

Camp PossAbility, Inc. Employee Handbook

Revised 6/9/2014

By: Lauren Harmison, Director, Camp PossAbility, Inc

Three Person Rule

Camp PossAbility, Inc. requires the “rule of thirds.” Whenever there is a camper, there should always be two other people, their 1:1 volunteer plus another volunteer or another camper. At no time should a volunteer or staff member be alone with a camper. This is to help prevent inappropriate behavior and eliminate the potential for sexual or physical abuse. This also helps prevent injury since lifting a camper typically requires two people.

Individual Contact

Camp PossAbility, Inc. does not approve of individual contact with campers and employees, volunteers, and/or exchange labor. When a 1:1 volunteer is with a camper, there should always be other volunteers or campers in the same location.

Day-to-Day Relationships

Because Camp PossAbility, Inc. hopes to connect young adults with others who can relate to them and befriend them through life, not just camp, we encourage employees and volunteers to keep in contact with campers outside of camp. However, the campers are 18+ years old and can make that choice if they intend to. For the few campers who are 16 and 17 years old, connections outside of camp should also be made through their parents for the protection of both the child and the volunteer or employee.

Sexual Abuse Policy

Camp PossAbility, Inc. prohibits and does not tolerate sexual abuse in the workplace or in any organization related activity. The organization provides procedures for employees, volunteers, family members, board members, patients, victims of sexual abuse, or others to report sexual abuse and disciplinary penalties for those who commit such acts. No employee, volunteer, patient or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

Camp PossAbility, Inc. has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual abuse is inappropriate sexual contact of criminal nature or interaction for gratification of the adult who is a caregiver and responsible for the patient or child’s care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury, but does not include sexual harassment. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory agencies. Physical and behavioral evidence or signs that someone is being sexually abused are listed below.

Physical evidence of abuse:

- ◆ Difficulty in walking
- ◆ Torn, stained or bloody underwear
- ◆ Pain or itching in genital area
- ◆ Bruises or bleeding of the external genitalia
- ◆ Sexually transmitted diseases

Behavior signs of sexual abuse:

- ◆ Reluctance to be left alone with a particular person
- ◆ Wearing lots of clothing especially in bed
- ◆ Fear of touch
- ◆ Nightmares or fear of night
- ◆ Apprehension when sex is brought up

Reporting Procedure

If you are aware of or suspect sexual abuse taking place, you must immediately report it to your President/Director (Lauren Harmison) or another Board member—Cynthia Lee or Adam Keesling. If the suspected abuse is to an adult, you should report the abuse to your local or state Adult Protective Services (APS) Agency. If it is a child who is the victim then you should report the suspected abuse to your local or state Child Abuse Agency, 1-800-800-5556. If you do not know your state child abuse agency you can call the Child Help's National Child Abuse Hotline, 1-800-422-4453, TDD 1-800-222-4453. Appropriate family members should be notified of alleged instances of sexual abuse. Camp PossAbility, Inc. should report the alleged sexual abuse incident to their insurance agent.

Anti-retaliation

The organization prohibits retaliation made against any employee, volunteer, board member or patient who reports a good faith complaint of sexual abuse or who participates in an y related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. The organization prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

Investigation and Follow-up

Camp PossAbility, Inc. will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. The organization will use an outside third party to conduct an investigation. If the organization has a trained internal investigation team in place, the team will be used to investigate the incident. The organization will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is Camp PossAbility's objective to conduct a fair and impartial investigation. Camp PossAbility, Inc. provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-patient contact. The organization will

make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledging Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee/Volunteer
Printed Name

Employee/Volunteer's
Signature

Date of Annual Review: _____