



# North Central Health Care

Person centered. Outcome focused.

## VOLUNTEER HANDBOOK

Volunteer Services of North Central Health Care • 715.848.4450

Updated 04/2024

Dear Volunteer:

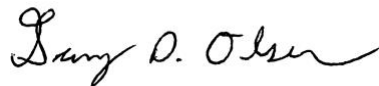
Your commitment to North Central Health Care (NCHC) is truly valued and appreciated. As you embark on your journey as a volunteer, it's essential to acquaint yourself with the policies, procedures, and regulations that shape our collaborative efforts. This handbook serves as a roadmap, guiding you through your role and responsibilities within our organization.

This document is designed to guide all volunteers across our various facilities, including the NCHC Wausau Campus, Mount View Care Center, Merrill Center, and Antigo Center. Should you have any questions or require further clarification on any aspect of this material, our dedicated Volunteer Office team is here to assist you.

At NCHC, we believe in fostering a culture of open communication and collaboration. Your ideas, suggestions, and feedback are invaluable to us as we strive to continuously improve and enhance our services. Your active participation is crucial in shaping the future of our organization.

We eagerly anticipate the opportunity to work alongside you as we collectively strive to fulfill our mission of providing quality healthcare services to our community.

With warm regards,

A handwritten signature in black ink that reads "Gary D. Olsen". The signature is written in a cursive, flowing style.

Gary Olsen  
Executive Director

# Table of Contents

<b>1. <u>Our Values</u></b>	
• Volunteer Services Mission.....	4
• Volunteer Services Vision .....	4
• Core Values.....	4
• Person Centered Service .....	4
<b>2. <u>Volunteer Practices and Procedures</u></b> .....	5
• Volunteer Benefits.....	5
• Attendance.....	5
• Badges.....	5
• Signing In and Out.....	5
• Dress Code.....	5
• Personal Belongings.....	5
• Mobile phones.....	5
• No Smoking Policy.....	6
• Donations.....	6
• Annual Training.....	6
• Change of Contact Information.....	6
• Ending of Volunteer Service.....	6
• Termination of Volunteer Service.....	6
<b>3. <u>Serving Our Clients, Patients and Residents</u></b> .....	7
• Healthcare Insurance Portability and Accountability Act (HIPPA).....	7
• Patient Confidentiality.....	7
• Client, Patient and Residents Rights.....	7
• Risk Management.....	7
• Person Centered Service.....	8
• Diversity.....	8
• Keep a Professional Relationship.....	8
<b>4. <u>Infection Control</u></b> .....	8
• Stopping the Spread of Infection.....	8
• Volunteer Health Requirements.....	9
• Volunteer Illness.....	9
• Injury policy.....	9
<b>5. <u>Safety Guidelines</u></b> .....	10
• General Safety.....	10
• Guidelines for Transporting Residents.....	10
• Reporting Accidents and Unusual Occurrences.....	10
• Emergency Response Procedures.....	11
• Thank you for Joining our Volunteer Team .....	11
• Acknowledgement of receipt and understanding of NCHC Volunteer Handbook.....	11
<b>6. <u>Appendix (pages to 15-18 must be signed and returned to the Volunteer Office)</u></b>	
1. Wisconsin Caregiver Law (sign off sheet on page 15) .....	12
2. Confidentiality Agreement for Non-Employee.....	16
3. Volunteer Self-Test.....	17
4. Handbook sign off page.....	18

# 1. Our Values

## **Volunteer Services Mission**

Our Volunteers are committed to providing quality services for our clients, patients and residents. Our programs are aimed at creating a warm, friendly, home-like environment, with a genuine concern for the dignity and special needs of each individual. Volunteers enable clients, patients and residents to participate in the programs and events within our facility and to take part in community outings.

**Volunteer Services Vision** - To be recognized as a leader in providing innovative and rewarding volunteer opportunities.

**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 following Core Values.

*Dignity:* We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

*Integrity:* We keep our promises and act in a way where doing the right things for the right reasons is standard.

*Accountability:* We commit to positive outcomes and each other.

*Partnership:* We are successful by building positive relationships by working across the organization as a trusted County partner.

