



Volunteer Orientation Handbook



Welcome

This orientation packet is designed to provide general orientation and basic safety information to those participating in volunteer opportunities at Broadlawns Medical Center (BMC).

Those of us at BMC are entrusted with the safety of our visitors and co-workers. Failure to follow safety policies, inadequate response to unsafe conditions, and lack of preparation for emergencies can put you and others at risk for injury or harm. As part of the BMC team, you have the responsibility for understanding and adhering to the general orientation and basic safety policies outlined on the following pages.

Please read and familiarize yourself with the information provided in this packet and refer to the volunteer signature page upon completion.

This must be done prior to your first day at BMC.

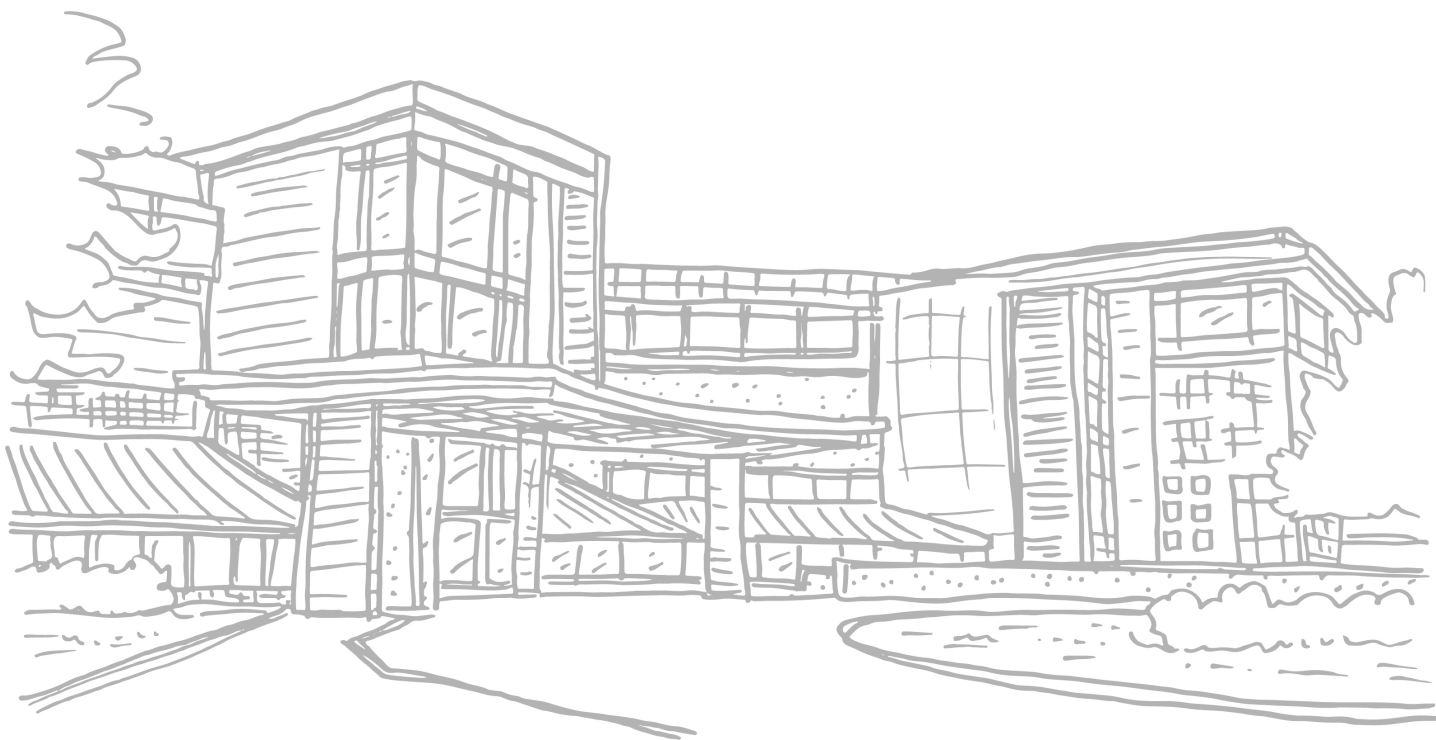


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Mission, Vision & Values

Mission

Broadlawns Medical Center strives to build a healthy community through the delivery of accessible, cost-effective and high-quality patient care.

Vision

Broadlawns Medical Center will be the best public hospital in the United States.

