

## ROTACARE MISSION

To bring free medical care for the relief of pain and suffering to those who have the greatest need and the least access to medical care.

## PHILOSOPHY OF CARE

- RotaCare Clinics will provide care in accordance with the RotaCare Philosophy of Care.
- RotaCare provides free quality medical care for patients with urgent needs who are uninsured.
- RotaCare encourages and supports patients to assume responsibility for their health care needs.
- RotaCare delivers care through volunteer caregivers who are committed to deliver health care which respects the patient's dignity, right to competent treatment and education, and right to confidentiality.
- RotaCare patients will be treated with respect to their culture, social, and economic background.
- RotaCare provides information regarding preventive health care as appropriate.

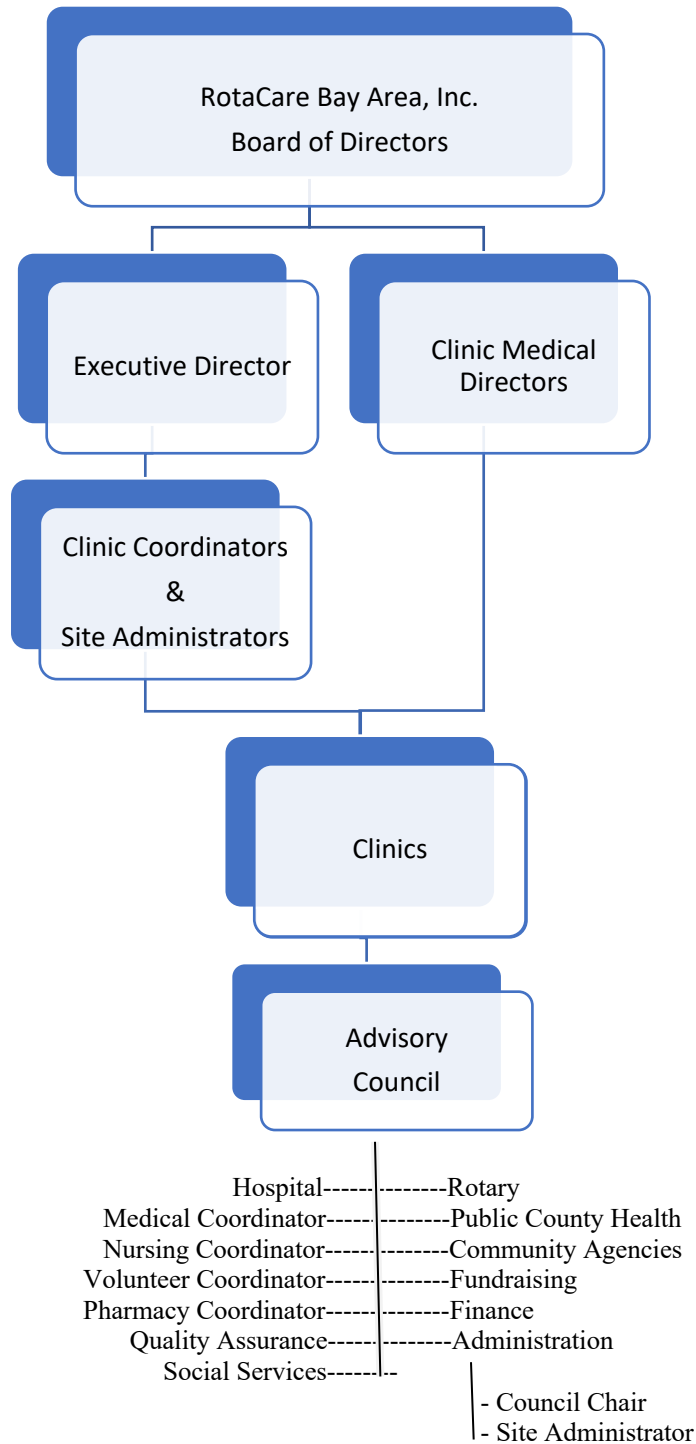
## ROTACARE AGREEMENT

- To abide by all licensing regulations.
- To provide medical care free of charge.
- To use volunteer staff within clinics.
- To establish and maintain an Advisory Council.
- To adhere to RotaCare policies and procedures.

## VOLUNTEER BENEFITS

- The District Rotary Clubs, community organizations, and appreciative patients recognize community Service by RotaCare Volunteers.
- Students may receive credit for Community Service if approved by the school.
- Letters of recommendation are given upon request, providing the volunteer has worked for 3 months.
- Above all, the volunteers benefit by sharing their gifts and talents with others.
- Professional Liability Insurance is provided for licensed professionals.

# ROTACARE Bay Area, Inc.



# ROTACARE HISTORY

In 1989 a family practice physician with a practice in Campbell, California was asked to see homeless patients residing in a shelter at Agnew Development Center in Santa Clara, California without charge. Dr. Mark Campbell and his wife, Renata responded to the call.

A new Rotarian, Dr. Campbell approached his Rotary Club for help in funding the drugs needed to treat the patients he was seeing. Dr. Campbell's club was in District 5170. When the District Governor, John Fisher, heard of the effort he became interested in taking it to other Rotary clubs in the district. It wasn't long before these two leaders had interested other Rotarians and community members in their dream and formed a charter board. They shortened "Rotary Cares" to form the name and RotaCare was born.

From the beginning everyone involved agreed that it was critical to provide care to those least able to obtain it and that the care and the medications needed to treat to patient must be provided free of charge. This resolution became the mission of RotaCare.

As other clubs within District 5170 heard of the work being done in Santa Clara, they became interested in starting a clinic within their own community. Ken Graham, the first Executive Director of RotaCare, went to his club in Morgan Hill, California and the neighboring club in Gilroy to start the second and third clinics. As these clinics formed, they realized that to sustain a clinic over time they had to recruit a large pool of volunteers instead of depending on one or two people to staff the clinic. This became the model on which all RotaCare clinics are based.

In today's world, medical professionals are able to provide charity care only if they are covered by the necessary insurances. The board went through a 3 year process of incorporating, obtaining 501(c) 3 status, trade marking the RotaCare name throughout the United States, writing the policies and procedures that allowed the clinics to be licensed by the State of California and obtaining malpractice and other insurances.

With the successful completion of these tasks, the board of directors felt it was time to let other Rotary Clubs and physicians know of the service project they had developed. In 1995, the board received a grant from the Robert Wood Johnson Foundation to help them make this dream a reality. With the funding from the grant, the board hired a part-time project director and two part-time extension project managers to find Rotary Clubs and physicians interested in starting RotaCare clinics in their own communities. Within six months of the beginning of the grant, ten communities began the process of opening clinics.

# ROTACARE FUNDING

RotaCare Clinics are funded by Rotary Clubs, hospitals, grants, and individual donations.

# ROTACARE ADVISORY COUNCIL

The Advisory Council members may consist of representatives from:

- Rotary Clubs
- Hospitals
- Physicians & nurses in the community
- Local health system
- Non-profit health agencies
- Mental health providers
- Community service groups concerned with the population served
- Other interested persons who can offer talent to the clinic efforts

At a minimum, the Advisory Council should include:

- Council Chairperson
- Medical Coordinator
- Nursing Coordinator
- Site Administrator
- Fund Development Coordinator
- Rotarians from local club(s)
- Treasurer

Function of RotaCare Bay Area, Inc.'s Advisory Councils are to:

Preserve and advance the RotaCare mission.

Insure adherence to RotaCare clinical requirements and policies and procedures in conjunction with RotaCare Bay Area administration guidelines.

Oversee quality of clinic operations, including:

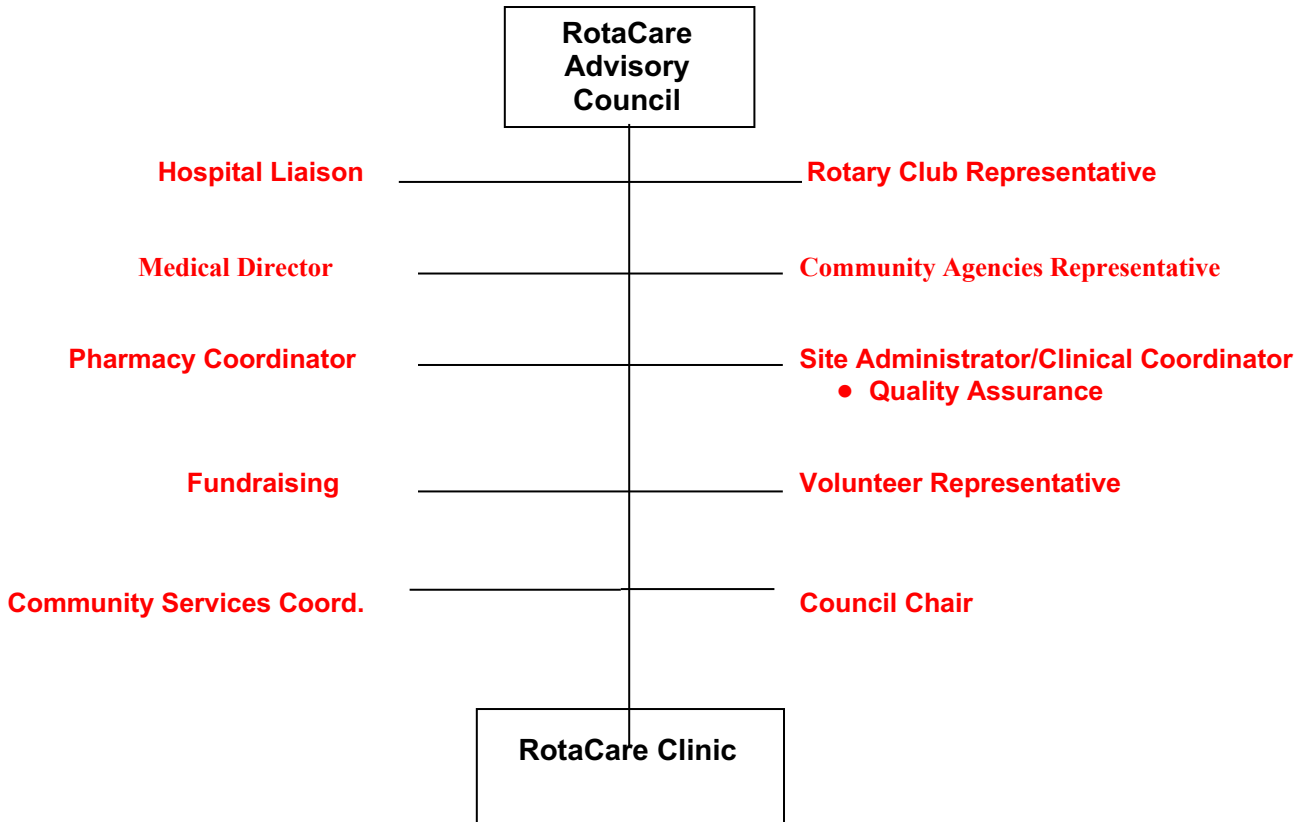
1. Medical quality improvement
2. Financial controls
3. Fundraising
4. Administrative procedures

Serve as the Advisor to the Site Administrator

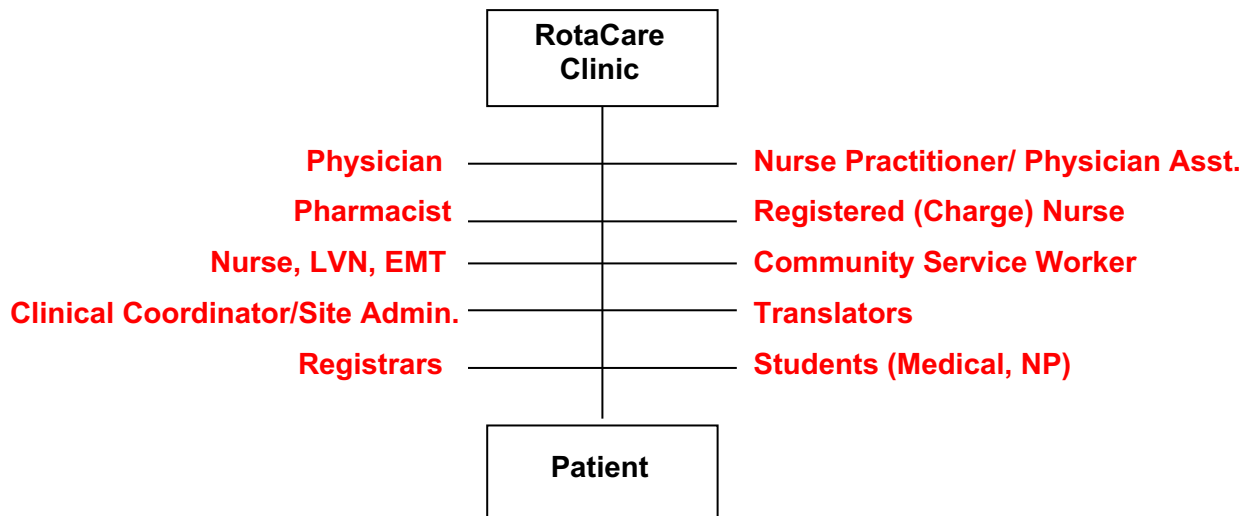
Act as an Advisory Group to the RotaCare Bay Area, Inc. Board of Directors.

Oversee local finances.

Direct the local fundraising activities.



## ROTACARE CLINIC POSITIONS



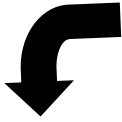
## SERVICES PROVIDED TO PATIENTS

- On-site urgent treatment and diagnosis
- Medication
- Laboratory and diagnostics
- Health Education (if available)
- Social needs referral within the local community
- Healthcare referrals for on-going needs (if available)

# ROTACARE CLINIC PATIENT FLOW

## PATIENT REGISTRATION

- Patient Sign-in
- Registration
- Eligibility determination
- Determine if patient is new or returning
- Log in patient
- Complete forms and statistics
- Assist in chart maintenance



## TRIAGE

- Identify chief complaint
- Vital signs
- Triage
- Identify known allergies
- Patient history
- Questions: Contact Clinical Coordinator, or appropriate nurse



## MD/ NP/ PA EXAMINATION:

- Chief Complaint and History & Physical.
- Diagnose.
- Treat as indicated.
- Recommend type of follow-up.
- Document (SOAP).



## CLINICAL COORDINATION:

- Identify with MD/ NP/ PA type of follow-up needed
- Provide patient education as needed
- Do urgent care referrals to County or appropriate referrals as indicated(see referral booklet)

## COMMUNITY CARE AND DISCHARGE

- Provide information regarding follow up, ongoing care, and other resources/referrals as needed
- Review Discharge plans with patient and have patient sign the Discharge Record
- Give copy to patient
- Give patient chart back to registration for completion and filing
- Maintain resource and referral files



## PHARMACY

- Dispense medications as ordered from the onsite Formulary *or* refer to off-site pharmacy
- Provide patient education regarding medication as Indicated.



## ROTACARE FORMS INFORMATION

### **Registration:**

- Registrar assists patients as needed to complete entire form; ask questions regarding areas which are incomplete and verify patient meets eligibility criteria.
- Be sure forms are legible; ask Translators for help as needed.
- Verify registration information on all returning patients.
- Ensure chart documents are completed prior to filing.

### **Care Record:**

- Each visit requires a separate record.
- Registrar completes data section.
- Nurses/triage chart chief complaint, allergies, medical history, medications and vital signs.

### **Discharge Sheet:**

- Each visit requires a separate form.
- All staff initial appropriate box.
- Registrar and/or Translators complete data section.
- Physician/NP/PA fills out prescription section including name, license number, DEA number and signature.
- Physician/NP/PA and/or Clinical Coordinator/Charge Nurse documents recommended follow-up.
- Nurse documents any patient education given.
- Nurse signs off in appropriate box.

## VOLUNTEER FILES

- Volunteers should update their personal information whenever needed: i.e. change of telephone or address.
- All volunteers are required to complete a pre-volunteer self-health assessment form and TB screening tests. Then annually; documentation of this is to be provided for their RotaCare personnel file.
- All clinical volunteers need to provide current copies of professional license.
- All Volunteers are required to read, understand and sign the Abuse Reporting Form, Ethics and Confidentiality Form, the Attendance Policy and the Volunteer Orientation Manual Acknowledgement.



## VOLUNTEER RESPONSIBILITIES

- All volunteers are required to comply with the State's licensing requirements and the RotaCare Scope of Practice Guidelines.
- All volunteers should wear I.D. badges during the clinic.
- All volunteers should introduce themselves to each other if they haven't met.
- All volunteers are welcome to make suggestions at any time.
- All volunteers are asked to assist in recruiting new volunteers as needed.
- All volunteers need to understand the Ethics and Confidentiality Form that is in the Volunteer Application Packet before signing it.
- All volunteers need to sign and date the Orientation Volunteer Manual acknowledgement.
- All volunteers are required by law to report abuse or violence. A handbook with the reporting forms, telephone numbers, and the guidelines for reporting is kept in the clinic at all times.
- All volunteers need to understand the Abuse Reporting Responsibilities Form that is in the Volunteer Application Packet before signing it.
- All volunteers need to read and sign all forms.

## ATTENDANCE POLICY

### **Attendance/Absence Policy**

In order to provide for the safe care and quality treatment of patients, the RotaCare Clinic **must** be adequately staffed. Patient care may be threatened by your absence. Your absence may also prove to be a hardship for your fellow volunteers who must perform your duties.

Remember: it is your responsibility to review the Clinic schedule when you receive it. Check your assignment and enter the dates into your calendar immediately.

Please make every effort to avoid last-minute cancellations. Finding a replacement is virtually impossible; RotaCare staff members are part-time and have other jobs during the week. RotaCare Volunteers who are regularly unable to fulfill their volunteer obligations will be asked to resign.

- For *urgent* cancellations (less than 72 hours prior to assigned shift), the volunteer must notify the volunteer coordinator.

## PROFESSIONALISM

The clinic has no formal dress code but we do request the minimum standards of professional dress. We ask that your attire be clean, comfortable, and fairly neat. There isn't a strong hierarchical structure among staff; we should all be polite and respectful to one another. We are friendly to our patients, to make them feel comfortable and cared for here at the Clinic, but there are limits. Do not discuss Clinic business or gossip with patients.

## PROFESSIONAL LIABILITY INSURANCE

- Licensed providers are covered by Medical Professional & General Liability Insurance through NORCAL Mutual Insurance Company.
- Volunteers must have current licenses while working in licensed positions at the Clinic and provide updated copies of all applicable licenses to insure appropriate coverage.

## GENERAL SAFETY

- An awareness of safe work practices and conditions are of great importance to maintain a suitable and safe work environment.
- Report any unsafe conditions or acts that are observed to the Site Administrator/ Clinical Coordinator.
- Walk, don't run especially in the halls and on the stairs.
- Open doors carefully.
- Always use proper tools and equipment for the job.
- Look out for and avoid wet or slippery areas.
- Wear appropriate clothing for the job including personal protective equipment and attire when procedures call for it.
- Practice good body mechanics while lifting objects.

# EMERGENCY PROCEDURES

## Disaster

- **What to do during a disaster:**  
Return to clinic area if it is safe to do so.  
Use the stairs, never the elevator.  
Assist with the safety of all patients/families.  
Stay calm and help others to stay calm.  
Do not use the phones.
- **In the event of an earthquake RotaCare volunteers should remember to:**  
Get under a table or in a doorway; stay away from windows; stay inside.  
Prevent post-earthquake fires as necessary.  
Assist with the safety of all patients/families.  
Stay calm and help others to stay calm.  
Do not use elevators until they are determined to be safe.  
Do not use the phones.

## Hazardous Materials

- OSHA has a list of materials considered hazardous to the health of anyone exposed to them.
- You may call the MSDS hotline at (800) 451-8346 for materials information.
- You have the right to know if you are at risk of any exposure and what to do if it occurs. If you are concerned, please ask the Clinical Coordinator or Site Administrator.

## Fire Plan

- **Fires:** All RotaCare volunteers are required to know the following information before a fire situation occurs:
  - Their specific roles in a fire.
  - The location of fire equipment in their area (pull boxes, extinguisher, fire hoses).
  - The evacuation route for their department.
- **What to do in the event of a fire: (RACE)**
  - Rescue- Anyone in immediate danger
  - Alarm- Pull alarm and dial 911.
  - Confine- Close all doors, keep hallways clear of patients, visitors and equipment.
  - Extinguish/ Use extinguisher only if safe to do so.
  - Evacuate- If unable to fight fire, start horizontal evacuation.
- More than one person can undertake these actions simultaneously, the important thing is to act quickly.
- All fires are to be reported, no matter how small.

- Use phones only to report another emergency.
- Instruct RotaCare patients and visitors to exit the building if doing so can be done safely.
- Avoid accidental alarm pulls by watching children within the clinic closely.

## INFECTION CONTROL

**Every volunteer contributes to infection control by following the established procedures outlined below:**

- Handwashing is the most effective way of preventing the transmission of infection.
- Handwashing must occur with but is not limited to the following situations:
  - Before and after personal hygiene.
  - Before and after patient contact.
  - At any time of contact with secretions from another person i.e. coughing and/or sneezing.
- Do not report for duty with any symptom of a communicable disease: i.e. productive cough, fever, diarrhea, runny nose, sore throat, skin lesions, or rashes.
- All volunteers should be familiar with the Infection Control Guideline (next section).
- Clean stethoscopes with alcohol between each patient.
- All sharps are to be disposed of in a sharps container.
- In the event of a needlestick, wash the affected area with soap and warm water immediately. Notify the Clinical Coordinator/Site Administrator immediately.
- An incident report is to be filled out by the injured worker and given to the Site Administrator or Clinical Coordinator.
- For any splash, wash the area with soap and warm water; for the eyes:
  - Irrigate the area with tap water or normal saline for 5 minutes.
  - Notify the immediate supervisor or Clinical Coordinator immediately.
- Obtain the name of the patient, medical record number and the Physician/NP/PA on duty for any such incident.
- Supervisors and the Site Administrator must complete a "Supervisors Report of Injury" within 24 hours.

**SUBJECT:** INFECTION CONTROL GUIDELINE  
ROTACARE SERVICE

**OUTCOME STANDARD:**

Personnel assigned to the RotaCare Service shall be informed of and shall adhere to approved infection control guidelines designed to reduce the potential for transmission of infection to employees and to patients.

**PROCESS STANDARDS:**

**A. PERSONNEL PROTECTION**

1. Patients suspected of or diagnosed with any of the following respiratory infections shall be placed in a private room when visiting the clinic.
  - a. Chickenpox
  - b. Diphtheria
  - c. German measles (Rubella)
  - d. Influenza
  - e. Lassa fever
  - f. Marburg virus infection
  - g. Measles (Rubeola)
  - h. Meningococcal meningitis
  - i. Meningococemia
  - j. Pertussis (Whooping cough)
  - k. Plague
  - l. Tuberculosis
2. Patients admitted with any of the respiratory communicable diseases listed above should by-pass all diagnostic services such as Radiology if possible. These patients should be referred to a hospital Emergency Services Dept.
3. Patients admitted with any of the respiratory communicable diseases listed above shall wear a mask during the admission interview if the interview is done in the waiting room area.
4. Patients admitted with any of the respiratory communicable diseases listed above should wear a mask covering the nose and the mouth while being transferred from one area to another.
5. Personal protective equipment such as masks and gloves shall be available within the clinic.
6. Gloves should be worn when contact with blood or body fluids is anticipated. Hands should be washed/sanitized after removal of gloves.
7. Hands shall be washed/sanitized following any unanticipated contact with blood or body fluids.
8. Accidents such as needlesticks or splashing of the mucous membranes of the mouth, nose or eyes with blood or body fluids shall be reported to the Clinical Coordinator or Site Administrator immediately.
9. All needles, syringes and other sharp objects shall be disposed of in a syringe disposal box. These boxes shall be placed in close proximity to all patient care activities. Needle disposal boxes shall be discarded when 2/3rds full and placed in the designated trash area.

