, please contact the Volunteer Services office.

Signing In and Out
All volunteers must sign in and out each day they volunteer. Please make sure you take the time to record your hours. This enables us to keep an accurate account of the volunteer hours that are being given to each facility. Sign in sheets can be found in the following locations:
• Information Station at Mount View entrance
• Pine Crest Front Desk
• North Central Health Care Front Desk
**Dress Code**
Volunteers are asked to dress in a clean and neat manner and be free from offensive odors. Clothing should be fitting to the assignment. It is suggested to wear comfortable shoes. No ripped jeans or extremely short skirts or shorts. Your volunteer badge must be worn at all times. All volunteers are asked to use common sense with regard to these guidelines. The Volunteer Services staff reserves the right to ask a volunteer to leave if their dress is inappropriate.

**Personal Belongings**
Do not leave personal belongings unattended. Please leave valuables locked in your car and place them out of view in the trunk or glove compartment. We cannot be responsible for lost or stolen items. If you lose something, Lost and Found is located at the front entrance.

**Mobile Phones**
Mobile phone use is not permitted during volunteer time, except in the case of an emergency. Wearing headphones and listening to music while volunteering is prohibited. No pictures or videos can be taken with personal devices while volunteering. Photos can only be taken with a facility camera.

**Social Media**
Posting or sharing photos or videos on social media about clients, patients or residents is a violation of the confidentiality agreement and is NOT ALLOWED. Videotapes, audiotapes, photography and/or motion pictures or interviews of any client, patient or resident may not be taken on a volunteer’s personal device. Do not write or publish any articles, papers, stories or other written materials that will contain the name of any patients or information from which the name or identities of any patient can be discerned. If anything is written about your volunteer experience here, you agree that you will submit it to the Volunteer Office for approval prior to its use. Violations may be considered caregiver misconduct and could result in criminal charges and convictions.

**No Smoking Policy**
In keeping with NCHC’s intent to provide a safe healthful environment, smoking is prohibited throughout the buildings and on the NCHC grounds. Smoking is permitted in one’s own personal vehicle. The resident smoking area is for residents only.

**Gifts and Donations**
Volunteers are not permitted to purchase personal items from patients. Volunteers are not permitted to accept donations or gifts from patients. If a resident is persistent, please speak to a staff member for assistance. If you wish to make a donation to a specific client, patient, resident or department at NCHC, please contact the Volunteer office for the correct procedure.

**Handling Money**
Volunteers are not allowed to take money from clients, patients or residents to purchase personal items for the client, patient or resident. **DO NOT** accept money or checks from clients, patients or residents. Do not accept personal documents from clients, patients or residents. Do not sell anything to the clients, patients or residents.

**Misappropriation**
Any unauthorized use of property, personal information or funds of another person for one’s own use is illegal.

**Annual Training**
As a volunteer, you are required to stay current with our infection control and safety procedures by attending an annual in-person training each year.
Change of Contact Information
It is important to keep our records accurate in order to contact you and to ensure you receive communication from NCHC. Notify a member of the Volunteer Services staff with any changes to your personal information, including changes to your address, email, phone number(s) or name.

Ending of Volunteer Service
We expect your volunteer service to be satisfying and beneficial. If you wish to end your service with us, please let the Volunteer office know of your decision.

Termination of Volunteer Service
Be aware that failure to follow NCHC’s volunteer policies and procedures may result in discontinuance of volunteering. The following practices, though not all-inclusive, would discontinue the volunteer assignment:

- Discourtesy to clients, patients, residents, staff, a family member or visitor
- Dishonesty or theft
- Intoxication while volunteering
- Use of abrasive language
- Breach of confidentiality
- Being under the influence of drugs while volunteering
- Continued absence without notice
- Abuse of dress code guidelines.