*Continuous Improvement:* We embrace change, value feedback, creativity and the advancement of excellence.

**Person Centered Service** - Person centered service is serving others through effective communication, listening to understand and building meaningful relationships. It is a philosophy North Central Health Care implements to serve others. We accomplish this service in the following ways.

*Proactive Approach & Caring Attitude:*

- Serve with a proactive approach
- Serve with a caring and compassionate attitude
- Truly listening to understand

*Culture of Trust & Safety:*

- Create a safe and healing environment
- Do no harm

*Values & Respect-Based:*

- Culturally informed
- Understanding and Respecting Life Experiences

*Choice, Input & Involvement:*

- Shared decision making
- Strength-based
- Involvement

## **2. 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.

### **Volunteer Benefits**

As a valued member of the North Central Health Care (NCHC) Volunteer program, you are offered special service and benefits. These include:

- Complimentary parking
- Free Flu shots
- Free TB health screenings
- Invitations to Volunteer Recognition breakfast and other special events
- Meal stipend of \$3.00 in the NCHC cafeteria for those that volunteer over 3 hours in one day

### **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 the volunteer office at 715-848-4450 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. Sign in sheets can be found in the following locations:

- Information Station (at Mount View entrance)
- Volunteer Lounge (2<sup>nd</sup> floor of Mount View)
- Front Desk (at NCHC entrance)

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 our facility.

### **Dress Code**

Volunteers are asked to dress in a clean and neat manner. 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, a lost and found is located at the Front Desk by the NCHC 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 Smoking Policy**

In keeping with NCHC's intent to provide a safe healthful environment, smoking is prohibited throughout the building and on the NCHC grounds. Smoking is permitted in one's own personal vehicle.

## **Donations**

Volunteers are not permitted to purchase personal items from patients or accept donations, money or gifts from patients.

If you wish to make a donation to a specific client, patient or resident or department at NCHC, please contact the Volunteer office for the correct procedure. Volunteers shall not accept or provide benefits that could be seen as creating conflict between their personal interests and NCHC legitimate business interests.

## **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 mail from NCHC. Notify a member of the Volunteer Services staff with any changes to your personal information, including changes to your address, email, phone numbers 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 the discontinuance of volunteering. The following practices, though not all-inclusive, would discontinue the volunteer assignment:

- Discourtesy to clients, patients, residents, staff or 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.

### **3. 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 questions 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.

By signing the Confidentiality Acknowledgement for Non-Employees (Appendix 2- page 16), a volunteer agrees to:

- Uphold their legal obligation to keep all information about clients, patients or residents of North Central Health Care confidential both during and after your affiliation with the facility
- Not reveal (to anyone) the name or identity of a client, patient or resident, medical or psychological condition, progress, treatment plans and family relationships
- Not repeat (to anyone) any statements or communication made by or about any client, patient or resident
- Not reveal (to anyone) any information that you learn about the client, patient or resident as a result of discussions with others providing care to the patient
- Not to stay in a patient’s room while a procedure is being performed or discussed by a clinician.
- Not photograph a client, patient or resident. Videotapes, audiotapes, photography (**including cell phones and smart phones**) and/or motion pictures or interviews of any client, patient or resident may not be taken on a volunteer’s personal device.
- Not post any patient or family information or photographs on any social media sites.
- 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.

#### **Client, Patient and Resident Rights**

Every client, patient and resident has the right to be treated with respect and to be given quality care while at NCHC.

#### **QAPI:**

QAPI stands for Quality Assurance Performance Improvement. This is a required meeting for the management team of the nursing home. The team gathers to talk about data, patterns, concern and feedback from staff, families and volunteers. If you have information you would like shared with this group please contact the volunteer office.

#### **Risk Management**

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 immediate supervisor or the Volunteer Services Office.

## **Person Centered Service**

To make others comfortable, always address everyone in a warm, sincere manner. Make eye contact, smile and greet those you pass in the hallways.

## **Diversity**

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

## **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.

Do not assume you can touch a patient or their personal items. Always ask permission first. Please see Appendix 1, the Wisconsin Caregiver Law for additional information. It is not ok to accept gifts of food, money or items from a patient.

