

# Volunteer Job Description

## Purpose

The role of a volunteer with Aspire, Inc. will be to enhance the supports the agency provides to people with developmental disabilities. A volunteer (individual or group) will use their diverse skills, knowledge, talents, and interests to teach and coach, build relationships and provide opportunities for new experiences; thus enhancing the lives of people supported by Aspire, Inc.

## Location

A volunteer with Aspire, Inc. may serve in a variety of locations within the agency and community.

## Supervision

Volunteers will be assigned a supervisor to work under. This supervisor will be the main point of contact for any assignments, changes in schedule or ideas and concerns the volunteer may have. Volunteers will always work directly with an Aspire, Inc. employee except in the case where they have completed additional required training and background checks.

## Training

Aspire, Inc. will provide orientation and training to volunteers appropriate for their assignment or type of volunteer opportunity.

## Key Responsibilities

- A volunteer will complete the required application, orientation and training.
- A volunteer agrees to adhere to agency policies and procedures.
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- A volunteer will communicate in a timely and effective manner with their assigned supervisor.
- A volunteer will teach, coach, and demonstrate a variety of activities with people supported by Aspire, Inc.
- A volunteer will provide positive feedback and encouragement to people supported.
- A volunteer will review completed assignments/activities and suggest possible improvements.
- A volunteer will always work directly with an Aspire, Inc. employee except for when the volunteer has completed additional required training and background checks.

## Length of Volunteer Assignment and Time Commitment

A volunteer (individual or group) may elect to volunteer for a one-time activity or project while other volunteers may elect to serve in a repeating role to be scheduled with their assigned supervisor. A volunteer will not be allowed to "drop in" and volunteer.

A volunteer may schedule to serve in any time commitment from one (1) hour to half day or full day. The timeframe a volunteer is interested in will be coordinated with their supervisor. Volunteer opportunities are available throughout the week, including weekdays, weekends, mornings, afternoons, and evenings.

Volunteers will represent Aspire, Inc. in an appropriate and professional manner at all times, and will serve as a positive role model when working with people supported by Aspire, Inc.

## **Volunteer Code of Ethics**

Aspire, Inc.

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I am volunteering.

Like them, I assume certain responsibilities and plan to account for the things I am expected to do. I will keep confidential matters confidential.

I promise to take to my volunteer work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.

I realize that I may have skills, knowledge and talents that others may not have and that I should use them to enrich the activities and projects we may be working on together.

I realize also that I may lack skills, knowledge, and talent that others may have and I will endeavor to develop myself and work as a team.

I plan to find out how I can best support the people I am volunteering with and to offer as much as I am sure I can give, but no more.

I realize that I must live up to my promises and, therefore, will be careful that my work agreement is simple and clear.

I believe that my attitude toward volunteer work should be professional and that I have an obligation to my volunteer work, to those who direct it, to my peers, and to the people supported by Aspire, Inc.

Being eager to contribute all that I can to Aspire, Inc., I accept this Volunteer Code of Ethics as my code to be followed faithfully, carefully, and cheerfully.

### **Aspire Policy 216.1 – Volunteer Procedure**

#### **Recruitment**

Aspire, Inc. will use a variety of methods to recruit and market for volunteers by promoting activities and opportunities within the agency and the community. Each applicant must complete a volunteer application form and will be interviewed to determine their interests, skills, availability, etc. For volunteers in assignments without direct supervision, a background check and reference checks will be conducted before a volunteer is accepted by the agency.

#### **Orientation and Training**

Volunteers will receive agency orientation and training specific to the department or location they will be working in. Minimum training for volunteers include:

- Confidentiality
- Aspire, Inc. mission and vision and Diversity Statements.
- Copies of all relevant agency policies, including this volunteer policy

- Volunteer Code of Ethics & Standards of Conduct
- Drug Free Workplace
- Volunteer job description and dress code
- Tour and introductions to relevant areas of the agency and employees

Volunteers that are allowed to work without direct supervision will **also** have to complete the following training before volunteering without direct supervision:

- Fire prevention
- Accident prevention
- Response to emergencies
- Abuse, neglect, exploitation
- Rights of people supported
- Agency policies and procedures
- Driver's training (if they will be transporting people in an agency vehicle or their own)

Documentation of training and other personal information will be kept on file for each volunteer. These files will kept in the same office as other personnel records.

Coordinators or Committees of events/trips will inform the volunteers that we track all volunteer hours. The supervisor will be responsible to track all hours and turn them into the Director of Human Resources after the event/trip. If it is an on-going volunteer, hours may be tracked monthly and turned into the Director of Human Resources quarterly.

#### Supervision and Evaluation

All volunteers will have a named supervisor as their main point of contact. They will be provided with regular supervision and feedback on performance. On-going/long-term volunteers will have a 60 day evaluation meeting (involving the volunteer and supervisor), and an annual evaluation to discuss future development. Volunteers should discuss any ideas, concerns, change in schedules, problem-solving, etc. with their supervisor.

