



# COASTAL MEDICAL ACCESS PROJECT

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## Volunteer Handbook

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(912) 554-3559 ext. 12

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(912) 729-9680

PO Box 1357 - Brunswick GA 31521  
(912) 554-8344 (fax)

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# VOLUNTEER HANDBOOK

## Table of Contents

Mission Statement .....3

History.....3

Clinic Eligibility Requirements.....3

MedBank Membership Requirements .....3

The Team .....3

How We’re Funded .....4

Volunteers .....4

How to Become Involved .....4

Rights and Responsibilities .....4

Dress Code.....5

Attendance.....5

Recording Hours .....5

Assignments .....6

Smoking .....6

Illness or Injury .....6

Personal Property .....6

Personal Telephone Calls .....6

Professionalism .....6

Sexual Harassment .....6

Public Safety .....7

Termination .....7

Hepatitis B Screening & Immunization .....7

Tuberculosis Surveillance.....8

Occurrence Reporting .....8

Release of Information .....8

Licensed Professionals .....8

Georgia Volunteer Health Care Program .....9

Malpractice Insurance Coverage .....9

Credentialing.....9

CE Credits.....9

Staff Roster.....10

Volunteer Agreement .....11



## MISSION STATEMENT

*Coastal Medical Access Project (CMAP) helps build healthier communities focusing primarily on coastal Georgia through programs that increase access to health care.*

## HISTORY

In 2001, coastal Georgia leaders became concerned about the growing problem of access to health care access for residents of Camden, Glynn and McIntosh counties. Recognizing this need, they received an *Access Georgia Rural Health Grant* and subsequently formed the Coastal Medical Access Project (CMAP). CMAP was formalized as a nonprofit in February, 2002.

We offer an innovative approach to meeting local health care needs by providing three distinct but coordinated services. Services are provided by volunteers and staff, and include free health care, free pharmaceuticals, and chronic disease prevention and management for the ongoing care of people living with a long-term illness.

## CLINIC ELIGIBILITY REQUIREMENTS:

- Between the ages of 18-64
- Incomes less than 200% of the federal poverty standards
- Proof of No Insurance from employer or Medicaid denial letter
- Must be a resident of Glynn, Camden, or McIntosh County

## MEDBANK MEMBERSHIP REQUIREMENTS :

- Resident of Georgia
- Under the care of a physician
- Meet low income criteria for the program
- Have no prescription drug coverage
- Medicaid denial letter
- Counties served (Appling, Bacon, Brantley, Bryan, Camden, Charlton, Glynn, Liberty, Long, McIntosh, Pierce, Ware and Wayne)

## THE TEAM

A board of directors, comprised of approximately 19 community leaders and the CMAP chief executive officer, provide organizational leadership. A small team of staff members function as support for clinic operations, patient navigation and volunteer recruitment and retention.



## HOW WE'RE FUNDED

CMAP receives support from local, state and national public and private organizations. Gifts and grants are critical to our financial viability with annual and special campaigns conducted on an ongoing basis.

## VOLUNTEERS

To be successful as a volunteer, you must be dependable, punctual, and understanding. High motivation and a willingness to learn will be your keys to success. Personal qualities of a successful CMAP volunteer include a wiliness to work hard, compassion and an emphasis on confidentiality and discretion with state and federal regulations providing the usual privacy protection for our patients.

## HOW TO BECOME INVOLVED

1. Schedule an appointment to meet with the Volunteer Coordinator 912-554-3559 x12 to discuss your interest and availability
2. Complete a CMAP application and additional paperwork, if required
3. Licensed health care providers also complete a Georgia Volunteers in Health Care application to receive sovereign immunity from the state.
3. Meet specific health requirements
4. Attend Volunteer Orientation for the specific department
5. Obtain your volunteer identification badge

*Your volunteer experience will begin when all necessary requirements are met.*

## RIGHTS & RESPONSIBILITIES

All personal information pertaining to any patient must remain confidential and secure in our clinics and/ or administrative offices. Under no circumstance is a patient's condition or situation discussed outside the CMAP organization. Federal law mandates that all patient information is to be kept confidential and secure, and even the fact that someone has come to CMAP for service is included in the confidentiality law. Discussion of any patient outside the organization may result in the termination of a volunteer. To ensure compliance volunteers are required to sign a confidentiality agreement.

