



AIDS RESPONSE EFFORT, INC. VOLUNTEER HANDBOOK



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Greetings from Executive Director

Welcome and thank you for considering AIDS Response Effort, Inc. (ARE) as your choice of a site to volunteer with. Your time and effort will make the agency's mission more pleasant for consumers, visitors, and other volunteers and staff.

Since the founding of the agency, volunteers have played a vital role in both day-to-day operations and special events. It goes without saying we would not be here today without the contributions made by the volunteers of our community – and that now includes you.

Just to let you know the impact our volunteers have had on ARE, here are a few facts:

1. The agency was founded by a group of concerned volunteer community members who began raising funds to organize this agency;
2. Thousands of dollars are raised annually by volunteers to support agency operations and clients services;
3. Thousands of people from all walks of life annually receive educational and outreach services as a result of volunteer efforts;
4. Multiple consumers financially benefit from funds raised annually through volunteer efforts;
5. We could not exist without our generous volunteers.

On behalf of the ARE staff and Board of Directors and the consumers that we serve; I thank you for your caring and welcome you with open arms into our family!

Sincerely,

John K. Nagley, MS
Executive Director

Agency Mission and Objectives

MISSION:

ARE takes innovative approaches to improve health disparities in our community.

VISION:

Enriching the lives of those in need in our community through innovative, compassionate care and coordination of quality service delivery.

We do this through providing financial and supportive services to those infected and affected by HIV/AIDS and to create awareness and prevention education programs in our rural community which has yet to overcome the challenges, stigma, discrimination and denial of the epidemic.

Our **Mission** is accomplished through the implementation of the following services in the community:

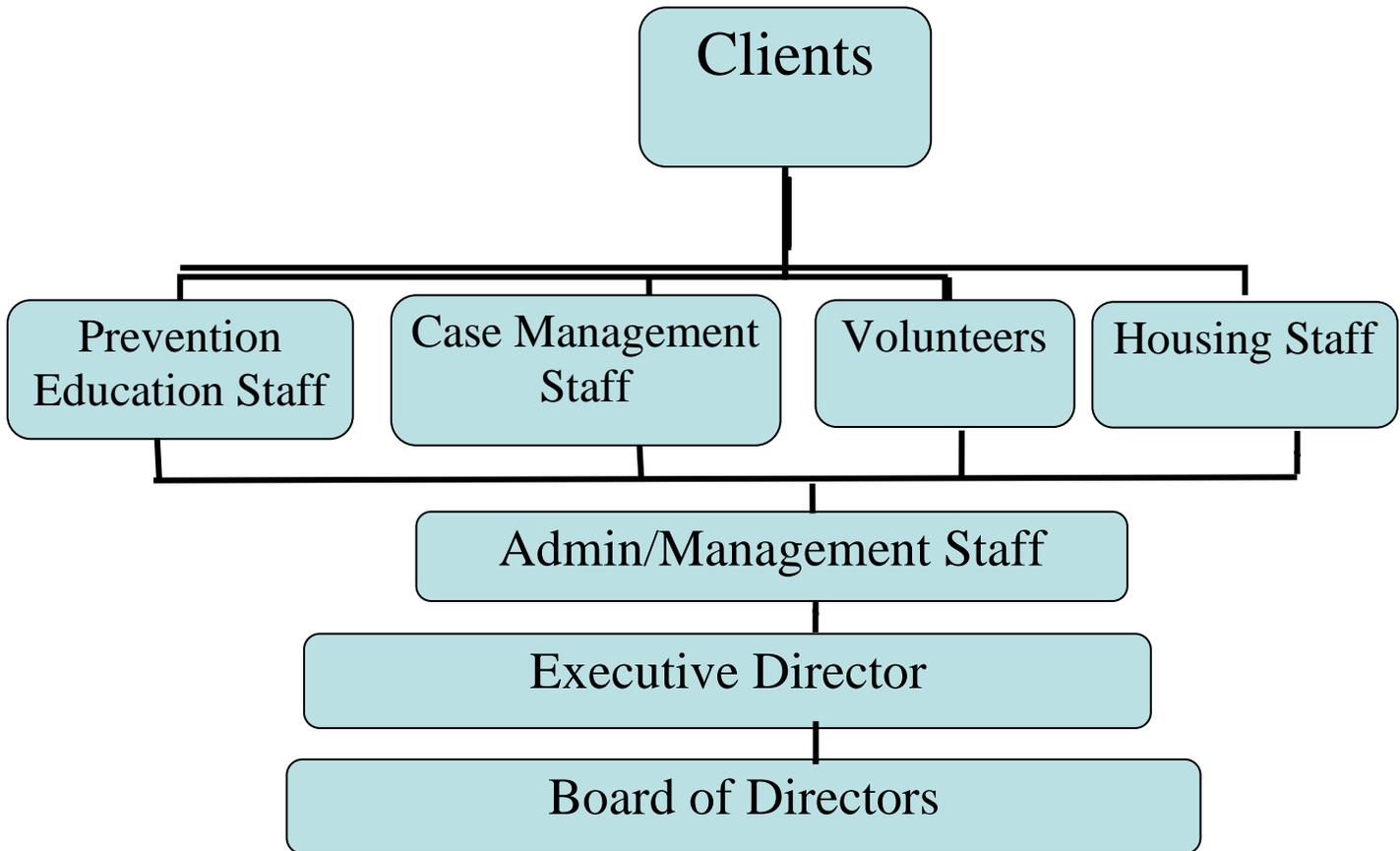
- HIV and Hepatitis C Testing
- HIV and STD Education, Outreach, and Intervention
- Medical Case Management Services for HIV+ individuals (includes medical and support service access, financial assistance, housing assistance, treatment adherence)
- Housing Services for those at risk and experiencing homelessness
- Mental Health Services (including individual counseling, support groups, wellness groups, and psychiatric services)
- Jail Discharge planning
- Targeted outreach to the Transgender community
- Access to medical transportation and healthy food pantry