#### Requirements and Expectations

On-going/long-term volunteers will be asked to complete an initial TB Symptom Risk Assessment. If necessary, Aspire, Inc. will refer volunteer applicants to their primary care provider for treatment and follow-up. TB Symptom Risk Assessments will be completed by the same volunteers on an annual basis.

Volunteers are expected to adhere to Aspire, Inc. policies and procedures. This would include, but is not limited to, the Volunteer Code of Ethics, Aspire, Inc.'s Business Code of Ethics, etc. On a case-by-case basis, volunteers may review files of people supported by Aspire, Inc., provided proper permission has been obtained and appropriate supervision is available.

Volunteers are expected to keep all information regarding people supported by Aspire, Inc. strictly confidential. Failure to do so is grounds for the volunteer relationship to end immediately.

Volunteers who transport people supported by Aspire, Inc. in their own vehicle must have a valid driver's license and automobile liability insurance. Proof of both must be on file at Aspire, Inc. Volunteers who drive an Aspire, Inc. vehicle must first attend and successfully pass the Aspire, Inc. driver's training course. Volunteers must receive permission from their assigned supervisor prior to transporting any person supported by Aspire, Inc.

For groups like schools, church groups, etc.- Aspire, Inc. will obtain a list of names of the volunteers. They must sign off on the "Standard of Conduct" and the "Code of Ethics" and turn both in prior to doing any volunteer work.

A listing of volunteer opportunities will be made available to volunteer applicants.

## **Aspire Policy 107 – Achieving and Protecting Rights – Confidentiality of Records and Protected Health Information**

In the course of providing services to people with developmental disabilities, Aspire, Inc. must collect, maintain, use and disseminate records of identifiable personal information. Such information held by the agency concerning an applicant or person supported, including paper and electronic records, is considered privileged and confidential and will be used only for the best interests of the person receiving supports and for the proper functioning of the program. Aspire, Inc. intends to handle such information in a manner that will protect people supported from the fear of exploitation or embarrassment and that conforms to the Privacy Act of 1974 (PL 93-579) and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as it pertains to privacy of protected health information, The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, and the Genetic Information Nondiscrimination Act (GINA) of 2008.

All employees are expected to adhere to Aspire, Inc.’s confidentiality policies while working for the agency and also subsequent to the end of their employment with Aspire, Inc. Likewise, information pertaining to a person supported will be kept confidential not only while they receive supports from Aspire, Inc. but also after services end for any reason.

The basic objectives of the Privacy Act is to restrict disclosure of personally identifiable records maintained by agencies, to grant people increased rights of access to agency records maintained on themselves, to grant people the right to seek amendment of agency records maintained on themselves upon a showing that the records are not accurate, timely or complete and to establish a code of fair information practices which requires agencies to comply with statutory norms for collection, maintenance, and dissemination of records.

The basic objective of the HIPAA privacy rule gives people the right to adequate notice of the uses and disclosures of protected health information that may be made by Aspire, Inc. and of the person’s rights and Aspire’s legal duties with respect to protected health information.

For clarification, “person” means the person whose health information is involved. However, under the privacy rule, a personal representative (e.g. a guardian, attorney-in-fact under a power of attorney) must be treated the same as the person except in certain situations involving unemancipated minors and abuse, neglect or endangerment situations. Consequently, in most cases, if the person has a personal representative, Aspire, Inc. may deal with the personal representative the same as the person receiving supports..

Protected health information is any health information maintained by Aspire, Inc. that is individually identifiable except employment records held by Aspire, Inc. in its role as an employer.

Individually identifiable health information means any health information including demographic information, whether oral or recorded in any form or medium collected from a person that:

1. Is created or received by a health care provider, a health plan, employer or health care clearinghouse;
2. Relates to the past, present, or future physical or mental health or condition of a person; the provision of health care to a person; or the past, present, or future payment for the provision of health care to an individual; and,
3. That identifies the person or there is a reasonable basis to believe the information can be used to identify the person.

### **Rules Concerning Use and Disclosure of Protected Health Information**

Aspire, Inc. may not use or disclose protected health information except as permitted by the privacy rule.

Aspire, Inc. may use or disclose protected health information without a person’s authorization for purposes of **treatment, payment or health care operations**. Aspire, Inc. may use or disclose protected health information as follows:

- To the person.
- For its own treatment, payment, or health care operations.
- For the treatment activities of another health care provider.
- To another covered entity or a health care provider for the payment activities of the entity that receives the information.
- To another covered entity for its health care operations if certain conditions are met.
- To another covered entity in the same organized health care arrangement for any health care operations of the organized health care arrangement.

A use or disclosure that is incidental to a use or disclosure otherwise permitted or required by the privacy rule is permitted provided the covered entity has: (1) established reasonable safeguards to limit incidental disclosures; and, (2) complied with the privacy rule's minimum necessary requirement.