- *Anything you see,*
- *Anything you hear,*
- *Anything you read,*
- *Anything you observe with your five senses,*
- *Anything you already know about a patient...*

***MUST BE KEPT CONFIDENTIAL!***



### **DRESS CODE**

Because CMAP wishes to project an image of quality, and a professional, caring attitude toward all patients, volunteers will be expected to dress in a manner consistent with employment in a private medical office or hospital.

1. Dress appropriately; no cut-offs, no jeans, no halter tops, etc. Clothes should be clean and pressed. If you are a medical volunteer, scrubs may be worn.
2. Makeup and perfume should be kept at a minimum. Perfume odors can cause an ill person to become nauseous.
3. Nails should be clean and neat. Polish and rings are acceptable.
4. Shoes must be worn. Preferably no beach sandals.
5. Volunteers must wear an ID badge at all times while at the clinic.

### **ATTENDANCE**

Volunteers must honor the commitment they have made to CMAP so the clinics and MedBank can remain open and efficient. If you are unable to report for duty, please call your department and the volunteer coordinator, preferable 24 hours in advance.

If you plan to be absent for an extended period of time, please contact the volunteer coordinator. In addition, you may want to call the volunteer coordinator to talk about when you may return to duty.

Clinic volunteers will be scheduled accordingly for the duration of the given office/clinical hours of operation.

A volunteer master schedule is posted at the entrance of the Volunteer in Health office. Scheduled volunteers will be notified by email or phone at least 24 hours prior to a given session to confirm availability, unless otherwise notified. If it is determined that a volunteer is unavailable, and this seriously impacts the services of the clinic, either another volunteer will be sought for that session or a paid staff member will substitute.

Should volunteers remain absent for more than two weeks without notifying their supervisor or the volunteer manager, and if the volunteer does not respond to contacts from CMAP, it will be assumed there was a decision to resign as a CMAP volunteer.

### **RECORDING HOURS**

All volunteer hours are recorded for statistical purposes and used in grant proposals and other fund-raising efforts. To track your time, log in your hours of service as described during orientation.



### **ASSIGNMENTS**

During your interview the best volunteer position will be determined and you may select the days and hours you are available to volunteer.

### **SMOKING**

CMAP maintains a smoke free environment. Those wishing to smoke must do so in the designated areas outside the clinics and/or offices and out of public view.

### **ILLNESS OR INJURY WHILE ON DUTY**

Volunteers must excuse themselves from clinic duty during an active illness involving respiratory, gastrointestinal, or communicable disease (TB, influenza, diarrhea, etc.) for the protection of themselves and others including patients. On-site injuries are to be reported immediately to your supervisor, and an incident report completed.

### **PERSONAL PROPERTY**

CMAP is not responsible for lost or stolen personal property. Personal items must be kept in your possession, locked in your car, or in the Volunteer in Health office.

### **PERSONAL TELEPHONE CALLS**

Outgoing telephone calls of a personal nature should be made only during breaks, unless an emergency exists. We ask you to keep the length of your calls brief and if you need to make a personal telephone call that it be made in the Volunteer in Health office.

### **PROFESSIONALISM**

As a professional medical office, everyone is expected to conduct themselves in a professional manner. While volunteers are encouraged to enjoy their time together, personal conversations should be limited to the Volunteer in Health office. If you arrive early or stay late and are not assigned a job, please remain in the Volunteer in Health office. Also be aware that patients may be waiting to see a provider and employees are working so it is important that voice levels remain low.

### **SEXUAL HARASSMENT**

Sexual harassment is unlawful verbal or physical conduct of a sexual nature. It violates both federal and state anti-discrimination laws. Volunteers who believe they have been subject to sexual harassment are urged to report it to your supervisor and/or CMAP administration.



**PUBLIC SAFETY**

1. Stay alert! Be observant and aware of your surroundings at all times. Report suspicious activity.
2. Park in areas designated for CMAP.
3. Always wear your ID badge and ensure it is conspicuous to help prevent unauthorized access.
4. Protect handbags, briefcases, and other valuables by securing them in a safe place.
5. Do not leave personal belongings unattended.

**TERMINATION**

If determined that, in the best interest of the volunteer and CMAP, a volunteer should be asked to discontinue service, the volunteer will be contacted by his/her supervisor. Reasons for termination may include poor attitude, sharing confidential information, disregard for CMAP policies and procedures, displaying behavior that could jeopardize the health or welfare of another person, and/or reporting for duty under the influence of alcohol or drugs.

Former employees and volunteers who have been terminated or have resigned under unfavorable terms will not be allowed to act as volunteers in the future without a review by the CEO and/or the board.