Serving our Clients, Patients and Residents

Healthcare Insurance Portability and Accountability Act (HIPAA)
All of our volunteers are responsible for protecting the privacy of the patients who receive our care. HIPAA is designed to protect private health information (PHI) which includes name, date of birth, address, unit, etc. For any HIPAA–related question and issues, contact the Volunteer Services office.

Patient Confidentiality
As a volunteer, you may have access to confidential patient information or confidential information about a patient’s family. All information about a client, patient or resident is confidential and this information cannot be disclosed to anyone. Disclosing confidential patient information has possible civil and criminal penalties.

Never discuss confidences that have been entrusted to you by the staff or residents. There is a legal and moral responsibility to keep particular points of information confidential: Financial, medical, family and interpersonal relationships fall into this category.

Client, Patient and Resident Rights
Every client, patient and resident has the right to be treated with dignity and respect and to be given quality care while at NCHC. For further information contact the Volunteer Office.

Diversity
NCHC is a diverse organization. Please be respectful of people who may be of a different race, age, religion, ability or background than you are.

Services you do not perform
Volunteers do not assist with nursing cares such as: Assisting a resident to the bathroom, dressing, bathing, walking residents, passing meals or snacks, assisting with feeding or assisting with transferring a resident. If permission cannot be given, do not open resident mail.
Keep a Professional Relationship
Always remember your boundaries with a client, patient or resident. Always knock before entering someone’s room. Always identify yourself as a volunteer. If a procedure is being performed, please excuse yourself and come back later.

Touch should be by mutual consent. Do not assume you can touch a patient or their personal items. Always ask permission first. Some examples: Ask “Would you like a hug?” or “May I fix your shirt?” Use appropriate touch.

Should a resident share something personal with you, do not offer advice. Listen. Show empathy, by showing that you care.

Please do not give out your personal contact information (phone number, address, email, etc.) to a resident. If they need to get a hold of you they can work through the Volunteer Office.

INFECTION CONTROL

Stopping the Spread of Infection
The best way to avoid getting an infection is to follow these simple guidelines.

1. **HANDWASHING is the Best Defense for You and Our Clients/Patients/Residents.**
   You must wash your hands when you come in to volunteer, before going home, after using the bathroom and before serving food. Hands must be scrubbed with soap and water for 20 seconds and then rinsed. Leave the water run until you have dried your hands with paper towel. Use a clean paper towel to turn off the faucet so you are not touching the dirty faucet again with your clean hands. If soap and water and not available, you may use hand sanitizer.

2. **Cover Your Cough and Stay at Home When You Are Sick**
   Please take care of yourself first. If you are not feeling well, stay home and volunteer another day.

3. **Follow the Isolation Signs Posted**
   A resident in isolation has an isolation sign posted on the door to their room. Volunteers are not to go into isolation rooms without consulting the nurse first to see if you can enter or take them out.

Volunteer Health Requirements
All individuals that volunteer must pass a TB health screening examination prior to volunteering. An annual flu shot is also required. Both of these health requirements are provided free of charge to you.

Volunteer Illness
If you are not feeling well, please stay home and notify Volunteer Services of your absence. Do not come in if you have any of the following symptoms:

   Cough  Diarrhea  Fever or chills
   Runny nose  Sore throat  Vomiting

If you experience any GI symptoms (diarrhea, vomiting) or a fever within 48 hours of volunteering please contact Volunteer Services. This helps us track outbreaks and the origin of the illness. You may return to volunteering again when you are fever free for 24 hours and GI symptom free for 48 hours. Please help us to keep our clients, patients, residents, staff and families healthy.
SAFETY GUIDELINES

Safety
We strive to provide a warm, caring and safe environment for our patients, visitors and employees, but everyone is responsible for identifying and reporting potential risks. If during your volunteer shift you encounter a situation involving a client, patient, resident or visitor that appears unsafe, or any activity that is a potential risk to NCHC, contact your supervisor or the Volunteer Services Office IMMEDIATELY. Some examples: wet floor, broken chair, a client, patient or resident acting in an unsafe manner, etc.