You should only be at NCHC during your designated volunteer shift. As a volunteer, you will get to know clients, patients and residents but it is best to only visit them when you are volunteering. Never give patients personal contact info. Let them know that the Volunteer services staff can always get in touch with you.

Even if you can relate to their illness or injury, do not give a client, patient or resident your personal experience or opinion. If a client, patient or resident talks to you about their problems or illnesses, be a listener. Do not offer advice.

## **4. INFECTION CONTROL**

### **Stopping the Spread of Infection**

No one wants to get an infection or disease. Infection and diseases cannot get started if germs are not spread around. NCHC has several control methods put in place to aid in stopping the spread of infection and disease. Working as a volunteer has no greater risk of getting an infection than going out in public. In healthcare, we take additional steps to prevent illness from occurring; however, sometimes you may get sick. If this does happen, report any infections to the Volunteer Services office or Wellness and Development office.

The best way to avoid getting an infection is to follow these simple guidelines.

1. **Hand Hygiene is the Best Defense for You and Our Clients/Patients/Residents.**  
Washing hands with soap and water, or using hand sanitizer, is required before and after patient contact. Don't forget to offer the client, patient or resident an opportunity to wash their hands.
2. **Cover Your Cough**
3. **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.
4. **Follow the Isolation Signs Posted.**  
Isolation signs will give you instructions on what precautions you will need to use if you choose to go in a resident's room. You are allowed to visit as long as you follow the signs on the door. Ask the nurse if you have any questions.



Signs may look like this:



Or this: Badge Buddy

North Central Health Care		quickreference				
Isolation Precautions – Active Infection						
Signs placed on resident's door and head of bed	Standard Precautions	CONTACT	ENTERIC CONTACT	DROPLET	AIRBORNE	RESPIRATORY AFB
Clinical Situation ▶	All Patients	MDRO's Draining Wounds	Diarrhea	Upper Respiratory infections	Shingles, Measles, Chickenpox	Tuberculosis
<b>Wear Gloves</b>	Contact w/blood, body fluids or potentially contaminated materials	Wear gloves upon entering room	Wear gloves upon entering room	Standard Precautions	Standard Precautions	Standard Precautions
<b>Wear Gown</b>	Contact w/blood, body fluids or potentially contaminated materials	Wear gown upon entering room	Wear gown upon entering room	Standard Precautions	Standard Precautions	Standard Precautions
<b>Wear Mask</b>	Contact w/blood, body fluids or potentially sprays of respiratory secretions	Standard Precautions	Standard Precautions	Surgical Mask	Standard Precautions (only immune personnel should care for patient)	N95 Respirator or PAPR

5. **Use the Disinfectant Wipes on Hard Surfaces and Equipment** like walkers, wheelchairs, etc. Apply the disinfectant liberally. Remember while the disinfectant is drying the bugs are dying.
6. **One Ounce of Prevention is Worth a Pound of Gold. Stay Current on Your Immunizations.** Many diseases today can be prevented by getting vaccinated. Speak with your personal health provider if you have any questions or concerns.

### Volunteer Health Requirements

All individuals that volunteer must pass a TB health screening examination prior to volunteering. A paper screening will be done for TB each year. Every 5 years, a paper screening and shot will be administered for TB.

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 your supervisor 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

Please help us to keep our clients, patients, residents, staff and families healthy.

### Injury policy

All injuries, either to a volunteer or client, patient or resident must be reported immediately to the staff supervisor.

## **5. SAFETY GUIDELINES**

### **General Safety**

Volunteers must always follow safety rules to protect clients, patients and residents and themselves. Make the patient's safety your first priority in every situation. Following procedures and making simple observations can help avoid accidents.

Volunteers are expected to observe prescribed safety rules and common safety practices and to support safety programs and safety in-services presented by NCHC.

The following general safety rules are to be followed:

- Know your volunteer duties
- Report unsafe acts, conditions and unsafe equipment – slippery floors, loose carpeting, etc.
- Do not run, even in emergencies - walk briskly and use caution around corners and in doorways
- Wear proper clothing
- Wash your hands often
- Watch for warning signs on resident's doors – obey them
- Follow all infection control procedures and policies.

