

## **Policy A: Staff/Volunteer Treatment**

*Adopted November 13, 2009; Amended May 16, 2019 and August 15, 2019  
Interpretations accepted August 15, 2019*

With respect to treatment of staff and volunteers, the Executive Team may not cause or allow conditions that are inhumane, unfair, or unprofessional.

**Interpretation:** Neither the Executive Team nor anyone who is subject to the Executive Team's authority is permitted to cause, engage in, or knowingly allow any practice, activity, decision, or condition that is inhumane, unfair, or unprofessional. The Executive Team is required to investigate immediately any reported experience of inappropriate treatment (or observation of it) and initiate appropriate remediation.

### **Definitions**

- **Practice** means the formal or informal application of First Unitarian policy by paid staff or volunteers. It includes, but is not limited to, a routine or repeated activity that may be a mis-application of policy.
- **Activity** means the day-to-day behaviors, both required and voluntary, of supervisors, paid staff, and volunteers on church premises (or, if off-premises, in connection with church-sponsored events).
- **Decision** means a conclusion of judgement of a supervisor or ministry team leader that affects the working conditions and performance expectations of paid staff and volunteers.
- **Condition** means the daily circumstances that affect paid staff and volunteers. This term as used here is congruent with applicable government regulations, including the Iowa Occupational Safety and Health Act, Iowa Code Chapter 88 (The Act).
- **Inhumane** means cruel or without compassion.
- **Unfair** means without respect for principles of equity and justice.
- **Unprofessional** means contrary to the ethical and behavioral standards expected of religious professionals, including the provisions encompassed in the Unitarian Universalist Ministers' Association Code of Conduct (or, for non-minister professional, equivalent ethical rules).

**Monitoring:** The Executive Team is required to:

- (a) **Report [quarterly]:** any instance of non-compliance with this policy together with the actions taken in response and the ultimate outcome.

**09/11/20** We report **COMPLIANCE**

**EVIDENCE:** No instances of non-compliance have been reported to, or been observed by, the Executive Team.

- (b) **Report [annually]:** the results of a survey of paid staff and volunteers that solicits feedback about their experience of the policies, practices, and working conditions at First Unitarian, with particular emphasis on whether the survey respondents have experienced or observed policies, practices, or conditions that they consider inhumane, unfair, or unprofessional. If the survey identifies instances not already reported, the report must include the actions taken in response and the ultimate outcome.

Accordingly, the Executive Team may not:

1. Discriminate (as defined by city, state, and federal laws) among existing or potential staff/volunteers on other than clearly job-related criteria, individual performance, or individual qualifications

**Interpretation:** Numbered paragraph (1) of Policy A prohibits any form of individual or profile-related discrimination. This prohibition echoes and encompasses the laws and regulations of the United States Equal Opportunity Commission; the Iowa Civil Rights Act; and the Des Moines Civil and Human Rights Commission. In faithfulness to Unitarian Universalist Principles, this clause is interpreted to include equity for nonbinary and transgender persons. Under this provision, the Executive Team must ensure that each staff member has a current and functional job description; in addition, the Executive Team must, at regular interval, review each staff member's performance in light of that job description. It is the responsibility of the Executive Team to ensure that each staff member both understands the job requirements and is supported appropriately to fulfill them. This clause requires the Executive Team to ensure that all paid staff and volunteers receive education about the various types of prohibited discrimination and that all written materials relative to hiring and evaluation stipulate that individual or profile-related discrimination is prohibited.

**Monitoring:** The Executive Team is required to:

- (a) **Report [annually]** confirmation that (i) all paid staff and volunteers have received education about discrimination; (ii) have current written job descriptions; and (iii) have received recent performance reviews, or an explanation of any failure to meet this requirement.
- (b) **Report [annually]** the results of a survey of paid staff and volunteers as to their experience of discrimination at First Unitarian. If a response indicates noncompliance, the Executive Team must report the nature of the noncompliance, the actions taken in response, and the ultimate outcome.

**09/11/20** We report **COMPLIANCE**

**EVIDENCE:** Discrimination in the workplace and what to do about it have been discussed on more than one occasion at staff meetings. All paid staff have current written job descriptions and have been evaluated within the last six months.

A survey of staff found one staff member had experienced or observed policies, practices, or conditions that they considered inhumane, unfair, or unprofessional but that they had also not reported it. Further investigation found that the circumstances involved individuals no longer with First Unitarian.

2. Subject staff or volunteers to unsafe or unhealthy conditions.

**Interpretation:** This provision means that the Executive Team is to manage working conditions for paid staff and volunteers at First Unitarian so as to minimize undue stress, accidents, work-related injury, or disease. This policy is interpreted as congruent with generally accepted regulations such as Occupational Health and Safety Act, 1970, section 5 (OSHA) and the Iowa Occupational Safety and Health Act, Iowa Code Chapter 88 (The Act). The Executive Team must cooperate with government agency safety or health inspections ("outside" inspections) and conduct regular in-house inspections at least annually.

Should circumstances arise that create unsafe or unhealthy conditions, the Executive Team is required to immediately remediate the condition and to offer staff and volunteers alternative work locations until the problem has been resolved. If the unsafe or unhealthy conditions are expected to continue for longer than one week, or if the costs of remediation exceed the limits of Policy II.E.6, the Executive Team is required to inform the Board immediately of both the condition and the remedial actions being undertaken or proposed.

**Monitoring:** The Executive Team is required to:

- (a) **Report [annually]** whether all outside inspections since the last report have been passed and/or had any deficiencies; if there were deficiencies, what they were and the nature and timing of their remediation.

**09/11/20** We report **COMPLIANCE**

**EVIDENCE:** The last inspection of the chair lift was successfully passed (02/20), as was the most recent inspection of the building by the Fire Marshal (04/20.)

- (b) **Report [annually]**, whether the in-house safety inspection of staff and volunteer workspaces occurred as scheduled; if there were any areas of concern, report what they were and the nature and timing of their remediation.

**09/11/20** We report partial **COMPLIANCE**

**EVIDENCE:** The last in-house safety inspection occurred August of 2019. The only area of immediate concern was the clustering of materials in front of electrical panels, especially in the basement. Those areas were cleaned out. An in-house inspection has not occurred in 2020 at this time due to the idleness of the building.

- 3. Withhold from staff a due-process internal grievance procedure.
- 4. Prevent staff from grieving to the Board when:
  - (a) internal grievance procedures have been exhausted and
  - (b) the employee alleges either that
    - i. Board policy has been violated to his or her detriment, or
    - ii. Board policy does not adequately protect his or her human rights.

**Interpretation:** Policies II.A.3 and II.A.4 mean that the Executive Team is responsible for ensuring that First Unitarian has a written internal grievance procedure about which staff are informed. A complaining staff member must follow the internal grievance procedure referred to in II.A.3 before taking a grievance to the Board and the Executive Team must allow a grievance to go to the Board if the requirements of Policy II.A.4 are met.

The essence of these policies is that the Executive Team must allow staff to express disagreement with church policies or a supervisor's treatment without fear of reprisal; at the same time, staff must do so through the specified grievance process. The Executive Team is not

permitted to retaliate against a staff member for expressions of dissent carried out through the specified process. Concomitantly, staff are not permitted to spurn the specified process and instead complain to the wider church community.

This policy encompasses, but is not limited to, State of Iowa's Whistleblower Protection Program. Policies II.A.3 and II.A.4 also imply that the Board will affirm the decisions of the Executive Team as long as those decisions are consistent with Board policy and with the agreed-upon interpretations. The Executive Team is accountable to the Board for following the correct policies, process, and interpretations; the Board reviews Executive Team staff decisions in that light but does not re-decide the substance of a staff grievance.

**Monitoring:** The Executive Team is required to:

- (a) **Report [annually]** a summary of grievances filed and the outcome thereof (for example, resolved, referred to another level of consideration, or pending/continuing).

**09/11/20** We report **COMPLIANCE**

**EVIDENCE:** No grievances have been filed.

- (b) **Report [annually]** confirmation of annual written acknowledgement by least 95% of paid staff that they are aware of and familiar with the internal grievance procedure.

**09/11/20** We report **COMPLIANCE**

**EVIDENCE:** A recent survey of staff found that only 1 paid staff member was not aware of the internal grievance procedure.

5. Allow staff to be unprepared to deal with emergency situations.

**Interpretation:** An emergency situation is one that poses an immediate risk to health, life, property or environment, in which a reasonable person would conclude that urgent intervention is required to mitigate the harm that will otherwise occur. The Executive Team must ensure that functional, reasonable and adequate procedures exist for staff and volunteers to follow when they encounter emergency situations, and that staff and key volunteers are both informed and trained to follow them.

**Monitoring:** The Executive Team is required to:

- (a) **Report [annually]** that functional, reasonable and adequate Safety Plan procedures exist for staff to deal with emergency situations, providing the Board with a summary of the procedures along with any training and updating that has been offered since the last monitoring report.

**09/11/20** We report partial **COMPLIANCE**

**EVIDENCE:** Religious Education has safety plans in place for use by RE activities. Broader implantation of those safety plans has not yet occurred.

- (b) **Report [annually]** that the Executive Team has received written acknowledgement from 100% of paid staff that they have received Safety Plan training and are aware of and familiar with the emergency procedures.

**09/11/20** We report partial **COMPLIANCE**

**EVIDENCE:** Those staff involved with RE are aware with those emergency procedures. As noted above, building-wide emergency procedures have not yet been implemented.

### **5. Allow staff to be unprepared to deal with emergency situations.**

**Interpretation.** An emergency situation is one that poses an immediate risk to health, life, property or environment, in which a reasonable person would conclude that urgent intervention is required to mitigate the harm that will otherwise occur. The Executive Team must ensure that functional, reasonable and adequate procedures exist for staff and volunteers to follow when they encounter emergency situations, and that staff and key volunteers are both informed and trained to follow them.

**Monitoring.** The Executive Team is required to:

- (a) **Report [annually]** that functional, reasonable and adequate Safety Plan procedures exist for staff to deal with emergency situations, providing the Board with a summary of the procedures along with any training and updating that has been offered since the last monitoring report.
- (b) **Report [annually]** that the Executive Team has received written acknowledgement from 100% of paid staff that they have received Safety Plan training and are aware of and familiar with the emergency procedures.

**09/11/20** We report Non-Compliance

**EVIDENCE:** We do not currently have a comprehensive safety plan in place.

It takes approximately a year to develop a comprehensive safety plan, train staff and key volunteers, and implement the plan within all of congregational life. Currently staff and Faith Formation volunteers are informed of and trained in emergency evacuation procedures, but our goal is a more complete safety plan with wider congregational engagement and understanding. We will need to form a Safety Plan Task Force to create a comprehensive safety plan, and then to appoint a Safety Team to train key volunteers and manage the Safety Plan on an ongoing basis. When we are ready to engage in this work we recommend budgeting approximately \$1,000 for a Congregational Preparedness Workshop and Assessment, which the UU Trauma Ministry Response Team offers. The Executive Team would not expect the Board to hold us to this Policy II.A.5 and its interpretation until the Safety Plan is in place, instead expecting from us regular reports as to progress toward the goal after normal operations are resumed.