Values

Excellence

We will achieve the highest standards of excellence in attending to the healthcare needs of our community and by providing exemplary, patient-centered service.

Compassion

We will be compassionate and nurturing in responding to the needs and expectations of our patients, visitors, employees and the community.

Learning

We will take a leadership position in educating the next generation of healthcare professionals and leaders.

Leadership

We will lead the way in identifying the unmet healthcare needs of our community and will ensure that those needs are met, keeping the patients' overall health and well-being at the forefront of our decision-making.

Strategic Goals

To serve our diverse multi-cultural community through a continuum of high quality, creative and cost-effective programs that promote wellness and treat illness.

To partner with our employees and be the employer of choice for individuals who are likewise committed to our vision, mission and values.

To remain financially viable and demonstrate sound financial stewardship of all resources.

To strengthen or enhance our community relationships and strategically position our healthcare providers ensuring accessible high-quality healthcare is available to the Central Iowa region.

To evaluate new program development and technology applications to enhance the patient experience.



Corporate Compliance

It is the policy of Broadlawns Medical Center to provide services in compliance with all state and federal laws governing its operations, and consistent with the highest standards of business and professional ethics. In order to ensure that Broadlawns' compliance policies are consistently applied, the medical center has established a legal and regulatory compliance program which is directed by Broadlawns' AVP of Quality, Risk Management and Regulatory Compliance.

All Broadlawns personnel, including employees, faculty, medical staff, residents, volunteers, trustees, contracted employees, students and individuals who enjoy professional staff membership, must carry out their duties for Broadlawns in accordance with this program. Any violation of applicable law, or deviation from appropriate ethical standards, will subject the individual to disciplinary action.

All personnel must comply with these policies, which define the scope of Broadlawns' employment and professional staff membership. Personnel in all areas of the medical center have the responsibility to become aware of specific compliance issues in their department. In the event you have a question regarding whether any action complies with Broadlawns' policies or applicable laws, you should consult with your supervisor or with the Broadlawns' AVP of Quality, Risk Management and Regulatory Compliance.

All personnel should review this information yearly to make sure that these policies guide their actions on behalf of the medical center.

If, at any time, you become aware of any apparent violation of the Broadlawns' policies, please report it to your supervisor or to the AVP of Quality, Risk Management and Regulatory Compliance.

For further assistance, please refer to the policies and procedures manual in your department if you are seeking additional information and/or supporting documentation regarding information presented in this packet.

Volunteer Guidelines

Parking

Volunteers coming to Broadlawns can park in Lot C. See page 13 for campus map.

Vehicles are parked on the BMC campus at the owner's risk. BMC is not responsible for any fire, theft, damage to, or loss from vehicles while driven or parked on BMC grounds.

Dress Code

Please dress in business casual attire.

Consult with your supervisor if you have questions relating to dress code for your department.

You are to practice good personal hygiene.

Name Badges

All personnel, including volunteers, are identified by an identification name badge to be worn at all times while working. This name badge should be worn in a highly visible position (above the waist with the front of badge visible).



Reporting to Work

Volunteers and their supervisor will have an agreed upon schedule. If you are unable to report for your shift or need to change your hours, please call your supervisor as soon as possible.

Duties

Any questions about your duties, hours or other issues should be directed to your supervisor.

Department Rules

Ask the supervisor in your assigned department to discuss the following rules that may be specific in your assigned area:

- Food/drink allowed in department
- Correct way to answer the phone
- Whom/when to notify if unable to come to work
- Personal phone calls, use of cell phones

Health Insurance Portability and Accountability Act

Background

The Health Insurance Portability and Accountability Act (HIPAA) is a law that was passed and went into effect on April 14, 2003. While patient confidentiality has always been a part of healthcare, the original goal of HIPAA was to make it easier for people to move their medical records and get care more easily. One important part of HIPAA is that it focuses on keeping patient information confidential. It is illegal to release any type of health information inappropriately.

What types of information are considered to be confidential?

Patient identity or demographic information such as social security number, address, symptoms or reason the patient is being treated, medications, information regarding the patient's condition and any information regarding past treatments received.

General Rule

A Patient's Protected Health Information cannot be disclosed to another without the patient's consent.

- Protected Health Information is "any information, whether oral or recorded in any form or medium" that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse"; and "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual," and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

How can I protect patient privacy?