Agency History

AIDS Response Effort, Inc. (ARE) is a non-profit organization situated in the Northern Shenandoah Valley of Virginia. Incorporated in 1991, this organization started as a support group for people living with HIV. It was run by compassionate volunteers who wanted to help their friends and loved ones as they underwent their battles with HIV. As advances to HIV care improved over the years, the agency was able to secure Ryan White CARE Act funding, to help clients access medical care, medications, and support services. ARE has grown tremendously since the early days of the HIV epidemic in the 1990's, with expansion in Housing, Prevention, PrEP, testing, and outreach services.

ARE is dedicated to serving people living with HIV, the homeless or those in housing crisis, those at high risk of HIV (needing PrEP and education), and those needing to access treatment for Hepatitis C. Through grant funding and donations, ARE has been able to expand both staffing and services, allowing us to take a more holistic approach to client care.

Organizational Structure



Volunteer Guidelines

The Following rules must be followed by all ARE volunteers. If you have questions, please ask. Attached are Operational Policies that must be followed by volunteers and agency staff at all times.

Sign-In Log

Tracking volunteer hours is beneficial to ARE in terms of accurate record keeping and documentation for grant applications. You are considered a non-paid employee when you volunteer and therefore required to sign in and out.

- *Sign-In Log is attached*

Vacation and Holidays

All volunteers will be notified of office holidays and will not be asked to work, unless they have a prior appointment with a consumer. In this event please report your hours to ARE as soon as possible. If you're going on vacation; please notify us so we can make changes in the schedule as needed.

Sick Time

Due to the nature of our consumers' illnesses, many have a reduced immunity threshold. If you aren't feeling well on a scheduled volunteer day, please notify the office prior to fulfilling any commitment.

Smoking

ARE and VH prohibit smoking in the agency's office or anywhere on the grounds of the VH facility. Please ask a staff member for information regarding an approved smoking area. It is expected that all refuse will be disposed of properly.

Dress Code

Dress is appropriate to the job you've volunteered for. If you're scheduled to meet with a client, please look clean, neat and

professional. If you're working in the office, the code is business casual. Clothing with logos or graphics, which may be in poor taste or offensive to others, is discouraged. For special outside events, such as health fairs, specific guidelines may be set, check with the chair person of the event.

- *Dress Code Policy is attached*

Drugs/Alcohol

It is against ARE policy to represent the agency in any way, enter the facilities, or perform any volunteer duties if you are under the influence of any mood altering substances.

Hours of Operation

ARE's hours of operations are Monday thru Friday; 8:30am – 5:00pm. Lunch is 30 minutes, with (2) 15 minute breaks allowable during the day. On the weekends there are emergency procedures advertised on the agency phone message with an emergency phone number listed.

Vehicle Registration/Parking

Volunteers are asked to give their vehicle license plate number for record with their Volunteer Coordinator contact. There is limited parking in the rear of the building, you are welcome to park there.