All other uses and disclosures require the person's authorization unless it falls into an exception stated in the privacy rule. An authorization is a rather specific document that must contain all the elements required by the privacy rule. With certain exceptions for research, health plans, and solely for creating information for disclosure to a third party, Aspire, Inc. may not condition the provision of treatment on the person giving an authorization.

Aspire, Inc. will follow the requirements established in the privacy rule for:

- Uses and disclosures for which an authorization by the person is required.
- Uses and disclosures that require giving an opportunity for the person to agree or to object to the use of the disclosure.
- Uses and disclosures for which an authorization or opportunity to agree or to object, is not required.
- Uses and disclosures for marketing and fund raising.
- Uses and disclosures to business associates.
- Uses and disclosures of limited data sets.

Aspire, Inc. may use or disclose protected health information without the authorization of the person, or the opportunity for the person to agree or object, in various situations stated in the privacy regulation. Uses and disclosures for which authorization or opportunity to agree or object is not required are (in each case the regulation may state requirements and exceptions):

- Uses and disclosures required by law.
- Uses and disclosures for public health activities.
- Uses and disclosures about victims of abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities
- Disclosures for judicial and administrative proceedings.
- Disclosures for law enforcement purposes.
- Uses and disclosures about decedents.

- Uses and disclosures for cadaver organ, eye or tissue donation purposes.
- Uses and disclosures for research purposes.
- Uses and disclosures to avert a serious threat to health or safety.
- Uses and disclosures for specialized government functions (i.e., certain military and veterans activities, national security and intelligence activities, and protective service for the President and others).
- Disclosures for worker's compensation.

Business Associates (BA) are directly covered by HIPAA and the agency must have Business Associate contracts in place. These contracts must state the BA will comply with security standards and implementation specifications, that the BA will enter into BA contracts with its subcontractors, that the BA and its subcontractors will report breaches of unsecured Protected Health Information (PHI), the subcontractors must agree to apply the same restrictions and conditions that apply to the BA with respect to dealing with the PHI, and the BA must comply with privacy rule requirements as if the BA were a covered entity.

In regards to breach notifications, the Covered Entity or Business Associate must perform a four-factor risk assessment. The four factors are:

- The nature and extent of PHI involved (including types of identifiers and the likelihood of re-identification);
- The identity of the unauthorized user or recipient;
- Whether the PHI was actually acquired or viewed.
- The extent to which the risk to PHI has been mitigated.

Depending on the results of the four-factor test, there is a duty to notify "without reasonable delay" and not later than sixty (60) calendar days after the breach is discovered. Federal regulations specify the content for such notifications and Aspire, Inc. will adhere to the notification requirements.

With certain exceptions, the amount of information disclosed must be restricted to the **minimum amount necessary** to accomplish the intended purpose of the disclosure. The exceptions include disclosures by a provider to another provider for treatment and disclosures that have been authorized by the individual whose protected health information is involved.

Aspire, Inc. may use or disclose a limited data set that meets the requirements of the regulations if it enters into a "data use agreement" with the recipient of the information. A "limited data set" is protected health information that excludes various direct identifiers of the person or of relatives, employers, or household members of the person receiving supports. The direct identifiers that must be excluded are as follows:

1. Names;
2. All geographic subdivisions smaller than a State, including street addresses city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current data available from the Bureau of the Census:
  - (a) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
  - (b) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to a person, including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
  
12. Vehicle identifiers and serial numbers, including license plate numbers;
  
13. Device identifiers and serial numbers;
  
14. Web Universal Resource Locators (URLs);
  
15. Internet Protocol (IP) address numbers;
  
16. Biometric identifiers, including finger and voice prints;
  
17. Full face photographic images and comparable images; and
  
18. Any other unique identifying number, characteristic, or code except as permitted by the Requirements for Re-Identification.

### **Notice of Privacy Practices for Protected Health Information**

Aspire, Inc. must provide a written notice to the people to whom it provides services and supports of the uses and disclosures of protected health information that may be made by Aspire, Inc. along with the person's rights and Aspire's legal duties with respect to protected health information. The notice must be given to the person at the time of "first service delivery," meaning at the time services are first provided to the person on or after April 14, 2003.

Aspire, Inc. must obtain the person's written acknowledgment of his/her receipt of the notice. If written acknowledgment cannot be obtained, Aspire, Inc. must document its efforts to obtain the acknowledgment and why it could not be obtained.

Aspire, Inc. will (1) make the notice available at 607 North Fourth Street for people to request to take with them; (2) post the notice where it is reasonable to expect people seeking service to be able to read it; and (3) whenever the notice is revised, make the notice available upon request on or after the effective date of revision. Aspire, Inc.'s web site includes a copy of the agency's privacy notice.