Guidelines for Transporting of Residents
Use these guidelines when gathering and transporting residents to and from activities:
1. Watch hallway mirrors closely. Mirrors are located on the ceilings. Hallways can be very busy at times and we do not want to have a collision. Use caution around corners and doorways.
2. Do not run, even in emergencies - walk briskly.
3. Knock before entering a resident’s room. Wait to be invited in. Upon entering, introduce yourself face to face. Inform the residents of the event and offer to assist them to the activity.
4. Before transporting a resident, make sure the resident has wheelchair pedals on their wheelchair. Volunteers cannot put wheelchair pedals on, so ask for assistance from staff before transporting.
5. If bringing a resident back to their room make sure the Call Light is within reach. Check to make sure they have all they need within reach before leaving the room.
6. For memory care neighborhoods please bring residents to a common area where staff are available. Do not return residents to their room. This is a safety precaution for the residents on a memory care unit.
7. While at the activity, never lock the brakes on a resident’s wheelchair.
8. If you have any questions during a group activity there will always be a Life Enrichment or Activities staff member that you can direct your questions to. Do not be shy. Please ask how you can be of help.

Food & Beverages
Volunteers do not assist with feeding (food or drink) with residents. Many of our residents have specific nutritional needs; therefore only staff can distribute food or beverages. You can assist by passing out napkins, utensils, collecting garbage when they are finished and visiting with residents.

Emergency Response Procedures
In the event of a fire or any disaster, alert staff immediately. If an emergency arises, please follow staff instructions to assist.

Reporting Accidents and Unusual Occurrences/Injury of Unknown Source
All accidents, even a slight bump or scrape, should be reported immediately to the patient’s nurse. You will be asked to give a description of the accident, which will be used in a written report. An accurate account of what happened is important. Remember that an accident does not always involve an immediate injury. Bruises can show up much later and the staff need to be aware of any potential problems.

Injury policy
All injuries, either to a volunteer or client, patient or resident must be reported immediately to the patient’s nurse or the Volunteer Office.

Trauma
When a person experiences trauma it can greatly affect their everyday functioning and aspects. Trauma informed care means that we will treat the person as a whole, taking their past experiences and coping mechanisms into account.
Exploitation
Exploitation is taking advantage of a person by manipulating, threatening or intimidating them for your own personal benefit. If you suspect a case of exploitation, please notify staff immediately.

Abuse/Neglect/Caregiver Misconduct
There are many types of abuse such as an act of force, violence, harassment, deprivation, neglect or mental pressure that could cause physical or mental pain. It is important that any episode of abuse be reported. This includes abuse by staff, volunteers, family, visitors or other residents. If you witness anyone abusing a resident you should remove them from the unsafe situation, if possible. Report the situation immediately to your supervisor or a staff member from Activities, the Volunteer Office, the Nursing staff or an Administrator.

Behavioral Health/Zero Harm
If you ever witness a client, patient or resident acting differently (examples: more sad, confused, depressed, making negative statements, etc.) please notify staff, especially if they make any comments about hurting themselves or others. It is very important that staff address this immediately.

Ethics
If you ever have any ethical concern, please notify the volunteer office or an Activities staff member. There are also integrity boxes around the building where a concern can be submitted anonymously. The NCHC Ethical Committee meets as needed to address concerns.

QAPI (Quality Assurance and Performance Improvement)
The interdisciplinary team meets quarterly to discuss QAPI projects. The team is always looking for ways to improve and be more efficient. If you have any suggestions for a QAPI project, please notify the volunteer office.

Thank you for Joining our Volunteer Team!
We understand you have just been given many policies and procedures about volunteering at North Central Health Care. The most important piece of advice we can give you is: when in doubt, ask.

Thank you for your interest in helping those who are served by North Central Health Care. We are very pleased to have you join us!