Code of Conduct Statement:

*****Volunteers shall not give or loan money to consumers.*****

Office Support Guidelines

As an office volunteer; you are a very valuable and respected individual here at ARE. Often you may be the first person a prospective consumer or friend of the organization may meet. Because of the sensitive nature of the relationship between the staff, callers, and visitors to our office it is important that you be familiar with and adhere to the following protocols:

Phone Procedure

Each day when you come in, you will be given a staff schedule, due to the emergent work, this information may change during the day but, we will do our best to keep you up to date.

Answering the phone – when a call comes in, answer it in a pleasant voice. Our standard greeting is “Good morning/afternoon, this is (state your name); May I help you? If the person asks for a staff member and the caller hasn’t identified himself or herself, ask – “May I ask who is calling, please?” Keep in mind that many of our clients are sensitive to their privacy and may not give you their name. We expect this, and never make an issue of it. *Please do not address the agency name (AIDS Response Effort, Inc.) when answering the phone.

Taking a message – Always use the provided message forms. Note the date and time, the intended recipient, phone number and any message. Initial the slip in the event the recipient has any questions. If you know when the intended recipient is expected back in, let the caller know. *Call phone log is attached

Transferring Calls – The procedure for transferring calls is to press the transfer button on the phone punch pad; wait for the recipient to answer, provide brief notice of who is on the line and hang up. If no one answers the phone after it is transferred it will ring directly into the recipient’s voice mail and the caller may leave a message.

Collect Calls – Collect calls are not to be accepted under any circumstances.

Caller Requests – Office volunteers are not expected to be experts in HIV/AIDS education and prevention or housing services; nor know the details of case management at ARE. It is imperative that no misinformation be given to callers or office visitors. Beyond basic information about the agency, such as our location or services we provide, questions concerning HIV/AIDS, housing, etc. should be transferred first to Education, if unavailable, then to Case managers, then to other paid staff.

Making Phone calls – Occasionally some volunteers may be asked to make phone calls on behalf of the agency. If the message is detailed, a script will be provided. When calling; **do not** identify yourself in any way other than by name until the person you are calling is on the line. Some consumers are not open about their health status with their family or friends nor do they wish to be openly associated with ARE. If the individual you are calling is not available, **do not** leave a message. **Do not** leave a message on answering machines. Personal calls are discouraged.

Long Distance calls – Volunteers are not permitted to make personal long distance calls from office phones. Each staff member has a code to make calls out of the area. If an emergency arises and there is a need to make a call; contact one of the paid ARE staff.

Faxes – Volunteers may be asked to send faxes on behalf of the agency. The proper procedure is to place the document face down with the header toward you. Dialing procedures are the same as a regular phone: long distance calls do not need a special code.

Mail and Packages – The US mailboxes are located on the receptionist desk at the front of the office. Do not pick up the mail, or sign for any packages unless you have been authorized by the Executive Director to do so.

Confidentiality

Please refer to the established Policy referring to HIPAA Confidentiality, as your assigned program manager will carefully review the policy with you and have you sign off that the policy was reviewed with you and that you have a thorough understanding of the rules governing the confidentiality that governs our program operations.

- *Confidentiality form attached*

Dealing with the Media

Should you be approached at any time to offer an opinion about ARE or to provide information about an event you are a part of, you are asked to defer comment to the manager in charge. This takes the pressure off of you as a volunteer to respond and prevents any misinformation and allows for consistency in communications with the public.

Volunteer Rights and Responsibilities

As a Volunteer, you have the right to:

1. Be treated with dignity and respect
2. Have a say in your duties and schedule
3. Have a suitable workspace
4. Be provided with training appropriate to your duties
5. Refuse a project or assignment
6. Be recognized for quality services

As a Volunteer, you have the responsibility to:

7. Read the Volunteer Manual
8. Take part in orientations and training sessions
9. Keep scheduled appointments
10. Participate in volunteer programs
11. Ensure that your contact information is kept up to date
12. Respect the confidentiality of consumers, staff, and other volunteers
13. Treat consumers, staff and other volunteers with dignity and respect
14. Safe guard any Agency equipment loaned to you
15. Keep alcohol, illegal drugs and weapons off Agency and VH facilities

Volunteer privileges or assignments may be discontinued or denied if you:

16. Violate - a confidentiality agreement, the illegal substance agreement, or the workplace agreement
17. Repeatedly fail to perform assigned tasks
18. Violate the rights of consumers, staff, or other volunteers
19. Violate office policies or volunteer guidelines
20. Engage in illegal activities on Agency or VH property
21. Threaten (verbally or physically) ARE staff, clients, volunteers, or any of ARE's affiliates