- When performing your job, always keep patient privacy in the forefront. (Knock on a door before entering the room, sign off on your computer when not in use, keep the computer screen from being viewed by others, keep records or confidential papers secured and locked up)
- Know the Broadlawns privacy policies
- Do not discuss patients in the hallway or lunchroom
- Do not share patient information with others who do not have a need to know for their job
- Shred confidential information; make sure that contents of the shred bins cannot be removed

When can I release patient information?

- Providers have the right to report a communicable disease to state health agencies.
- Police have the right to certain information about patients if they are a suspect in a criminal investigation.
- The court has the right to order a facility to release information.
- Hospital staff may call funeral directors or coroners when a patient dies.
- Hospital staff must report crime victims, suspicious deaths and gunshot wounds.

How do I report a violation?

- Report violations or suspected violations to the hospital's privacy officer. The violation may be reported anonymously.
- Broadlawns' Privacy & Security Officer – Neil Hansen – 282-2305
- Corporate Compliance & HIPAA Confidential phone line – 282-5647

Confidentiality

What you see here, what you hear here, you leave here.

No matter where you are working in the health organization, you may hear or see intimate and private information about patients. This information is confidential and must **never** be disclosed to others except as it is required in caring for the patient.

Use discretion when discussing patient information with other members of the health care team who have a need to know. Do not use the hallways, cafeteria, elevators, or other open areas as a meeting place to discuss patient information, as there is no guarantee that information will not be overheard by other employees, patients or visitors.

Patients have the right to expect that all communications and records pertaining to their care will be treated as confidential. The patient's right to confidentiality is protected by both federal and state courts. Unauthorized release of this information may subject the institution, providers and staff to civil and criminal liability or professional disciplinary actions.

A breach of confidential information pertaining to a patient's medical, mental, personal, or financial conditions are considered an "intolerable offense" and will be considered adequate justification for discharge or dismissal.

Tobacco-Free Environment

As a healthcare organization, staff is responsible not only for the treatment of disease but for taking steps to promote the prevention of illnesses and injuries. It is the mission of all staff to set the standard for and demonstrate healthy lifestyles for the communities in which we serve. Tobacco use is widely recognized as a major preventable cause of many diseases in smokers and non-smokers alike. For these reasons, all health care organizations have been designated as tobacco-free institutions.

- Smoking or otherwise using tobacco products (including cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, pipes, etc.) on property is prohibited.
- Tobacco use in any vehicle when on property is prohibited. Tobacco use in vehicles by visitors is discouraged.
- The distribution or sale of all tobacco products is prohibited.
- All employees, physicians, students, visitors, patients, vendors, contract workers, and volunteers must comply with this policy.

You are expected to set the example for patients and visitors by adhering to a tobacco-free environment policy. Violation of this policy will result in you being asked to leave.



Drug-Free Workplace

Position Statement

The use or possession of illegal drugs as well as the abuse of alcohol and other intoxicants creates a serious threat to the health and well-being of the user and in some instances to fellow employees and private citizens. Volunteers have a responsibility to provide a work/learning environment free of drugs and alcohol.

In compliance with the Drug Free Workplace Act of 1988, all volunteers are herein notified that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on the health care organization's premises, in the workplace, or in such places and at such times that the above activities have or could have an adverse effect on work performance or behavior or interferes with the rights and privileges of co-workers or the public.

Criminal Conviction

Any volunteer who receives a criminal drug statute conviction for a violation occurring in the workplace must notify the head of their department within five (5) days of conviction.

Sexual and Other Forms of Harassment

We are committed to providing a work environment that is free of unlawful harassment, actions, words, jokes, or comments based on an individual's sex, sexual orientation, race, ethnicity, age, religion, or any other legally protected characteristic.

Sexual misconduct, both overt and subtle, can create an offensive work environment and is thus prohibited. Specifically, the following conduct is illegal, as defined in the Equal Employment Opportunity Commission's Sexual Discrimination Guidelines:

- Unwelcome sexual advances, requests or physical conduct of a sexual nature when:
 - submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
 - submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

If you have a reason to believe that you have been the victim of any type of unlawful harassment, you should immediately report the facts of the incident to your supervisor or the Human Resources Director.

Any employee, student or volunteer, engaging in any harassment, will be subject to disciplinary action, up to and including discharge.

Safety

During any Emergency or Code situation, call x350 for immediate assistance or to report an emergency situation.

Department of Public Safety

Ext. 2466 (from in-house phone line) – should be limited to assistance with out of control persons, suspicious activity and other incidents of safety or emergent nature.