### **Individual Rights with Respect to the Person's Protected Health Information**

The privacy rule creates a number of rights for people receiving supports. These include:

- The right to request special privacy protection for the person's protected health information.

There are two types of protection covered. First, a person may request restriction on Aspire's use or disclosure of the person's protected health information for purposes of treatment, payment and health care operations. For example, a person may ask that his or her protected health information may not be disclosed to a particular member of Aspire, Inc.'s staff.

The second type of protection is that a person may request to receive communications or protected health information from Aspire, Inc. by alternative means or at alternative

locations. For example, a person may ask that all communications by Aspire, Inc. be made to the person at his/her work location rather than at home. Another example would be a request that no messages be left on the person's home answering machine. Unlike the first type of restriction, Aspire, Inc. must accommodate reasonable requests in this regard.

- The right to inspect and obtain a copy of protected health information.
- The right to amend protected health information about the person. If Aspire, Inc. denies the amendment; the person has the right to file a written statement disagreeing with the denial.
- The right to an accounting of disclosures of protected health information made during the previous six years (but not prior to April 14, 2003). However, this does not include disclosures to carry out treatment, payment and health care operations or disclosures that have been authorized by the person receiving supports.
- Genetic information is a form of PHI that includes genetic tests and "manifested\_diseases/disorders of family members." Most of the federal genetic information rules relate to health plans and generally prohibit health plans from using genetic information for underwriting purposes.

#### **Administrative Requirements**

- Aspire, Inc. must meet the following administrative requirements:
- Designate a privacy official who is responsible for the development and implementation of the privacy policies and procedures. This will be the Director of Human Resources.
- Designate a contact person or office that is responsible for receiving complaints and who is able to provide further information about matters covered by Aspire's notice of privacy practices. This will be the Executive Director.
- Train all members of Aspire's workforce on privacy policies and procedures. For clarification, workforce includes employees, volunteers, interns and any other person who is under the control of Aspire, Inc. New employees of Aspire, Inc. will be trained within 60 days of their employment start date. All employees will be provided re-fresher training on an annual basis. Each member of the workforce whose functions are affected by a material change in the privacy policies or procedures will be trained within 60 calendar days after the material change has become effective. Documentation of the training for each Aspire, Inc. employee will be kept in written or electronic form according to current agency record retention policies.
- Aspire, Inc. will establish administrative, technical and physical safeguards to protect the privacy of protected health information and establish reasonable safeguards to limit incidental exposures. (See Protection of Records below)
- Aspire, Inc. will provide for a privacy complaint procedure. This procedure is outlined in Sections 102 and 102.1(Appeal of Agency Decisions) of this policy manual.



- Aspire, Inc. will establish and apply sanctions for employees of Aspire, Inc. who fail to comply with the privacy policies or the HIPAA privacy rule. Such sanctions and disciplinary measures are covered in the Aspire, Inc. Employee Handbook.
- Aspire, Inc. will mitigate, to the extent practicable, any harmful effect that is known to Aspire, Inc. if there is a use or disclosure of protected health information by an employee or business associate in violation of Aspire's privacy policies or the requirement of the HIPAA privacy rule.
- Aspire, Inc. will refrain from intimidating or retaliatory acts. Any person receiving supports or other persons who exercises any right under, or participates in any process established by the privacy policies or the HIPAA privacy rule cannot be threatened, coerced or discriminated against.
- Aspire, Inc. cannot require a person to waive the person's rights under these privacy policies or the HIPAA privacy rule as a condition for the provision of treatment, payment, enrollment in a health plan or eligibility for benefits.
- Aspire, Inc. will maintain privacy policies and procedures in written or electronic form and maintain various required documentation according to current agency record retention policies.

Two basic types of files may be kept on a person receiving supports from Aspire, Inc., a central file and a unit file. Each is defined below.

- A. Central file: Is kept for all people supported by the agency. This file includes paper and/or electronic files regarding any and all information concerning the person and his/her program, such as application form, historical information, personal data, evaluation and assessment results, service plan and progress in that plan, medical and health information, productivity reports, appropriate release forms, etc.
- B. Unit file: Is kept in the appropriate residential or work environment, in paper and electronic format, for those people receiving supports in that location. This file contains copies of pertinent information from the central file that is necessary in providing the person with proper support and services. Such information will include current goals and documentation of individual objective plans, and may also include such general information as personal data, health and medical needs, current assessment profile, etc.

### **Protection of Records**

Records established within the agency for services, education, and employment are the property of the agency, and as such, the agency is responsible for their safekeeping.

### **Safeguards to Protect Information:**

#### **Computers:**

- All computers must have screen savers that activate after fifteen minutes or less of inactivity.
- All computer access will have a username and password that is specific and identifiable to each employee.
- All employees must change their passwords every three months.
- No information may be removed on computer device or portable storage media without the prior approval of the Privacy Officer or department administrator.
- Confidential information is only allowed on the computer while the employee is present and has full control of the computer.
- Information that is printed should be removed from the printer immediately.