My reasons for wanting to volunteer with AIDS Response Effort, Inc. (ARE) (check all that apply)

	To get out of the house		To make contacts in the community
	To meet new people and make new friends		As an academic requirement
	To establish a track record for getting a new job		To be in charge of something
	To try out a new career		To feel useful/needed
	To build confidence/ self esteem		To make a transition to a new life
	As a break from other stresses in my life		To gain respect
	To rebuild an old skill		To meet potential employers
	To help another person		To become an “insider”
	To be with friends who are employed here or volunteer		To have fun
	Because I don’t like to say “no”		To get to know a new community
	To get recognition		As therapy
	As an alternative to giving money		To learn something new
	To do something I love to do		Because my mom/dad/teacher/parole officer said I had to
	To fulfill a community service requirement (for school, work, church)		I believe in the cause/goals/mission of the organization and want to support it
	To test/ challenge myself		To share what I know of the cause/topic
	To spend quality time with family by volunteering together		To do something different from my regular job
	To share my passion		Other:

ATTACHMENTS



Confidential Volunteer Application

Date Completed: _____

Contact Information

Name of Applicant _____

Address _____

(May we send correspondence to this address? Yes No

Home Phone (____) _____ Best time to Call _____ Leave a Message? Y N
Work Phone (____) _____ Best time to Call _____ Leave a Message? Y N
Cell Phone (____) _____ Best time to Call _____ Leave a Message? Y N

By providing your email address to ARE you will automatically be added to a data base that will send you email messages regarding issues of importance to the ARE community. These messages may have ARE.org as the sender. If you don't wish to receive email that will link you directly to ARE, please **Do Not** fill in the email address.

Email address _____

Date of Birth: _____ Highest education level completed _____

Sex: Male Female Trans-gender

Occupation: _____ Full time Pt-Time
Retired

Current Employer: _____ Do you have a legal
current drivers license? ___Y ___N

Briefly describe other volunteer work you have done:

Date(s)	Where?	Responsibilities
_____	_____	_____
_____	_____	_____

For Office Use Only

Orientation Date _____ Are of Assignment _____ Start Date _____

Comments: _____
Volunteer # _____

Skills

Please check those areas in which you possess skill and/or experience

Communications/Public Relations

___ Microsoft Word (computer skills) ___ Receptionist skills ___ Event
Planning ___ Photography ___ Public Speaking ___ Journalism
___ Other: _____

Information Technology

___ Word Processing ___ Excel Spreadsheet ___ Power Point ___ Web site
development/design

Counseling

___ Licensed Therapist ___ Certified Substance Abuse Counselor

Fund Raising

___ Accounting/Bookkeeping ___ Event Planning

Advocacy/Policy

___ Community Organizing ___ Law ___ Government (federal, state, or local)

Are you fluent in any language other than English? (including American Sign Language)

___ Y ___ N What Language: _____

Other skills and/or pertinent
experience _____

What is your motivation to
volunteer? _____

Volunteer Interests

Have you ever volunteered with ARE before? Y N

If so, what did you do and when? _____

What geographical area(s) are you available to work in?

Winchester Frederick County Clarke County Warren County
 Shenandoah County Page County As needed

Which of the current openings are you interested in?

Fund Raising Transportation Education Office help Education
 HIV Testing Counselor Client Services Housing

Is there anything special you need or expect from your volunteer experience with ARE?

Have you recently experienced a major life change (work, relationship, death of a loved one, etc.?)

Are there any limitations or commitments that would restrict your volunteer experience at ARE?

Do you have any hobbies or special interests?

How did you hear about ARE? _____

Emergency Contact Information

Name _____ Relationship _____

Phone # _____

SUBJECT: Client Services

POLICY #: 01-001

TITLE: HIPPA Compliance

EFFECTIVE DATE: 5/29/08

Updated 4/1/18

POLICY

“The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information. To fulfill this requirement, HHS published what are commonly known as the HIPAA Privacy Rule and the HIPAA Security Rule. The Privacy Rule, or *Standards for Privacy of Individually Identifiable Health Information*, establishes national standards for the protection of certain health information. The *Security Standards for the Protection of Electronic Protected Health Information* (the Security Rule) establish a national set of security standards for protecting certain health information that is held or transferred in electronic form. The Security Rule operationalizes the protections contained in the Privacy Rule by addressing the technical and non-technical safeguards that organizations called “covered entities” must put in place to secure individuals’ “electronic protected health information” (e-PHI). Within HHS, the Office for Civil Rights (OCR) has responsibility for enforcing the Privacy and Security Rules with voluntary compliance activities and civil money penalties.”