(515) 282-2466 (from outside Medical Center)

(515) 282-4736 (Ext. 4736) – non-emergency calls to include: patient escorts, receiving/releasing patient valuables, lost and found, deposit pickups, door unlocks and vehicle assistance.

Fire Safety

Your supervisor will go over the fire evacuation route with you and help you locate the fire alarm pull stations and fire extinguishers in your area.

Remember R.A.C.E.

- **Rescue** persons in immediate danger.
- **Alarm** pull fire alarm; dial 350 giving location of fire or 911 if off-site
- **Contain** (close doors)
- **Extinguish** (If specifically trained or part of response team only)

Tornado Safety

Your supervisor will go over the tornado escape route for your area.

Patient Care Areas: Move patients (who can't be moved to the basement) into an interior corridor; close patient room doors; assure adequate staff is available to care for these patients and those who are directed to the basement

Electrical Safety

If equipment has been dropped or damaged, do not operate it as a shock hazard may exist. Have it checked by Plant Operations.

Report to your supervisor immediately, any of the following:

- Frayed, worn, burned wire
- Broken, bent loose plugs
- Loose cable connectors
- Loose switches, control knobs
- Overheated equipment
- Equipment that has produced a shock



Emergency Codes

During any Emergency or Code situation, call x350 for immediate assistance or to report an emergency situation. Dialing x350 is still the most reliable and quickest way to request assistance or report an emergency. Every phone in the hospital has a button for quick access to the x350 Emergency line.

When calling x350, please know your location (Department, Building, Floor and Room Number) so help can be sent to the proper area. For non-emergency situations, Public Safety can be reached at x4736.

Emergency	Announcement	Example
Major disaster in city. Refer to Disaster Plan. Decontamination Event. Refer to Bio-Terrorism Tab.	Internal OR External Emergency + City Alert OR Decontamination Event + Activate Incident Command	Internal Emergency, Decontamination Event, Activate Incident Command
Abduction or missing child.	Missing Child + Description + Hospital staff survey your work areas	Missing Child, approximately 8 years old with red shirt and blue jeans, hospital staff survey your work areas.
Patient Elopement or missing adult.	Patient Elopement or Missing Adult + Location + Description + Hospital staff survey your work areas	Patient Elopement, Med-Surg, approximately 25 years old with blue shirt and black pants.
Any medical emergency including cardiac arrest – adult.	Medical Emergency + Code Blue + Location	Medical Emergency, Code Blue, Med-Surg
Any medical emergency including cardiac arrest – infant.	Medical Emergency + Code Pink + Location	Medical Emergency, Code Pink, Med-Surg
Out of control individual (patient / visitor / staff)	Security Assistance + Location	Security Assistance, Inpatient Behavioral Health
Fire: actual or drill	Fire Alarm + Location + Hospital staff activate fire response procedures	Fire Alarm, Sands Main Entrance, Hospital staff activate fire response procedures
Evacuate: specified area or entire facility.	Evacuation + Location + Staff follow evacuation procedures	Evacuation, Intensive Care Unit, Staff follow evacuation procedures
An act of violence within the facility. This can include active shooter, hostage situation or any other violence that affects patients, visitors and/or staff. Will announce action required (clear all hallways). Location will be announced.	Attention + Attention + Active Shooter + Location + Clear All Hallways	Attention, Attention, Active Shooter, Med-Surg, Clear all hallways
Tornado or Severe Weather Warning – take immediate precautions.	Weather Alert + Descriptor + Take immediate precautions	Weather Alert, Tornado Warning, Take immediate precautions

Right-to-Know

The Hazardous Communication Standard is a Federal Occupational Safety and Health Administration (OSHA) law adopted by the State of Iowa. Iowa OSHA calls it the Right-to-Know Law.

As volunteers, you have a right to know what chemicals you use on the job, and hazards associated with the use of those chemicals. You also have a right to know how to protect yourself against these hazards.

There are three major parts of the Right-To-Know Law.

Chemical Inventory List

A list of all the chemicals used routinely in a given department. Some departments may not have any chemicals that are regulated by OSHA, and will have no chemical inventory list.

The inventory lists the product name, company name, chemical classification, and the health, flammability, and reactivity ratings.

Safety Data Sheets (SDS)

For every chemical on the chemical inventory list, there is a corresponding SDS. The emergency department has a copy of every SDS in the entire hospital.