#### **Trash:**

- All trash that contains protected health information must be disposed of in a manner that protects its confidentiality. At a minimum all protected health information should be shredded.

**Files:**

- Each person's file will be kept in a locked filing cabinet or locked office.
- A person's file will not be removed from the agency's jurisdiction except in accordance with a court order, subpoena, or statute.

**Faxes:**

## Received Faxes:

Office Management staff shall remove all received faxes from the fax machine promptly upon the faxes receipt and deliver the fax to the intended recipient. If delivery cannot be accomplished immediately, the fax shall be put in a confidential file until delivery is completed. At the end of the workday all paper shall be removed from the fax machine if any incoming faxes would be readily available to anyone using the fax machine.

## Sending Faxes

- All faxes must be sent with a fully completed Aspire, Inc. cover sheet. The fax number to which the material is being faxed shall be double-checked before being sent. Only the Office Management or assistants, or nursing department staff may send faxes.

**Access to, Duplication of, and Dissemination of Information in a Person's Records:**

1. A person supported has the right to examine all information contained in his/her file and secure copies of the record at reasonable cost upon request, unless information in the file has been provided by a third party with an assurance of confidentiality or when, in the opinion of the professional responsible for the services concerned, access would be detrimental to the individual.
2. Agency staff members (including consultants, volunteers, interns, etc.) may have access to a person's records in the routine or necessary performance of their training, supervisory, and professional duties. Staff who may have access to protected health information include the following: direct support staff, nursing staff, administrative staff, secretarial staff, and financial staff. Janitorial and maintenance staff shall not have access to protected health information. Staff members (including consultants, volunteers, interns, etc.) found using or accessing confidential agency information for personal gain or divulging such information to unauthorized persons will be subject to disciplinary action and/or dismissal
3. Parents who have children under the age of 18 or legal guardians may have access to their child's files upon request.
4. Routine information necessary for the proper funding or teaching of a person may be disseminated by agency staff to the appropriate agencies without a release from the person.
5. All people and agencies not specifically mentioned in two or three above must first have a signed release from the person supported prior to receiving access to or duplication of information in that person's file. This includes such individuals and agencies as other service agencies, parents of people over the age of 18, law enforcement officials, and other public or private investigative agencies.
6. If the agency or an employee is required to furnish information for a person's file in compliance with a court order or subpoena, the agency will:
  - a. Inform the person of the order or subpoena.
  - b. Consult with legal counsel regarding proper action.
  - c. Submit the designated information upon the recommendation of counsel.

7. If a person has been declared legally incompetent, or is incapable of understanding his/her rights, the person's guardian, next of kin, or sponsoring agency may provide a third party signature on any release form that would affect the confidentiality of his/her record.
8. All authorization and consent forms for release of information will be kept in the person's record, will be obtained prior to the release of confidential information, will be time-limited and specify the information to be released and the people or agency to whom the information can be released.
9. All information must be disseminated by the person's Quality Assurance Coordinator, or if unavailable, administrative staff.
10. The names of people receiving supports shall not appear in other person reports. However, initials may be used.

## **Aspire Policy 567 – Drug Free Workplace**

### **Purpose and Goal**

Aspire, Inc. is committed to protecting the safety, health and well-being of the people we support, its employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

- This policy recognizes that employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale.
- Aspire, Inc. has no intention of interfering with the private lives of its employees unless involvement with alcohol and other drugs off the job affects job performance or public safety.
- As a condition of employment, Aspire, Inc. requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol.
- Aspire, Inc. encourages employees to voluntarily seek help with drug and alcohol problems.

### **Covered Workers**

Any individual who conducts business for Aspire, Inc., is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to full-time employees, part-time employees, volunteers and interns. All job applicants will be subject to drug testing with a contingent offer of employment. Job applicants for temporary positions hired for short-term contracts (1 week to 2 months) involving direct labor that are not responsible for people's supports or handling cash will not be subject to pre-employment testing, however, will be subject to reasonable suspicion testing and post-accident testing.

### **Applicability**

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the Aspire, Inc. Therefore, this policy applies during all working hours and while on Aspire, Inc. property. This would include employees who are in an official (paid) on call status. People representing Aspire, Inc. at a social function would not be precluded from consuming alcoholic beverages as long they do not over indulge or become impaired. For the purpose of this policy, the workplace includes, but is not limited to the offices, residences, contract sites, property rented or owned by the people we support, parking lots, storage areas, facilities and surrounding areas on Aspire, Inc. owned and rented property. The term also includes Aspire, Inc. owned or leased vehicles and equipment. An employee's personal vehicle is also considered a workplace if being used while on the job or is on Aspire, Inc. property.