- A. Client authorization for uses and disclosures of protected health information (PHI) must be obtained for:
 - 1. Uses and disclosures outside of treatment, payment and health care operations, unless otherwise permitted by law. Examples of uses and disclosures requiring client authorization include:
 - a. Use or sale of PHI for marketing purposes.
 - b. Provision of copies of medical records to the client’s family or friends.
 - c. Disclosures of PHI to the media.
 - 2. Uses and disclosures created for research.

- B. Examples of uses or disclosures which do **not** require client authorization include the following:
 - 1. Information to a referring physician regarding the specific service requested for the client, the referring physician’s note/report, lab test results, X-rays, etc.
 - 2. Treatment information to a provider involved in the client’s continuum of care.

3. Requests for information in an emergency situation if the disclosure is made in the good faith belief that the use or disclosure is necessary to protect the health and safety of an individual from serious, imminent harm. When this type of release is made, an entry regarding the nature of the release must be documented in the medical record.
 4. Requests from authorized Federal and State insurance programs/review organizations or other authorized agencies (e.g. Medicare, Peer Review Organization).
 5. Information used to conduct quality assurance activities or outcomes assessments.
 6. Information contained in a client directory if a client has been given an opportunity to object to these disclosures and has not objected.
- C. Disclosures to family and friends of the client without the client's authorization. ARE may disclose to a family member, other relative, or a close personal friend of the client, or any other person identified by the client, the protected health information directly relevant to such person's involvement with the client's care or payment related to the client's health care without the client's written authorization if one of the following conditions is met:
1. The client's agreement is obtained;
 2. The client has been given the opportunity to object and has not objected; or,
 3. The employee reasonably infers from the circumstances, based on the exercise of professional judgment, that the client does not object to the disclosure

ARE may use or disclose, without the client's authorization, the client's location, general condition, or death to notify, or assist in the notification, identification or locating of a family member, a personal representative of the client, or another person responsible for the care of the client under one of the three conditions listed above.

If the client is not present or is incapacitated or otherwise unable to agree or object (for example, in an emergency situation): ARE may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the client and, if so, disclose only the PHI that is directly relevant to the person's involvement with the client's health care. ARE may use professional judgment and its experience with common practice to make reasonable inferences of the client's best interest.

PROCEDURE

- A. A valid authorization under this section must contain at least the following elements:
 1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;

2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
3. The name or other specific identification of the person(s), or class of persons, to whom the facility may make the requested use or disclosure;
4. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
5. A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization or a reference to the facility's Notice of Privacy Practices for further instructions;
6. A statement that treatment and payment may not be conditioned on obtaining the authorization;
7. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by this rule;
8. Signature of the individual and date; and
9. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual.

B. The authorization must be written in plain language.

C. Every signed authorization must be documented and retained for a minimum of six (7) years.

D. An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization, except as follows:

1. An authorization for the use or disclosure of PHI created for research that includes treatment of the individual may be combined.

F. Invalid authorizations. An authorization is not valid, if the document submitted has any of the following defects:

1. The expiration date has passed or the expiration event is known by the entity to have occurred;
2. The authorization has not been filled out completely;
3. The authorization is known by the facility to have been revoked;
4. The authorization lacks an element required in this section, if applicable;
5. The authorization violates this section, if applicable; or
6. Any material information in the authorization is known by the entity to be false.

Volunteer Signature of HIPAA Compliance: _____

Date: _____

Code of Conduct and Ethics Policy

AIDS Response Effort, Inc.

Overview

This Code of Conduct and Ethics policy applies to AIDS Response Effort, Inc. (ARE) officers, directors, staff, and volunteers performing work on behalf of ARE.

ARE requires that all of the above mentioned individuals uphold, promote and demand the highest standards of conduct to merit the respect, trust, and confidence of other public officials, clients, customers, fellow community agencies, and the general public. Accordingly, all participants in ARE business are to maintain the highest standards of the core values described below in carrying out their public duties avoiding any improprieties in their roles as public servants and never use their positions or powers for improper personal gain while adhering to legal, moral, and professional standards of conduct in the fulfillment of their responsibilities.

I. Core Values

- A. Integrity.** ARE participants, activities, services and programs are consistent with our stated mission, compatible with organizational capacity, respectful of the interests of our varied constituencies, and managed with the highest level of professionalism.

- B. Respect and Dignity.** We respect the dignity and autonomy of each person, and the integrity, privacy, pride, beliefs, and cultures of our varied constituencies. These include the people we serve, our employees, donors, volunteers, and others. As participants with ARE I will prevent discrimination against any person or group on the basis of race, color, gender, sexual orientation, age, religion, national origin, marital status, and mental or physical disability. All participants are expected to deal fairly with others, handling all complaints courteously, admitting errors and/or mistakes making adjustments promptly, and recognizing and respecting individual rights.

- C. Good Citizenship.** We comply with all applicable federal, state, and local laws and regulations. We keep the broader interests of the region in mind even as we advance our own specific interests and interests of our community. We look for

opportunities to become partners with those working in the private and public sectors. We value respectful, reasoned dialogue with one another when we disagree.

- D. Care and Loyalty.** As individual ARE board members and participants in the business of ARE we are reasonably informed and participate in ARE Board decisions in good faith. We do not use our position for individual personal advantage.

- E. Truth telling and Openness.** We provide truthful information about our mission, program activities, use of donations, and finances. We are accessible and responsive to members of the public who express an interest in the affairs of our agency.

- F. Accountability.** The true measures of our agencies successes are whether individual lives and our communities change for the better as a result of our work. Being mission-focused, producing measurable outcomes, conducting program evaluations, and developing and maintaining sound financial management are important elements of our accountability.

- G. Stewardship.** ARE is only able to accomplish its mission through the generosity of others. We respect donor's intentions and restrictions on the use of their gifts, and promote responsible stewardship of the resources they entrust to us for the accomplishment of our work.

- H. Excellence.** We support and encourage visionary governance, exemplary management, excellent service and program delivery, and exceptional staff. We value and uphold the highest ethical and professional standards in all working relations. We encourage our agency participants to be aware of potential influences and pressures that can interfere with the professional discretion and impartial judgment required for the performance of professional functions. Any agency participant on any level should maintain an active interest in matters pertaining to the public welfare of those associated with ARE.

II. Conflict of Interest

ARE agency participants are expected to avoid situations that create an actual or potential conflict of interest. Individuals must avoid any activity, agreement, business investment, relationship, or interest that could be in conflict with the ARE interests or could interfere with their duty and ability to serve ARE as well as possible. Should an individual elect (or plan) to engage in an activity or relationship that may be in conflict with or may impact ARE, the individual shall report such activity to the ARE Board Chair, who may instruct the individual to complete a Conflict of Interest statement. Such statement shall be reviewed by the ARE Governing Board. An individual found to be engaging in activities determined to be in conflict with ARE shall work with the ARE Governing Board to remedy the situation. Individuals may not participate in decisions regarding financial awards or benefits that impact their individual person; these individuals shall recuse themselves from all aspects of such funding discussions.

III. Acceptance of Gifts or Favors

An individual that is engaged in ARE business shall not accept or solicit any gift or favor where the receipt would compromise impartial performance, be viewed by the public as compromising impartial performance, or result in actual or expected personal or professional benefit for agency officers, employees, and volunteers.

IV. Fraud Intolerance

The term fraud refers to but, is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or ARE materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything material value from vendors or persons providing services or materials to ARE for personal benefit; or any similar or related irregularities. ARE promotes a zero tolerance for such activities.

V. Confidentiality and Privacy

In the course of ARE work, an individual participating in work associated with ARE may have access to proprietary or confidential information regarding ARE or a client of the ARE agency. Individuals shall demonstrate extreme sensitivity in the issuance and

management of information by insuring that all information relating to clients is kept confidential and used only for those purposes specified by the laws and regulations governing the services provided. Clients must be informed fully about the limits of confidentiality in a given situation, the purpose for which information is obtained, and how information may be used. No agent of ARE will knowingly sign, subscribe to, or permit the issuance of any statement, report, or document which contains any misstatement or which omits any material fact while being sensitive and responsive to inquiries from the public, clients, customers, and the media, within the framework of established ARE individual policy.

VI. Review Process

Individuals should report any violations of this policy, or any violations of laws, rules or regulations to the ARE Board Chair or other member of the ARE Governing Board. The ARE Governing Board will investigate any such report, and take appropriate corrective action, if warranted in a timely fashion. Retaliation (Whistle blower) against an individual who reports violations of such conduct in good faith will not be tolerated. The ARE governing Board is also available to consult with any individual who have potential concerns about violations of the ARE Code of Conduct. All issues will be kept confidential.

VII. Disciplinary Action

Appropriate disciplinary action up to and including termination from agency participation/employment, etc. will be taken against individuals found to have violated the ARE Code of Conduct and Ethics Policy. In addition to disciplinary action, civil and/or criminal penalties may be sought when an investigation confirms that a fraudulent or illegal act has occurred.

I have read, understand, and agree to comply with this policy for the duration of my participation, affiliation, and involvement with ARE.

Name Printed: _____

Signature: _____

Date: _____

SUBJECT: Agency Operations

POLICY #: 05 - 003

TITLE: Employee Grievance

EFFECTIVE DATE: 3/15/07

Updated: 04/01/2018

POLICY

AIDS Response Effort (A.R.E.) shall establish a resolution mechanism consistent with the standards set forth by Valley Health and with due process for employees to receive a fair hearing on work-related grievances and complaints. The grievance procedure applies to all components of the agency.

PROCEDURE

ARE recognizes a grievance as a formal action to address any perception by an employee of an unsatisfactory working condition, work situation, or policy interpretation that the employee feels is unjust or that hinders the employee's effective performance. Conflicts may occur in the workplace and an employee may file a grievance. Such action must be initiated within ten (10) working days of the incident being identified.

Prior to filing a grievance, there should be an informal discussion between an employee and his/her immediate supervisor, initiated by the employee with a complaint. In the situation where it is the immediate supervisor identified that the complaint is concerning; the employee has the right to address the immediate supervisor's supervisor. The purpose of the informal discussion is for the employee and the supervisor to attempt to mediate differences. If the employee is not satisfied, he/she may initiate a grievance.

Filing a grievance is not grounds for disciplinary action or dismissal. However, failure to follow the grievance procedure steps shall be grounds for disciplinary action or dismissal by the Executive Director. An employee may withdraw his/her grievance at any time.

Employees who are terminated are not eligible to file a grievance regarding termination of employment during their first year of employment.

Step One

The employee filing a grievance will prepare a written statement outlining the purpose of the grievance to his/her immediate supervisor with a copy to the Executive Director or in the case where it is the Executive Director that is identified to the Board President and to the Valley Health Director of Human Resources. The Executive Director will also prepare a written response to the grievance, with a copy submitted to the Director of Human Resources. Where it is identified that the Executive Director is the point of the grievance, the written report will be completed by the Board President or their designee and copied to the Valley Health Director of Human Resources

The Executive Director/Board President will interview the employee and produce a written, fact based report within ten (10) working days from receipt of the written grievance, stating the grievance, and provide recommendations to the Valley Health Director of Human Resources. Copies of the report will be provided to the employee, the immediate supervisor, and the Valley Health Director of Human Resources.

Step Two

The Valley Health Director of Human Resources will render a decision on the grievance based on the material provided. The Valley Health Director of Human Resources will notify the employee, and the Executive Director, in writing, of his/her decision.

Step Three

If not satisfied, the employee will notify the Executive Director in writing, of his/her desire for the Executive Director to review the grievance and action taken. Such notification must be filed within three (3) working days of the Director of Human Resources' decision. Copies of the notification must be forwarded to the Valley Health Human Resource Director who will immediately refer all materials concerning the grievance to the Executive Director.

(If the grievance directly involves the Executive Director, the grieving employee will notify the Director of Human Resources in writing of his/her desire for the Personnel Committee of the Board of Directors to review the grievance. Such notification must be filed within three (3) working days of the Director of Human Resources' decision. The Director of Human Resources will forward the notification and related materials to the members of the Personnel Committee for review. The grievance shall be heard at the next regularly scheduled Personnel Committee meeting. The decision of the Personnel Committee is final, with the Personnel Committee reserving the right to request a final decision by the full Board of Directors.)

Step Four

The Executive Director will review the grievance after receipt of the materials. The employee may have a private hearing before the Executive Director, and has the right, but not a requirement, to be represented by one individual (who is a current employee) of his/her choice during this step of the procedure. The Executive Director may, but is not required to, elicit additional information by interviewing others familiar with the situation. A decision concerning the grievance will be returned to the Valley Health Human Resource Director and the employee.

Step Five

The decision of the Executive Director must be reported to the employee and is final.

I have read and understand the ARE Grievance Procedure.

Name (printed): _____

Signature: _____

Date: _____

SUBJECT: Agency Operations

POLICY #: 05-017

TITLE: ARE Dress Code Policy

Updated 04/01/2018

POLICY:

Personal appearance plays an essential role in the public’s perception of healthcare workers and healthcare as a profession. In almost no other business is dress, cleanliness, and conduct as relevant as in the healthcare field. Therefore, all employees of Valley Health are expected to maintain a groomed, clean and professional appearance. This in turn aids in creating a favorable, consistent impression to patients, visitors and colleagues. AIDS Response Effort, Inc. (ARE) follows Valley Health Corporate dress code policies when conducting business at the agency or on behalf of the agency.