Every SDS contains the following information:

- General Information: chemical name, manufacturer, etc.
- Hazardous Ingredients
- Physical Data: boiling point, melting point, appearance, color, etc.
- Fire and Explosive Data: flash point, special firefighting information, other hazards associated with a fire or explosion of the chemical
- Threshold Limit Value (TLV): the average 8 hour occupational exposure limit
- Reactivity Data: chemical stability, incompatibility with other chemicals
- Spillage and Leakage Procedure: includes steps to prevent injury, special waste disposal methods
- Protection Information: use of respiratory protection, special ventilation, use of protective clothing
- Special Precautions: needed for handling, transporting, using the product

Warning Labels

Every chemical and every container, regardless of size or purpose is labeled as follows:

Health Hazard Rating (H) Blue

Risk to health, or severity of injury likely to occur from exposure.

Flammability Hazard Rating (F) Red

Degree of flammability or the amount of heat needed before ignition (based on the flash point).

Reactivity Hazard Rating (R) Yellow

Degree to which the chemical reacts with other substances (how stable the chemical is – the more stable, the less reactive).



Infection Control

Standard Precautions

Standard Precautions maintains that all body substances (oral and body secretions, blood, feces, urine, droplet or airborne spray from a cough, tissues, vomit, wound and other drainage) are potentially infectious and should be used with each patient encounter.

Soap & Water vs. Gel

Hand hygiene is the single most important method of infection prevention. Hand washing is indicated whenever the hands are soiled; after removing gloves; before and after eating, and before and after each new patient contact. If hands have gross contamination like blood, stool, etc, you have to use soap and water for 20 seconds. If hands are clean you can use the alcohol foams which kill 99.9% of pathogens.

Gloves

Gloves are put on just before contact with oral and body secretions, blood, feces, urine, tissues, vomit, wound, non-intact skin, and contaminated items. Hands must be washed immediately after taking off the gloves and prior to leaving the patient care area. New gloves should be used when going from one "event" to another with the same or different patient. Gloves should be replaced during treatment if the efficacy of the glove has been compromised (i.e. torn or damaged).

Gowns

Gowns must be used when it is likely that the employee's clothing could become soiled. Gowns should be replaced during treatment if the efficacy of the gown has been compromised (i.e. torn or damaged).

Masks

Masks must be used if the suspicion or confirmation of a respiratory communicable disease is present. Masks are also indicated if significant exposure to droplet or airborne spray from a cough is likely or if splattering of body fluids may occur. Selection of mask is determined by disease suspected/confirmed.

Other Protection Devices

Goggles, face shields, hair covers, and shoe covers are available as needed

Patient Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions with gloves. Avoid contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed and single use items are properly discarded.

Linen

Handle, transport and process linen visibly soiled with blood, body fluids, secretions and excretions with gloves. Prevent contamination of clothing by holding the bag away from you or wearing a gown while transporting. Wash your hands after removing gloves or touching soiled linens.

Occupational Exposure to Blood borne Pathogens

Prevent sharps injuries by utilizing the safety devices available to you. Never recap needles. Dispose of sharps in puncture resistant container, immediately after use. Report exposures to your immediate supervisor as soon as possible after they occur. Medications can be given that may prevent transmission of blood borne disease.

Transmission Precautions

Transmission Based Precautions are for patients who are or suspected to be infected with highly transmissible pathogens for which “additional precautions” are needed to prevent nosocomial transmission. The “additional precautions” may be combined together for patients who have multiple infections and transmission routes.

Airborne Precautions

In addition to Standard Precautions, use airborne precautions for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei. These microorganisms may remain suspended in the air and can be widely dispersed by air currents within the room or over a long distance.

Examples: Mycobacterium Tuberculosis, Varicella Pneumonia, Measles.

1. Requirements: Negative Airflow room, N95 mask or PAPR device.
2. Personnel who are susceptible to measles and varicella are not permitted to care for the patient with these diseases.
3. Surgical mask for the patient for transport only when medically necessary.

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the patient during coughing, sneezing, talking or during procedures.

Examples: Pertussis, influenza, mumps, RSV, Rubella

1. Requirements: Private room, surgical mask when contact within three feet of the patient.
2. Surgical mask for the patient for transport, only when medically necessary.

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for a patient known or suspected to have infection with microorganisms that can be transmitted by direct contact.