### **Prohibited Behavior**

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage

and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, people we support or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, request change of duty) to avoid unsafe workplace practices. In the interest of health and safety and to avoid misunderstandings, employees should report to their supervisor side effects such as drowsiness, inability to concentrate and vision problems from the use of prescription or non-prescription medications. The employee must obtain a release from the prescribing physician that the employee can safely perform his/her safety sensitive functions (such as driving, administering medications, lifting people, operating equipment, using saws, climbing a ladder, etc.). An employee who fails to report to their supervisor the use of prescription or non-prescription drugs that can affect performance of safety sensitive functions may be subject to disciplinary action, including termination.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action up to and including termination will be taken if job performance deterioration and/or other accidents occur.

### **Notification of Convictions**

Any employee who is arrested, or criminally charged of a criminal drug violation either on or off duty must notify a supervisor or a department administrator in writing within twenty-four hours of the arrest or charge. Aspire, Inc. reserves the right to have the employee submit to drug testing and/or suspend employment in the event of an arrest or charge. In the case of a drug-related conviction, an employee must notify Aspire, Inc. in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification. Federal contracting agencies will be notified regarding convictions of criminal drug violations within 10 days. An employee convicted of the sale and/or distribution of drugs will be terminated from employment immediately.

### **Searches**

Entering the Aspire, Inc.'s property constitutes consent to searches and inspections. If an employee is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, wallets, purses, briefcases and lunchboxes, desks and workstations and vehicles and equipment. Participation in searches is a mandatory condition of employment.

### **Drug Testing**

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to DHHS/SAMHSA guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

An employee has the right to request in writing a retest with an alternate lab. The request must be made within 72 hours of the original test. The costs of retests requested by the employee will be the employee's responsibility.

The substances that will be tested for are amphetamines, cannabinoids, cocaine, opiates, phencyclidine (PCP), methamphetamine and alcohol.

Testing for the presence of alcohol will be conducted by analysis of breath. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine.

All drug-testing information will be maintained in separate confidential records.

Each employee, as a condition of employment, will be required to participate in pre-employment, random (when required), reasonable suspicion, and post-accident testing upon selection or request of management.

### **Pre-Employment Testing**

A job offer is contingent upon a negative drug test at Aspire Inc.'s expense. When given the conditional offer by an administrator, the applicant and the administrator will determine a mutually agreed upon time and date for the drug test. The applicant should tell the lab they are there for a pre-employment drug testing with Aspire, Inc. and then give the hiring administrator's name. The applicant should also be prepared to provide some type of photo identification such as a drivers license. If the applicant refuses to be tested or does not agree to a reasonable time and date to take the test, the offer of employment will be withdrawn. The new employee will not be allowed to start employment until such time Aspire, Inc. has received verbal confirmation of negative test results from the testing site or the Medical Review Officer (MRO).

### **Reasonable Suspicion Testing**

Reasonable suspicion testing is required when an employee, volunteer or intern is suspected of being under the influence of drugs and/or alcohol. Reasonable suspicion test referrals must be based on objective facts, circumstances, physical evidence, physical signs, symptoms, or a pattern of performance or behavior. Reasonable suspicion may include, but is not limited to the following: the odor of alcohol or other prohibited substances, involvement in an accident or injury incident, excessive absenteeism, severe and prolonged reduction in productivity or performance, or physical or emotional conditions such as slurred speech, unsteady walk, abrupt swings in mood or energy level, excessive irritability and emotional outbursts or change in personality over time.

Co-workers who observe signs and symptoms that lead them to believe an employee is impaired at work need to first ensure the safety of the people we support and immediately contact a supervisor. Only those co-workers who have immediate need to know should be informed of any suspicion. It is not the co-worker's job to make any determinations.

Only those supervisors trained in acceptable methods of observation and documentation of behaviors, which indicate reasonable suspicion can make an initial determination that testing is required. Face-to-face observation of behaviors needs to be done by a supervisor. When reasonable suspicion occurs, the supervisor should notify a department administrator. The department administrator who is contacted will come to the site and consult with the reporting supervisor. When reasonable suspicion exists, the employee must be driven to the test site by a supervisor, the department administrator or both depending upon the circumstances. The supervisor should coordinate the employee's transportation home. Coordination of transportation home may include calling a taxi or contacting an employee's family member to come and get them. If the employee refuses to let the supervisor coordinate their transportation or refuses the transportation once it arrives and chooses to leave the test site by some other means, the supervisor should document the refusal. The supervisor should not provide transportation home for the employee tested for reasonable suspicion.

Employees tested for reasonable suspicion will be suspended until the test results are obtained from the Medical Review Officer (MRO).

An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

### **Random Testing**

Random testing will be conducted on a random unannounced basis anytime during the employees' normal working hours. The employee is randomly selected for testing from a "pool" of all employees subject to testing. The testing dates and times are unannounced and are with unpredictable frequency throughout the year. Because the tests are "random", an employee may have to test more than once during the year, while some employees may not be tested at all. However the pool is set up to that each employee has an equal chance of being selected. Employees chosen for testing must go to the testing site immediately as directed.