Acknowledgement of receipt and understanding of North Central Health Care Volunteer Handbook
I have received a copy of the Volunteer Handbook. I agree to conduct myself in a manner consistent with the behaviors and expectations outlined in this Handbook. I understand that any questions concerning this information should be directed to my supervisor or the Volunteer Services Department.

I understand that this handbook does not constitute an employment contract. My signature on this form indicates that I will comply with the behaviors and expectations as they are written, with the understanding that they may be modified from time to time.

***You will sign off on this acknowledgement in Appendix A.
Acknowledgement of receipt and understanding of North Central Health Care Volunteer Handbook

I have received a copy of the Volunteer Handbook. I agree to conduct myself in a manner consistent with the behaviors and expectations outlined in this Handbook. I understand that any questions concerning this information should be directed to my supervisor or the Volunteer Services Department.

I understand that this handbook does not constitute an employment contract. My signature on this form indicates that I will comply with the behaviors and expectations as they are written, with the understanding that they may be modified from time to time.

Volunteer Signature ___________________________ Date ___________________________

Print Name ________________________________
Please be advised of your legal obligation to keep confidential all information about clients, patients, or residents of North Central Health Care both during and after your affiliation with the facility.

This includes, but is not limited to, their identities, medical or psychological condition, progress, treatment plans, and family relationships.

Federal law regulating confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, provides criminal penalties of $500 to $5000 for violations by “any person” of the requirement that all records, including the identity of a person as a patient, be kept confidential and disclosed as authorized by law. Section 51.30 of the Wisconsin Statutes provides for civil damages, attorney fees, and exemplary damages of $100 to $1000 to be awarded against “any person” that violates the requirement that all treatment records of mental health, developmental disabilities, geriatric, alcoholism, or drug dependence be kept confidential. Nothing in the law limits this obligation.

YOU CONTINUE TO BE RESPONSIBLE FOR PROTECTING THE CONFIDENTIALITY OF NCHC CLIENTS, PATIENTS, OR RESIDENTS AFTER YOUR INVOLVEMENT WITH NCHC HAS ENDED.

I acknowledge that I have read the above and agree to follow this policy.

Signed__________________________________________ Date____________________

Print Name________________________________________

Reason for Affiliation_________________________________

Facility Representative________________________________

IMS-44 (Rev 12/00) jp
APPENDIX C - Self test

Volunteer Self-Test

Name: ________________________ Date: ______________________

Read the questions below circle the correct answer and return the test to Volunteer Department.

1.) Volunteers are required to wear their photo ID badge while volunteering at NCHC. True    False

2.) Volunteers are expected to be dressed in a clean and neat manner. True    False

3.) Volunteers are not permitted to use mobile phones, while volunteering, except in the case of an emergency. True    False

4.) It is not ok to photograph or videotape clients, patients, residents with your personal device. True    False

5.) North Central Health Care is a smoke free campus. True    False

6.) Volunteers are not allowed to take money from clients, patients or residents to purchase personal items for that person. True    False

7.) Misappropriation is any unauthorized use of property, personal information or funds of another person for one’s own use. True    False

8.) Volunteers do not need to follow the HIPAA guidelines on confidentiality. True    False

9.) All information about a client, patient, or resident is confidential and this information cannot be disclosed to anyone. Disclosing confidential patient information has possible civil and criminal penalties. True    False

10.) As a volunteer your personal information (phone number, address, email, etc.) should not be given to a client, patient or resident. True    False

11.) Ways to stop the spread of infection are to: wash your hands, cover your cough or stay home when you are sick and follow the isolation signs that are posted. True    False

12.) It is ok to assume that NCHC is aware of a safety problem and it is not your responsibility to report a potential risk. True    False

13.) All accidents, even a slight bump or scrape, should be reported immediately to the patient’s nurse. True    False

14.) If a volunteer witnesses any abuse, neglect or caregiver misconduct it needs to be reported to their supervisor immediately. True    False

Turn this page into the Volunteer Services Office