Examples: MRSA, Lice, Scabies

1. Requirements: Private room, gown and gloves when in contact with patient, hand hygiene
2. When possible keep non-critical, reusable patient care equipment, (e.g. BP cuff, thermometer, commode), at the patient's bedside to avoid sharing between patients. If unavoidable, thoroughly clean the device before using it for another patient.

Enhanced Precautions

In addition to standard precautions, use enhanced precautions for patients known or suspected to have clostridium difficile or candida auris

1. Contact precautions with added cleaning and hygiene specifications
2. Requirements: Private room, gown and gloves when in contact with the patient or patient's environment. Hand hygiene should be soap and water only. Do not use alcohol foams!
3. Dedicate patient equipment for duration of hospitalization if possible. If unavoidable, thoroughly clean the device with a 1:10 bleach product prior to re-use.
4. Housekeeping will clean patient's rooms with a 1:10 dilution of a bleach product to kill the spores.



Identifying Victims of Child & Dependent Adult Abuse

Broadlawn has a zero-tolerance policy for mental, physical, sexual, and verbal abuse, neglect, and exploitation of patients, staff, providers, or visitors by any staff member or provider. Any report of suspected abuse will be investigated immediately as specified below. Applicants/staff/providers with a record (verified history) of abuse will neither be hired nor retained by BMC.

Any employee that suspects abuse shall immediately notify their Supervisor, or if after hours, the House Supervisor.

Definitions

Child Abuse

As defined in Iowa Code section 232.68 is:

- Physical Abuse
- Mental Injury
- Sexual Abuse
- Child Prostitution
- Presence of Illegal Drugs in a Child's Body
- Denial of Critical Care
- Dangerous Substance
- Bestiality in the Presence of a Child
- Allows Access to a Registered Sex Offender
- Allows Access to Obscene Materials
- Child Sex Trafficking
- The victim must be a child and the abuse must be the result of the acts or omissions of:
 - A person responsible for the care of the child; or
 - A person who resides in a home with the child, if the allegation is sexual abuse; or
 - A person who engages in or allows sex trafficking

Adequate food, shelter, clothing, medical or mental health treatment, supervision or other care

Food, shelter, clothing, medical or mental health treatment, supervision, or other care which, if not provided, would constitute a denial of critical care.

Allegation

A statement setting forth a condition or circumstance yet to be proven.

Caretaker

A person responsible for the care of a child as defined in Iowa Code section 232.68

Denial of critical care

The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare when financially able to do so, or when offered financial or other reasonable means to do so, and shall mean any of the following:

- Failure to provide adequate food and nutrition to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate shelter to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate clothing to the extent that there is danger of the child suffering injury or death.
- Failure to provide adequate health care to the extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the child abuse registry. However, a court may order that medical service be provided where the child's health requires it.
- Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function.
- Gross failure to meet the emotional needs of the child necessary for normal development.
- Failure to provide for the adequate supervision of the child that a reasonable and prudent person would provide under similar facts and circumstances when the failure results in direct harm or creates a risk of harm to the child.
- Failure to respond to the infant's life-threatening conditions (also known as withholding medically indicated treatment) by providing treatment (including appropriate nutrition, hydration, and medication) which is the treating physician's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure of provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's reasonable medical judgment any of the following circumstances apply: the infant is chronically and irreversibly comatose; the provision of the treatment would merely prolong dying, not be

effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

Department

The Iowa Department of Human Services and includes the local offices of the department.

Immediate threat or imminent danger

Conditions which, if no response were made, would be more likely than not to result in sexual abuse, injury, or death to a child.

Infant

As used in the definition of "denial of critical care," means an infant less than one year of age or an infant older than one year of age who has been hospitalized continuously since birth, who was born extremely prematurely, or who has a long-term disability.

Non-accidental physical injury

An injury which was the natural and probable result of a caretaker's actions which the caretaker could have foreseen, or which a reasonable person could have foreseen in similar circumstances, or which resulted from an act administered for the specific purpose of causing an injury.

Physical injury

Damage to any bodily tissue to the extent that the tissue must undergo a healing process to be restored to a sound and healthy condition or damage to any bodily tissue which results in the death of the person who has sustained the damage.

Proper supervision

Supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child's life or health, or cruelly or unduly confine the child.

Dangerous operation of a motor vehicle

Failure to provide proper supervision when the person responsible for the care of a child is driving recklessly or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report.

Reporter

The person making a verbal or written statement to the department, alleging child abuse.