### **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.
2. Observe all posted signs outside a resident's room. Follow all directions indicated on the sign. If you have a question, please ask a staff member.
3. Knock before entering a resident's room. Wait to be invited in.
4. Upon entering, introduce yourself face to face. Inform the residents of the event and offer to assist them to the activity.
5. Before transporting a resident, make sure the resident has wheelchair pedals on the wheelchair. Volunteers cannot put wheelchair pedals on, so ask for assistance from staff before transporting.
6. Remember to sign residents out if they are on Lakeview Heights, Gardenside Crossing, Evergreen Place or the Vent Unit.
7. Return residents from the above mentioned units to the common area where staff are available, and not to their room. This is a safety precaution for the residents.
8. While at the activity, never lock the brakes on a resident's wheelchair.
9. Do not assist with feeding in any way. Staff must feed all food and drinks to residents, this includes communion. You can assist by passing out napkins, utensils and visiting with residents.
10. If you have any questions during a group activity there will always be an Activities staff member that you can direct your questions to. Do not be shy.

### **Reporting Accidents and Unusual Occurrences**

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.

Any unusual occurrence potentially affecting the health and welfare of a client, patient, resident, staff or volunteer should be reported immediately to the manager of the area in which the incident occurred. An unusual occurrence is a deviation from the normal routine of the department or program. Unusual occurrences must be documented on the Occurrence Report Form.

### **Emergency Response Procedures**

NCHC only uses overhead paging to identify Emergencies within the building. If you hear overhead paging please follow staff instructions on how to proceed. There are fire extinguishers and fire pull stations located throughout the building. It's a great idea to know where these and your exits are!

### **TO REPORT ANY EMERGENCY, DIAL x4599**

Every department has a policy and procedure manual containing instructions for staff and volunteers to follow in a variety of emergency situations. Check with the supervisor of each of your assigned areas for emergency procedures. If a code is announced, ask a staff member how you can assist them with the code.

#### The following codes are as follows:

Dr. Red:	Fire
Dr. Black:	Person with weapon in area
Dr. Blue:	Medical Emergency
Dr. Yellow:	Bomb threat
Dr. Green:	Psychiatric or Behavioral Emergency
Code Zero:	Missing patient or resident

### **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 so very glad you have joined our team.

### **Acknowledgement of receipt and understanding of North Central Health Care Volunteer Handbook**

I have received a copy of the Volunteer Handbook. I know that I must understand the information contained in this handbook so that I may comprehend my rights and responsibilities as a volunteer of NCHC. I also know if I have any questions concerning any of this information, I am to talk with my supervisor or the Volunteer Services Department.

I understand that these Statements do not constitute an employment contract. I realize that NCHC may interpret, clarify, revise, and/or deviate from the Statements set forth in this document. My signature on this form indicates that I agree to abide to all terms and provisions designated in this handbook and any other policies of NCHC. I will comply with those policies as they are written and as they may be modified from time to time.

You will sign off of this information in Appendix 4 (page 18).

## **The Wisconsin Caregiver Law**

### **CAREGIVER MISCONDUCT**

The Wisconsin Caregiver Law requires that you immediately report actions of another person that you feel might meet the definition of abuse, neglect or misappropriation to your supervisor or another supervisor so that action can be taken at that time to protect the resident.

"Immediate" means as soon as you have assured the resident/patient/client's safety. You do not have the option of thinking about what you saw and whether it was wrong or not for a day or two and then make your report. Delaying your report is a violation of the caregiver law and will subject you to immediate termination. You must make an immediate decision and report to a supervisory staff member immediately within the shift you are working. If allegation involves immediate supervisor, contact the next individual in chain of command; or for incidents in the nursing home, contact a Charge Nurse on another unit. The schedule for charge nurses working is posted on each unit.

Therefore, you should not delay your report because you cannot decide if what you saw really was abuse, neglect or misappropriation. Your report will result in an internal investigation. At the conclusion of the internal investigation, the Department Director/designee will make a decision whether the allegation is reportable to the State of Wisconsin regulatory agencies in accordance with the caregiver law.

Caregiver Misconduct means any of the following: abuse of a client, resident, or patient; neglect of a client, resident, or patient; or misappropriation (theft) of the property of a client, resident, or patient. Here are some important definitions to remember.