**B. PATIENT PROTECTION**

1. Pediatric patients shall be screened for past history of communicable diseases such as chicken pox, measles, and mumps upon admission.

2. Patients shall be screened for recent exposure to communicable infections and current vaccination status upon admission.
3. Patients with signs or symptoms of an infectious process such as fever, diarrhea, rash, cough, or wound drainage shall be evaluated for private room placement by triage personnel.
4. Hands shall be washed/sanitized prior to and after each patient contact.

**C. INSTRUCTIONS IN EVENT OF ACCIDENT TO VOLUNTEER and/or PATIENT/VISITOR**

1. The volunteer must report any injury or accident no matter how small to the Site Administrator at the time of the incident. This is true regardless of whether or not an injury has resulted from the incident.
2. The Site Administrator will send the person to the Emergency Room if necessary.
3. A written Incident Report must be completed by the volunteer, patient or visitor. The Report should be sent to RotaCare Bay Area Administrative Office, P. O. Box 18430, San Jose, CA 95158 as soon as possible.

**D. EQUIPMENT AND ENVIRONMENTAL PROTECTION**

1. Environmental surfaces, which become soiled with blood or body fluid, shall be cleaned up immediately with a detergent/disinfectant. Horizontal surfaces such as counter tops shall be cleaned with a detergent/disinfectant between each patient use.
2. Change linens or paper sheets of the examination table that come in contact with patients routinely between patient contact. All soiled linen is considered potentially infectious.
3. Disposable items shall not be reused.

## TUBERCULOSIS SKIN TESTS

- RotaCare Bay Area requires an annual skin test from all volunteers.
- You can receive the skin test at your RotaCare Clinic if they routinely do TB skin tests at that clinic.
- You can also provide a TB within the past year from your employer or your own doctor.

# TUBERCULOSIS SKIN TESTS RESULTS

## What is a Tuberculosis (TB) skin test?

- A TB skin test is an injection into the skin of Purified Protein Derivative (PPD) used to determine if you have been exposed to Tuberculosis.
- This test is read as either a negative or positive.
- A negative test appears as no raised area on the arm.
- A positive test is read by the raised area and is measured in millimeters.

## What does a positive skin test mean?

- A positive TB skin test means that at some time in your life you came in contact with someone with TB.
- TB is spread in tiny invisible droplets that travel through the air.
- TB is most commonly spread to people when they are in places where there is poor airflow.
- You cannot get TB by touching drinking glasses or doorknobs.
- When you test positive for TB it means that you may have been infected with the tuberculosis bacteria.

## Active versus Inactive

- A chest x-ray and a symptom review with your physician will help you know if you have **active** (the kind you can give to other people) or **inactive** TB.
- If you have inactive TB disease, it means you carry the bacteria for TB in your lungs but are not sick with active TB disease.
- You cannot spread TB to others.
- You have a 10% chance of developing active TB disease over your lifetime.
- Preventive treatment with medication reduces the chance that you will get active TB disease.

## New PPD Converter:

- If you recently developed a positive TB (PPD) test (new converter you have a 2-5% chance of developing active TB disease in the next two years.
- With certain health conditions you have a greater chance of developing active TB disease.
- It is recommended that all new converters take a medication called Isoniazid (INH) for six months to prevent you from getting active TB disease.
- If you choose not to take the medication, it is important that you let your physician know if you get symptoms of active TB disease.

## Symptoms of Active TB:

Unexplained fever  
Weight loss

Coughing up blood  
Night Sweats

Weakness  
Long-term cough