Report of suspected child abuse

A verbal or written statement made to the department by a person who suspects that child abuse has occurred.

Sex trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1

Dependent adult

A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by department rule.

Caretaker

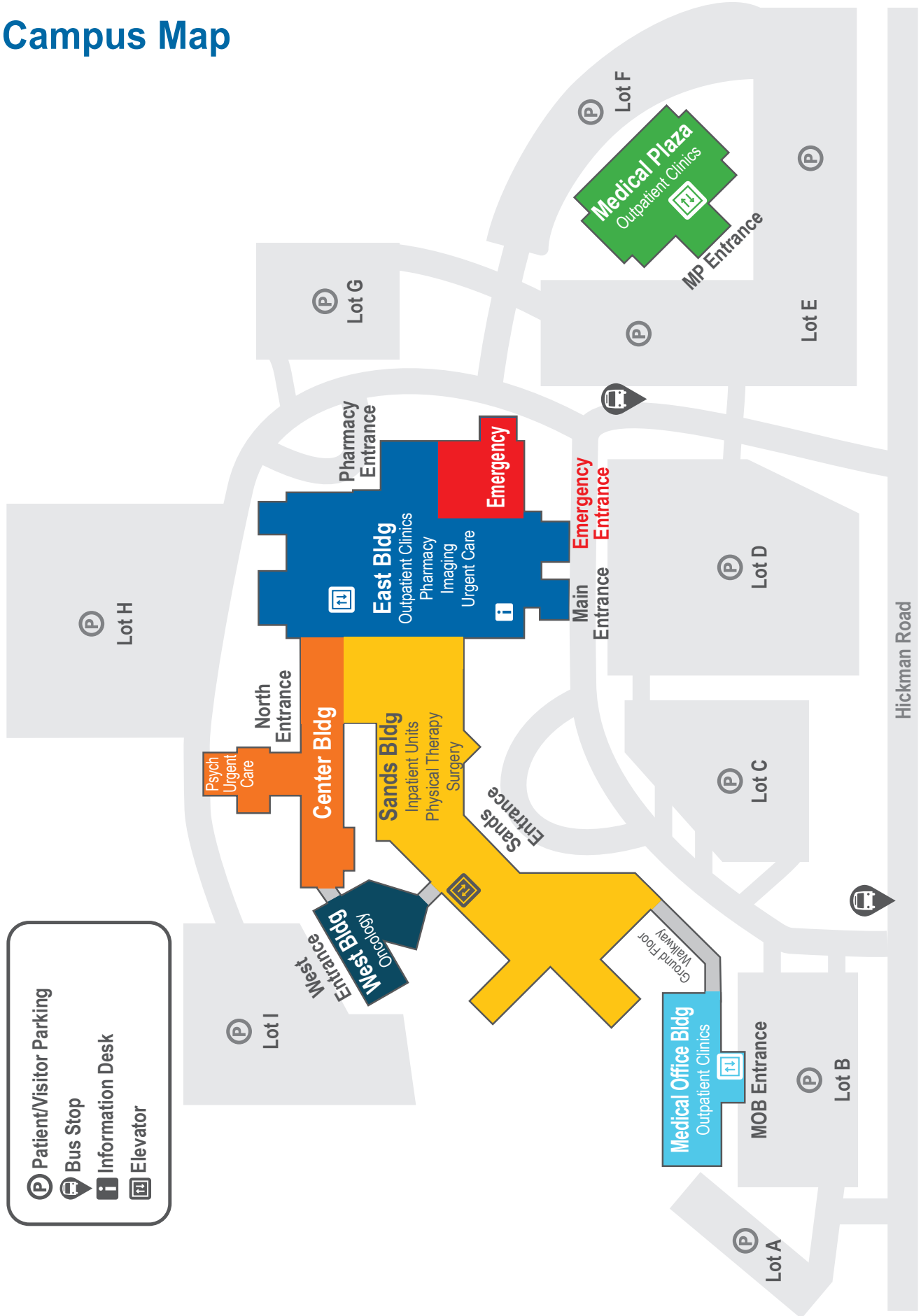
A related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

Dependent adult abuse

Any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- Physical injury to, or which is a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- The commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult.
- Exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions.
- The deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult.
- Sexual exploitation of a dependent adult who is a member of a health care facility, defined in section 135C.1 by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility.

Campus Map



Together a healthy community.

Follow us:

