

Austin Child Guidance Center 810 W. 45th Street, Austin, TX 78751 Phone: (512) 451-2242; Fax: (512) 454-9204 www.austinchildguidance.org

TRAUMA-INFORMED CARE FACILITY

Many children who come to Austin Child Guidance Center have experienced trauma in their lives – this includes physical/sexual abuse, witnessing domestic violence, natural disasters, and community violence. Trauma can impact the brain of a developing child, which can manifest in difficulties regulating emotions and impulses. ACGC strives to be a place of comfort, support and safety for these children. As a result, we ask that you participate in a trauma training to understand how trauma can impact children.

Here is the link: http://www.dfps.state.tx.us/Training/Trauma Informed Care/

Once you have completed the training, please print off your certificate of completion and turn it in to the Play Leader Coordinator. This training must be completed before you start your volunteer hours.

VOLUNTEER/CLIENT CONFIDENTIALITY AGREEMENT

I agree that any information concerning clients seen at the Austin Child Guidance Center will be kept in the strictest confidence. Any conversations relating to clients shall be conducted in an area where they cannot be overheard. In addition, I understand that all patient charts and related materials must be maintained in a strictly confidential manner, to protect the child and the family, and for this reason, I understand that volunteers are only permitted to view client records as needed to perform duties assigned to me by the Play Leader Coordinator. Finally, I understand that no materials containing the child's name, including drawings and others written material, can be removed from the agency before rendering them anonymous.

| Signature |
|---|
| (Typed name will act as electronic signature) |
| |
| Printed Name |
| |
| |
| Date |



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Consent for Criminal Background History Check Authorization/Waiver/Indemnity

I hereby give permission for Austin Child Guidance Center to obtain information relating to my criminal history record through the Texas Dept. of Public Safety. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Austin Child Guidance Center and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

I understand that any record of physical or sexual assault will disqualify my eligibility from volunteering/employment at Austin Child Guidance Center.

| For internal use only: ☐ Identification Verified | Applicant's Signature Date |
|---|----------------------------|
| ☐ Background Check Performed | Printed Name |
| Date:Staff Initials: | Data of Divide |
| Staff fillitials. | Date of Birth |



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Safety & Environment Procedures

At Austin Child Guidance Center, we make every effort to provide the highest quality of care to the children that we serve. In order to ensure that we have created and maintained a safe and comfortable environment for our clients and staff, volunteers are required to be familiar with specific safety and environment regulations of our organization. The following guidelines are stated in the Austin Child Guidance Center *Policy and Procedure Manual*.

Building and Grounds Security

- A. Smoking is not permitted on ACGC grounds or facilities.
- B. Children are not allowed to go outside unattended. No child should be left in a car unattended.
- C. Clients are not allowed in the administrative area or therapy hallway unless accompanied by a staff member.
- D. No staff member or volunteer should be left alone in the building with a client.
- E. Children unaccompanied by an adult should not be allowed to remain in the hall outside therapists' offices.

First Aid

The Front Desk staff are trained in First Aid and CPR and are designated responders in the event of an emergency.

A First Aid kit is located on the wall in the Admin Area. If a volunteer needs to administer an item from the First Aid kit to a client, the volunteer should first ask the parent, or ask the Client Receptionist to contact the parent if they are in a therapists office.

Completing an Incident/Illness Report

Staff, students and volunteers are asked to please complete an incident or illness form (located in the administrative area and also on the shared drive) and turn in to the Safety & Environment Officer in the situations below:

Incident

Spills of blood or bodily fluid



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- Any accident or injury of employee, client or volunteer
- Observation of a potential incidence or safety risk

Illness

- Upon returning to work from personal infectious illness (see list below)
- Upon returning to work after caring for someone with an infectious illness
- Upon being informed that a client you have seen was diagnosed with an infectious illness

Additionally, ACGC Staff, Students and Volunteers are asked to inform supervisors of the Incident in person or via voice mail or email. All Illness/Incident Reports are reviewed by the Executive Director, Safety & Environment Officer, and the Safety and Environment Committee and action is taken as determined appropriate.

Preventing the Spread Communicable Diseases & Infectious Illnesses

Volunteers should not report to ACGC if they are sick with a communicable disease or infectious illness. Communicable diseases and Infectious Illness include, but are not limited to the following:

- Chicken pox
- Conjunctivitis or Pink Eye
- Diarrhea (Gastrointestinal Illnesses) lasting longer than three days
- Diphtheria
- Fever (oral temperature of 100.4 or above)
- Head lice
- Hepatitis, Viral, type A
- Impetigo
- Influenza
- Measles (Rubella)
- Meningitis, Bacterial
- Mononucleosis (Mono)
- Mumps
- Pertussis (Whopping Cough)
- Poliomyelitis
- Ringworm of the Scalp
- Rubella (German Measles)
- Salmonellosis
- Scabies
- Shigellosis
- Streptococcal Sore Throat or Scarlet Fever

Decontamination of Objects and Surfaces

• If a child places a toy/object in his or her mouth, remove the toy from the client area. As soon as possible, the toy/object should be disinfected with a disposable cloth/wipe or cleaned with a detergent solution. The toy should not be returned to the client area until it has been cleaned



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- After times of heavy traffic, front desk staff should disinfect tables and reception desk with an antibacterial cleaner or spray, such as Lysol.
- Each day, all toys in the waiting area will be disinfected with a Clorox wipe and this activity will be documented.

Handling Spills of Blood and Other Bodily Fluids

If a spill occurs, staff are asked to respond immediately to clean the spill as follows:

- Wear latex gloves, which are located with the First Aid Kit in the Administrative Area
- Blot excess fluid up with a paper towel and place in plastic bag
- Clean surface with a disinfectant such as Lysol
- Blot up the disinfectant solution with fresh paper towels.
- Place paper towels and gloves in a plastic bag and dispose
- Wash hands thoroughly with soap and water
- Complete an incident report.

The undersigned individual has received and read the Safety & Environment Procedures. Furthermore, I understand that if I have any concerns regarding Safety and Emergency response issues I will report them to the Play Leader Coordinator and/or another staff member.

| Print name | Date | |
|---|------|--|
| | | |
| Signature | | |
| (Typed name will act as electronic signature) | | |