PROCEDURE:

At all times, the Valley Health Dress Code applies to persons employed by, volunteering for and/or consulting with Valley Health. Persons representing Valley Health must abide by the Dress Code not only while on duty but at meetings, seminars and conferences.

All employees will follow the Dress Code while on duty and to include specific uniforms and safety equipment requirements.

General Standards: Valley Health System Staff, Volunteers, and Consultants

1. Clothing must be modest, reasonably fitted, and allow comfortable ease of movement. Clothing must be clean, neat, stain free and in good repair.
2. Professional looking slacks that are mid-calf to ankle length may be worn by women.
3. Visible underclothing and transparent outer clothing are prohibited.
4. During work hours, hats, caps, bandanas and other head coverings are not permitted except when approved by the Human Resources Department or required for health, safety, and/or established religious practices.
5. Identification badges must be worn during work hours by all staff, contractors, and volunteers and in the following manner: prominently displayed just below the neck on a collar, lapel or from a lanyard around the neck. Pins, stickers, etc., shall not cover any printed information or photo on the badge. Print size must

be large enough to be visible to all. **Failure to wear a properly displayed ID badge will result in corrective action up to and including termination of employment.**

6. Employees who lose/misplace their ID badge will be required to notify their Department Director or designee who will request a replacement badge utilizing the Temporary Identification Badge Request Form. Employees requesting a replacement ID badge due to loss or destruction of their original badge will be required to pay \$10.00 through payroll deduction.
7. Shoes are to be neat, clean and project a professional image. Flip-flops, plastic beach wear and plastic shoes (e.g. plastic crocs) are not permitted.
8. Use cosmetics in moderation. Staff should practice good hygiene by bathing, using deodorant if needed, and necessary dental hygiene to eliminate odorous breath. Strong or odorous colognes, perfumes, scented powders, and creams are no longer appropriate in the workplace and all personnel are asked to refrain from wearing such products.
9. Staff with visible body art that depicts offensive or controversial language or images (e.g., skulls, snakes, nudity, political affiliation, illegal substances, and weapons) are required to cover those areas with uniforms, clothing, bandages or appropriate dressing unless to do so creates a safety or infection control concern. Excessive body art on legs, neck, face and arms must be covered.
10. No bare midsection of body permitted
11. No visible anterior or posterior cleavage permitted.
12. No revealing sleeveless or tank tops are permitted.
13. Wearing pierced earrings is limited to two piercings per ear. No earring may touch the shoulder. Visible body piercing is not allowed and must be removed or covered during working hours. Tongue piercings must be removed and replaced by a clear plastic stud. Dark gauges are not permissible. Only clear gauges may be worn during work hours.
14. Hair (including facial hair) must be clean and neat. Unnatural hair color such as blue, fuchsia or green is not permitted.
15. Wearing jeans are not considered appropriate except where approved by the entity Executive Director in recognition of a *special event or special fundraising activity (e.g., Casual Friday with a donation to an internal client program)*.
16. Holiday attire is permissible except for staff required to wear a uniform. Halloween costumes are not permitted.

General Standards: Direct Patient Care Areas

1. Fingernails must be kept clean, manicured, and not to extend beyond the fingertips. Nail polish if used must not be chipped. Artificial nails are prohibited for staff.

2. Jewelry is limited to a watch, ring set, necklace, and earrings. Earrings are limited to two per ear and must not touch the shoulder or be more than 1 inch in diameter.
3. Tennis shoes and “croc-like” shoes are permitted in clinical settings only. No “jibbitzs” or fillings in holes are permitted.
4. Staff who routinely access patient care areas or interact with patients on a regular basis must follow guidelines to ensure proper infection control and safety procedures.

Accountability

Valley Health has developed this dress code based on internal and external research, evidence based practices and scientific rationale.

The Department Director/Manager retains discretionary authority to determine whether a staff member’s appearance is in compliance with the dress code.

The Department Director/Manager retains discretionary authority to determine if the staff member may be subject to corrective action for failure to abide by the dress code.

Violations of the dress code will be addressed as prescribed in HR 501 Corrective Action/Work Rules Policy.

I have read and will adhere to the ARE Dress Code Policy.

Printed Name: _____

Signature: _____

Date: _____