Employees undergoing random testing may return to work after the completion of the tests. An employee will be subject to the same consequences if he/she refuses the screening or the test.

Adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

### **Post-Accident Testing**

Post-accident testing will be initiated when an accident meets the following criteria:

- An accident occurs while in the scope of employment causing injury to self or another employee or person requiring treatment at a medical facility.
- An accident occurs while at work and causes damage to equipment or property of Aspire, Inc., as determined by the Executive Director or designate.

Post-accident testing will not apply to injuries and accidents that are ergonomic in nature such as lifting injuries or repetitive motion injuries.

Employees undergoing post-accident testing may return to work after the completion of the tests if the drug or alcohol tests were negative and if there is no reasonable suspicion involved with the accident and there is no documented evidence of potential problems.

### **Consequences**

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment will be withdrawn. The applicant may reapply after six months and must successfully pass a pre-employment drug test.

If an employee violates the policy, they will be subject to disciplinary action up to and including termination. Nothing in this drug or alcohol policy alters or waives the at-will employment relationship between Aspire, Inc. and its employees. At will employment means that all positions of employment with Aspire, Inc. are for indefinite periods of time, and may be terminated by either party at any time, and for any reason.

### **Return to Duty**

As a condition of returning to work, any employee who has violated the drug-free work place policy must complete an evaluation by a Substance Abuse Professional and complete the recommended treatment at their expense. Aspire, Inc. may require subsequent testing for a specified period of time at the employee's expense. If the employee's subsequent test is positive, the employee will be terminated from employment immediately. A review of all safety-sensitive job functions, including medication certification, will be reviewed, and may be modified, prior to reinstatement.

### **Assistance**

Aspire, Inc. recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

### **Confidentiality**

All information received by Aspire, Inc. through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

### **Shared Responsibility**

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- Inform employees of the drug-free workplace policy.
- Observe employee performance.
- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Counsel employees as to expected performance improvement.
- Clearly state consequences of policy violations.

### **Communication**

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program:

- All employees will receive a written copy of the policy. Employees must sign an acknowledgement form stating they have received and read the policy.
- The policy will be reviewed in the initial orientation session with new employees.
- Employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees.
- Every supervisor will receive training to help him/her recognize and manage employees with alcohol and other drug problems.

### **Dilute Urine Specimens**

A valid specimen meets the requirements of normally concentrated urine. If a specimen falls outside of those ranges, it is classified as a "dilute" specimen. A dilute specimen is not a valid specimen.

All job applicants and current employees who provide a negative but dilute specimen will be required to re-test. The first dilute specimen will be disregarded and a second test will be performed.

The second test for a job applicant will be at the Center's expense. If the job applicant's specimen comes back dilute a second time, after they've been given the instructions to avoid a dilute specimen, the offer of employment will be withdrawn.

The second test for an employee will also be at the Center's expense, since there is no opportunity for notice on how to avoid a dilute sample in a reasonable suspicion or post-accident situation. If a current employee's specimen comes back dilute a second time, after they've been given instructions to avoid a dilute specimen, they may be required to have a medical exam at their expense. If there is no legitimate medical reason for giving a dilute specimen, the supervisor may suspend the employee until they can provide a normal and negative result, or require them to be seen by a substance abuse professional, and act upon whatever is recommended, or provide a third specimen. If the third specimen is dilute, it may result in termination of employment.

## **Aspire Policy 571 – Social Media – Personal Use**

### Purpose

The purpose of this policy is to establish guiding principles and expectations regarding social media use by Aspire, Inc. employees and volunteers in order to protect personal and professional reputations. Because of their positions with Aspire, Inc., employees need to follow the same professional standards online as they would in person. The same laws, policies, professional expectations, and guidelines for interacting with co-workers, people supported, family members, guardians, etc. apply online as they would in the real world. Social media activities are subject to all existing company policies.

### Definitions

“Social media” includes, but is not limited to: web logs (“blogs”), podcasts, on-line social networks (including, but not limited to, Facebook, MySpace, Twitter, and LinkedIn), collaborative websites known as “wikis”, and photographic and video-sharing websites (such as Snapchat, Instagram and You Tube, etc. ). The list of domains that constitutes social networking sites is ever-growing and changing because of the nature of the Internet.

“Social Networking” is defined as any activity that involves interaction in online communities of people. This interaction includes, but is not limited to browsing other user’s profiles, browsing other user’s photos, reading messages sent through social networking forums and engaging in online communities’ instant messaging services.

“Micro-blogging” is the practice of publishing your recent whereabouts, thoughts or activities on a social networking site for other users to see. This is the main focus of social networking sites such as Twitter, but it also includes, and is not limited to, features like “status updates” on Facebook.

“Confidential and Proprietary Information” includes, but is not limited to: personally identifying information regarding people supported, family members and guardians; medical, educational and programmatic information regarding people supported ; the identity and participation of donors and vendors; financial information that is not otherwise public; Aspire, Inc. logos, tag lines, etc.

“Electronic Media” includes, but is not limited to: floppy diskettes, flash memory drives, external hard drives, CD’s, DVD’s, tapes, cell phones and any other devices that are capable of storing data and images.

### Personal Use of Social Media

Aspire, Inc. recognizes that its employees and volunteers may use social media for their personal use and enjoyment. Employees should use appropriate language and model honorable behavior, such as respect, integrity, honesty, and excellence, and be mindful of the fact that anything posted on a public social media site may be viewed by people supported, family members, guardians, vendors, donors, legislators, and other members of the community with whom Aspire, Inc. does business. For that reason, and in order to protect the agency, employees, and people supported Aspire, Inc. requires employees and volunteers to comply with the following:

1. Consistent with Aspire, Inc.’s policy on Electronic Communication, employees may not use agency computers and electronic media devices to sync to personal accounts and/or participate in social media for personal use. Employees and volunteers are also not permitted to use personal electronic devices to access social media or micro-blog while working or volunteering for Aspire, Inc.
2. Aspire, Inc. reserves the right to monitor, intercept and review any employee’s or volunteer’s activities using its information systems and communications systems.
3. Employees and volunteers may not disclose any Confidential or Proprietary information, as defined above.
4. Aspire, Inc. abides by the Health Insurance Portability and Accountability Act (HIPAA) confidentiality and privacy laws. The illegal disclosure of proprietary or other confidential information is prohibited. If you have a question about whether information can be released publicly, speak with your department Administrator prior to release.
5. Employees and volunteers may not post anything work related that Aspire, Inc., its employees, people supported, family members, guardians, donors, or vendors could find personally or morally offensive; including any statements, pictures, or videos that may be deemed discriminatory or evidence of unlawful harassment or bullying. As referenced by Aspire, Inc.’s Ethics/Standard of Conduct policy, any comments or postings that are obscene, vulgar, defamatory, threatening, abusive, hateful, or embarrassing to another employee, person



supported or family member will not be tolerated. The employee will be held accountable for any defamatory comments regarding Aspire, Inc., its affiliates, employees or persons served.

6. Employees are not to advertise or sell any of Aspire, Inc.'s products, services, announcements, or news on any website or social network unless they are sharing from official Aspire, Inc. pages. Employees are encouraged to like and share posts from Aspire, Inc.'s official page. Employees are also permitted and encouraged to share or re-post announcements regarding open positions at Aspire, Inc. for recruitment purposes.
7. Employees may not use their Aspire, Inc. email address to register for social media sites.
8. Employees may not post any information that is false or has the potential to disparage Aspire, Inc.'s reputation, or that of people supported, family members, guardians, and other employees.
9. Administrators may not provide employment references on social media sites.
10. Employees may not use Aspire, Inc.'s logo or tag lines, nor can they provide links to its website or its own social media pages, without the prior written authorization of the Executive Director.
11. Employees may not post pictures or videos of people supported. We ask that photos obtained of persons supported be routed to the Service Coordinator or department Administrator, who will authorize postings for agency media outlets. All photos taken on personal devices should be deleted after the transfer.
12. Only authorized staff will make statements to the media. Media contacts made through blogs or Social Networking sites regarding the company, its products, employees, partners, vendors, customers or competitors should be referred for coordination to the department Administrator or Development Director.
13. Aspire, Inc. strongly discourages staff in management/supervisory roles from "friending" and/or "following" requests with staff they supervise.
14. Aspire, Inc. strongly discourages "friending" and/or "following" people receiving supports and their families, customers, or vendors on social media. Staff are discouraged from accepting friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the work-related relationship. Once a person is entered in the Aspire, Inc. database (as someone receiving supports or services), a relationship with them has been established and is covered under HIPAA. If you choose to "friend" or "follow" a person who receives supports, this is completely voluntary and not considered paid work.
15. If an employee believes that a blog or other online communication violates HIPAA or company policy, the employee should immediately report concerns to his/her supervisor or the department Administrator. Employees who violate this policy will be subject to disciplinary actions, terminations, and/or per the American Recovery and Reinvestment Act of 2009 and the Security of the Department of Health and Human Services civil or criminal penalties for disclosure of confidential information.
16. The duty of confidence does not end when the professional relationship with Aspire, Inc. has ceased. Nor does it end with the death of a person supported.

Privacy does not exist in the world of social media. Employees and volunteers should expect compliance monitoring. Any information they create, transmit, download, exchange or discuss on any social media may be accessed by the agency at any time.

To the extent that personal use of social media may harm Aspire, Inc., its mission, operations, employees or people supported, Aspire, Inc. reserves the right to take disciplinary action, up to and including dismissal from employment.