**HEPATITIS B SCREENING AND IMMUNIZATION**

Hepatitis B is a viral infection that deserves serious attention for control. Volunteers will be offered the following protection:

- Those volunteers, who, because of their related tasks, have an inherent potential for mucous membrane or skin contact with blood or body fluids will be provided with appropriate protective measures. This also applies to those volunteers who do not have normal exposure, but may be required at some time to perform tasks, which involve possible contact with blood or body fluids.
- For all other volunteers whose normal work involves no exposure to blood, body fluids or tissues, no protective measures need to be taken.
- Volunteers working in direct patient care areas will be asked to provide evidence of Hepatitis B vaccination series, agree to receive the vaccine, or agree to sign a waiver to refuse the series.

Records will be maintained for each volunteer regarding their position on the Hepatitis B vaccine and education and any incident of exposure. Such records will be kept for the duration required by law but no less than the length of volunteer time.



### **TUBERCULOSIS SURVEILLANCE**

All clinic volunteers are required to complete a Tuberculosis Surveillance Form and provide evidence of annual PPD testing.

### **OCCURRENCE REPORTING**

An occurrence is defined as any happening that is not consistent with the normal or usual operation of the clinic and its departments.

*Injury does not have to occur.*

The potential for injury and/or property damage is sufficient for an occurrence. It is important to document all occurrences that take place involving patients, visitors, employees and/or volunteers. This provides a system for identification and resolution of occurrence-prone areas or practices.

Any volunteer involved in, or observing, an unusual incident is responsible for initiating a report. An occurrence report form should be completed and given to the clinic supervisor or administration. The clinic supervisor will obtain any additional information needed, and a review of the occurrence will be undertaken at the next appropriate meeting with follow-up action initiated as warranted.

### **RELEASE OF INFORMATION**

CMAF asks volunteers to sign a release stating that should CMAF see reason, they have the authority to request, obtain, and examine any and all records that may relate to personal credit, criminal history, or employment history. They have the right to contact former employers, schools, training facilities, and boards to verify any license or certification.

CMAF is an Alcohol and Drug Free Work Place and maintains the right to require any volunteer to take an Alcohol and/or Drug Test. It is the policy of CMAF to test any volunteer involved in an on the job accident for the presence of alcohol and drugs.

### **LICENSED PROFESSIONALS**

**All Licensed Health Care Providers**, including but not specific to physicians, physician assistants, nurses, nurse practitioners, dentists, and dental hygienists must possess a valid Georgia medical license as required for his/her discipline or specialty.

*For those with an out-of-state license, the Georgia Volunteer Health Care Program will guide you toward acquiring a Special Georgia Medical License, or you may call 404-656-3913 or go online to [www.medicalboard.state.ga.us](http://www.medicalboard.state.ga.us) for more information about the Volunteer in Medicine Act Special License.*



### **GEORGIA VOLUNTEER IN HEALTH CARE PROGRAM (GVHCP)**

The Georgia Volunteer in Health Care Program (GVHCP) began in 2005 with the passage of House Bill 166. This law authorized the state of Georgia via the Georgia Department of Community Health (DCH) to offer Sovereign Immunity (SI) protection to uncompensated, licensed health care professionals when they provide donated care to eligible patients. This protection is extended to licensed clinic volunteers.

A licensed health care professional who volunteers in a “free” clinic and/or his or her own private office is protected under this legislation as long as:

- the professional acts within his or her scope of services,
- the patient meets the definition of eligible,
- a designated/trained DCH volunteer completes the patients’ paperwork, and
- the patient is given written notice that the health care professional has Sovereign Immunity from the state of Georgia.

### **MALPRACTICE INSURANCE COVERAGE**

**All Volunteer Health Care Providers** must possess malpractice insurance either **FREE** from the Georgia Volunteer Health Care Program, OR provide proof of private malpractice insurance along with a signed copy of the Malpractice Agreement provided by CMAP.

*Georgia’s Volunteers in Medicine Act provides a full range of malpractice coverage for licensed volunteer providers including sovereign immunity for those approved by the program. Providers waiving their right to sovereign immunity protection from the state will be required to provide CMAP with proof of malpractice coverage.*

### **CREDENTIALING**

All Volunteer Health Care Providers must be credentialed by the Georgia Volunteer Health Care Program, OR be a member in good standing on the medical staff of the Southeast Georgia Health System.

### **CE CREDITS FOR VOLUNTEER SERVICE**

Effective July 1, 2009, Medical and Dental boards will permit up to 10 hours of Continuing Education to be earned in exchange for volunteer time at a free clinic. Doctors and dentists may work four hours of volunteer service in exchange for one hour of CE credit, up to 10 CE hours biennially. (Rule 360-15-.01 for physicians & Rule 150-3-.09 for dentists.)



### STAFF ROSTER

<b><u>Administrative Office</u></b> .....	912-554-8344 (fax).....	912-554-3559 (phone)
Chief Executive Officer	Patricia Kota RN, MSPL	Ext. 11
Assistant to CEO	Ellen Post	Ext. 13
IT Supervisor	Jeris Wright	Ext. 26
Volunteer Services and Development	Jordan Griffis	Ext. 12
Bookkeeper and Human Resources	Gwen McLeod	Ext. 15
<b><u>Henri C Woodman Clinic - Brunswick</u></b> .....	912-466-8995 (fax).....	912-466-8909 (phone)
Clinic Supervisor	Peggy Graversen RN	Ext. 24
Nurse Practitioner	Patti Marat FNP	Ext. 21
Clinic Assistant	Donna Frain LPN	Ext. 28
Clinic Office Manager	Emmaline Cotton	Ext. 14
Receptionist	Mandi Crean	Ext. 10
Dental Clinic Coordinator	Gail Miller	Ext. 21
<b><u>Henri C Woodman Clinic - St Marys</u></b> .....	912-729-9685 (fax).....	912-729-9680 (phone)
Clinic Supervisor	Felicia Fuller RN, BSN	(no extension)
Nurse Practitioner	Patti Marat FNP	(no extension)
Receptionist	Sherry Harper	(no extension)
Office Coordinator	Gail Blanton	(no extension)
Medical Assistant	Vickie Appleby	(no extension)
<b><u>CMAP MedBank</u></b> .....	912-554-8319 (fax).....	912-466-8909 (phone)
MedBank Manager	Kristi Underwood	Ext. 20
MedBank Enroller	Lee Davis	Ext. 22
<b><u>Chronic Disease &amp; Prevention Management Program</u></b>		
Brunswick location:.....		912-554-3559 (phone)
Program Manager & Director	Diane Brooks, RN	Ext. 16
Patient Navigator Team Leader	Trena Smith	Ext. 29
St. Marys location: .....		912-729-9680 (phone)
Patient Navigator	Triwan Thomas	(no extension)
<b><u>Volunteer Services</u></b> .....	912-554-3559 (phone).....	912-554-8319 (fax)
Volunteer Coordinator	Jordan Griffis	Ext. 12



**VOLUNTEER AGREEMENT**

I, \_\_\_\_\_, have read the CMAP Volunteer Handbook and understand what is expected from me as a volunteer. I understand CMAP policies and agree to follow the rules and regulations it sets forth. Should I neglect to follow these policies, my volunteer status may be terminated.

I understand that before becoming an active volunteer I will complete a CMAP application and provide proof of malpractice insurance as may be required. All licensed health care volunteers are strongly encouraged to obtain sovereign immunity through participation in the Georgia Volunteer in Health Care Program (GVHCP). If I choose not to participate in the GVHCP, I will sign the Malpractice Agreement and provide a copy of my malpractice insurance.

Further, I will notify CMAP if I am unable to fulfill my duties as stated in my volunteer interview and will either find a suitable replacement or notify CMAP in advance so they can find a replacement.

By signing below, I certify that CMAP maintains an Alcohol and Drug Free Work Place and that I may be required to take an Alcohol and/or Drug test. I understand the CMAP reserves the right to test all volunteers involved in an on the job accident for the presence of alcohol and drugs.

I understand that in the course of my volunteer work, I may learn highly personal and confidential facts about individuals being served by CMAP. Examples include: medical conditions/treatments, finances, living arrangements, relationships, and so on. Additionally, I may learn certain business information such as financial and marketing data, budget information, bid proposals, research and development ideas. I understand that such information must be treated as confidential and any breach of confidentiality concerning clients or business matters may result in my dismissal from CMAP as well as possible prosecution to the fullest extent of the law, where applicable. I understand that similar information learned about CMAP Volunteers and/or staff is to be treated as confidential.

Except to those individuals within CMAP with a valid need to know, I agree not to disclose patient information of a personal and confidential nature without consulting my supervisor and assuring that the patient has signed a release of information form, where applicable.

Should there be any misunderstanding regarding this agreement or the policies and procedures of CMAP, they should be discussed and resolved before this agreement is signed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date