**Abuse:** the willful infliction of injury, unreasonable confinement, intimidation or punishment resulting physical harm, pain or mental anguish.

**Neglect:** the failure of the facility, its employees or service providers to provide goods and services to a patient/ resident necessary to avoid physical harm, pain, mental anguish, or emotional distress.

**Misappropriation:** the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

**Exploitation:** taking advantage of a resident through manipulation, intimidation, threats or coercion

**IMPORTANT: if you witness any of these events, please protect the resident and inform the nursing staff immediately.**

### **ABUSE**

Abuse is any of the following acts committed by a caregiver:

1. An act or repeated acts by a caregiver or non-client resident, including but not limited to restraint, isolation or confinement, that, when contrary to the entity's policies and procedures, is not a part of the client's treatment plan and done intentionally to cause harm, does any of the following:
  - a. Causes or could be reasonably expected to cause pain or injury to a client or the death of a client, and the act does not constitute self-defense as defined in s. 939.48, Stats.

- b. Substantially disregards a client's rights under ch. 50 or 51, Stats. or a caregiver's duties and obligations to a client.
  - c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, or a fear of harm or death, or a combination of these behaviors. This subdivision does not apply to permissible restraint, isolation, or confinement implemented by order of a court or as permitted by statute.
2. An act or acts of sexual intercourse or sexual contact under s. 940.225, Stats. by a caregiver and involving a client.
  3. The forcible administration of medication or the performance of psychosurgery, electroconvulsive therapy or experimental research on a client with the knowledge that no lawful reason exists for the administration or performance.
  4. A course of conduct or repeated acts by a caregiver which serve no legitimate purpose and which, when done with intent to harass, intimidate, humiliate, threaten or frighten a client, causes or could be reasonably expected to cause the client to be harassed, intimidated, humiliated, threatened or frightened.

Examples of abuse include:

- Physical abuse - hitting, slapping, pinching, and kicking;
- Sexual abuse - harassment, inappropriate touching, or assault;
- Verbal abuse - threats of harm, saying things to intentionally frighten a client; and
- Mental abuse – humiliation, harassment, and intimidation with threat of punishment or threats of depriving care or possessions.

Abuse does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency, or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

## NEGLECT

Neglect means an intentional omission or intentional course of conduct by a caregiver or a non-client resident, including but not limited to restraint, isolation or confinement, that is contrary to the entity's policies and procedures, is not part of the client's treatment plan and, through substantial carelessness or negligence, does any of the following:

- a. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client.
- b. Substantially disregards a client's rights under either ch. 50 or 51, Stats. or a caregiver's duties and obligations to a client.
- c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, fear of harm or death, or a combination of these behaviors. This paragraph does not apply to permissible restraint, isolation or confinement implemented by order of a court or as permitted by statute.

Neglect is the intentional carelessness, negligence, or disregard of policy, or care plan, which causes, or could be reasonably expected to cause pain, injury or death. The major difference between abuse and neglect is that in a case of abuse harm was intended; in neglect the caregiver does not intend to harm the client.

Neglect does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

## MISAPPROPRIATION OF PROPERTY

Misappropriation of property is any of the following:

1. The intentional taking, carrying away, using, transferring, concealing or retaining possession of a client's moveable property without the client's consent and with the intent to deprive the client of possession of the property.
2. Obtaining property of a client by intentionally deceiving the client with a false representation, which is known to be false, made with the intent to defraud, and which does defraud the person to whom it is made. "False representation" includes a promise made with the intent not to perform it if the promise is a part of a false and fraudulent scheme.
3. By virtue of his or her office, business or employment, or as trustee or bail, having possession or custody of money or of a negotiable security, instrument, paper or other negotiable writing of a client, intentionally using, transferring, concealing, or retaining possession of money, security, instrument, paper or writing without the client's consent, contrary to his or her authority, and with the intent to convert it to his or her own use or to the use of any other person except the client.
4. Intentionally using or attempting to use personal identifying information as defined in s. 943.201(1)(b), Stats. or a client's birth certificate or financial transaction card as defined in s. 943.41(1)(em), Stats., to obtain credit, money, goods, services or anything else of value without the authorization or consent of the client and by representing that he or she is the client or is acting with the authorization or consent of the client.
5. Violating s. 943.38, Stats, involving the property of a client, or s. 943.41, Stats. involving fraudulent use of a client's financial transaction card.

Examples of misappropriation include:

- Theft of money, credit cards or jewelry; and
- Misuse of property, such as a client's phone or other personal items without consent.

### **Injury of Unknown Source means the following:**

- The source of the injury was not observed by any person or the source of the injury cannot be explained by the resident; **and**
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

Refer to Chapter 6 of the Wisconsin Caregiver Manual for case examples of Abuse, Neglect, Misappropriation of Property and Injuries of Unknown Source. Chapter 6 also includes investigation strategies.

I have read the above definitions of caregiver misconduct. I understand I must immediately report any conduct I observe or gain knowledge of that which could potentially meet this definition to my immediate supervisor, or in the event that the situation involves my immediate supervisor, I understand I must report to another supervisory individual immediately.

You will sign off on this on the next page.

**The Wisconsin Caregiver Law – signature page**

I have read the above definitions of caregiver misconduct. I understand I must immediately report any conduct I observe or gain knowledge of that which could potentially meet this definition to my immediate supervisor, or in the event that the situation involves my immediate supervisor, I understand I must report to another supervisory individual immediately.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Turn this page into the Volunteer Services Office**

**APPENDIX 2 – Confidentiality Agreement for Non-Employees**

**NORTH CENTRAL HEALTH CARE**

**CONFIDENTIALITY ACKNOWLEDGMENT FOR NON-EMPLOYEES**

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

**Turn this page into the Volunteer Services Office**



## APPENDIX 3 - Self test

### Volunteer Self-Test

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

Date: \_\_\_\_\_

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

- 1.) Annual in-person training is required by all volunteers. **True False**
- 2.) It is ok to assume that NCHC is aware of a problem and it is not your responsibility to report a problem to management. **True False**
- 3.) 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**
- 4.) North Central Health Care is a smoke free campus. **True False**
- 5.) All volunteers are expected to be neatly dressed and wear their photo ID badge while volunteering at North Central Health Care. **True False**
- 6.) Volunteers do not need to follow the HIPPA guidelines on confidentiality. **True False**
- 7.) Volunteers are not permitted to use mobile phones, while volunteering, except in the case of an emergency. **True False**
- 8.) It is ok to photograph or video tape residents and clients while you are volunteering. **True False**
- 9.) If a volunteer witnesses any abuse or neglect, whether it be verbal or physical, it needs to be reported to their supervisor immediately. **True False**
- 10.) All volunteers are expected to maintain a professional relationship with all clients and residents that they interact with. **True False**
- 11.) As a volunteer your personal information (phone number, address, etc.) should not be given to a client or resident. **True False**
- 12.) Injuries or illnesses that occur while volunteering do not need to be reported. **True False**
- 13.) To report an emergency, volunteers should dial x4599. **True False**
- 14.) Volunteers must understand basic infection control practices in order to ensure the best possible care for our residents related to stopping the spread of infection. **True False**
- 15.) Misappropriation of property is any of the following: intentional taking, carrying away, using, concealing or retaining possession of a client's property without the clients consent. **True False**

**Turn this page into the Volunteer Services Office**

## APPENDIX 4 – Volunteer Handbook sign off page

### **Acknowledgement of receipt and understanding of North Central Health Care Volunteer Handbook**

I have received a copy of the Volunteer Handbook. I know that I must understand the information contained in this handbook so that I may comprehend my rights and responsibilities as a volunteer of NCHC. I also know if I have any questions concerning any of this information, I am to talk with my supervisor or the Volunteer Services Department.

I understand that these Statements do not constitute an employment contract. I realize that NCHC may interpret, clarify, revise, and/or deviate from the Statements set forth in this document.

My signature on this form indicates that I agree to abide to all terms and provisions designated in this handbook and any other policies of NCHC. I will comply with those policies as they are written and as they may be modified from time to time.

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Volunteer Signature

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Date

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Print Name

**Turn this page into the Volunteer Services Office**