Adopted by the Board of Directors — August 4, 2026

Breastfeeding Family Friendly Communities

Volunteer Professional Liability Insurance — Premium Reimbursement Policy

1. Purpose

Breastfeeding Family Friendly Communities ("BFFC," including its Breastfeed Durham program and the Breastfeed Durham Lactation Collaborative) relies on credentialed volunteers to provide free lactation care to uninsured and under-resourced families. BFFC requires each volunteer who provides hands-on clinical lactation care to maintain individual professional liability (malpractice) insurance. So that cost is never a barrier to volunteering, BFFC will reimburse the premium for that coverage as set out below.

2. Who is covered by this policy

Credentialed volunteers (IBCLCs and other BFFC-approved credential holders) in good standing who provide, or are approved to provide, hands-on clinical lactation care through the Lactation Collaborative or another BFFC program. Volunteers whose service is limited to education, peer support, outreach, or administrative help are welcome but are not required to carry individual coverage and are not eligible for reimbursement under this policy. Pathway 3 and other students are addressed in Section 5 and are not eligible for reimbursement.

3. Insurance requirement

1. The volunteer must maintain an individual professional liability policy, issued in the volunteer's own name, covering services within the scope of the IBCLC credential (or other credential under which the volunteer serves BFFC).
2. Minimum limits: $1,000,000 per occurrence / $3,000,000 aggregate, or the closest limits the insurer offers at or above $1,000,000 per occurrence.
3. Volunteers are encouraged to ask their insurer to list Breastfeeding Family Friendly Communities as an additional insured or certificate holder, where available at no or nominal cost.

4. Reimbursement

1. BFFC will reimburse 100% of the volunteer's annual premium, up to $200 per volunteer per policy year.
2. To be reimbursed, the volunteer submits (i) a receipt or invoice showing the premium paid and (ii) a certificate of insurance or declarations page showing the policyholder name, policy period, and limits.
3. Reimbursement is processed like any other approved volunteer expense. It is a reimbursement of an expense actually incurred at BFFC's request; it is not wages, a stipend, or other compensation, and it does not create an employment relationship.

5. Pathway 3 and other students

BFFC distinguishes between credentialed volunteers and students. Volunteer IBCLCs donate professional services to BFFC and the families we serve; Pathway 3 students and other students or

interns receive something of value from BFFC — supervised clinical experience, mentorship, and hours toward certification. The reimbursement benefit follows that distinction.

1. Pathway 3 students (and other students or interns in a clinical placement) must obtain and maintain their own student professional liability policy, at their own expense. Student premiums are not reimbursable under this policy.
2. A student may not provide hands-on care to any parent or baby until (i) the Lactation Collaborative coordinator has a current certificate of the student's insurance on file and (ii) the student's mentor has approved hands-on participation.
3. Participation in the email list, trainings, and observation at clinics does not require individual coverage.

6. What this policy is not

- Reimbursement of a premium is *not* an agreement by BFFC to defend, indemnify, or hold harmless any volunteer, and no BFFC representative is authorized to make such an agreement. Each volunteer's insurer is responsible for defending claims against that volunteer under her or his own policy.
- This policy does not change the volunteer relationship. Volunteers serve at the direction of BFFC and within the scope of their credential, and either the volunteer or BFFC may end the volunteer relationship at any time.

7. Administration

1. Proof of current coverage is due before a volunteer's first clinic shift of each policy year. The Lactation Collaborative coordinator keeps certificates on file.
2. If a volunteer's individual coverage lapses, the volunteer pauses hands-on clinical care (and may continue non-clinical service) until coverage is restored.
3. Questions about this policy go to the President & CEO. Exceptions require written approval of the President & CEO or the Board.

Adopted by quorum vote of the Board of Directors: August 4, 2026

Love Anderson, President & CEO and Board Member, on behalf of the Board

Signature: _____ Date: August 4, 2026

Adopted by the Board of Directors — August 4, 2026

Insurance & Scope-of-Practice Clause — for the Volunteer Agreement

The following section is intended to be inserted into the Lactation Collaborative volunteer agreement / onboarding packet.

Section ___. Volunteer Status, Scope of Practice, and Insurance

(a) **Volunteer status.** I am serving as an unpaid volunteer of Breastfeeding Family Friendly Communities ("BFFC"). I am not an employee, and I understand that reimbursement of approved expenses (including the insurance premium described below) is not compensation.

(b) **Direction and scope.** When volunteering, I act at the direction of BFFC and within the scope of my IBCLC credential (or other credential approved by BFFC in writing). I will not diagnose medical conditions, provide medical treatment, prescribe, or provide services outside that scope while volunteering — even if I hold another professional license that would otherwise permit them. If a client's needs go beyond that scope, I will refer the client to an appropriate provider.

(c) **Individual professional liability insurance.** If I provide hands-on clinical lactation care, I will maintain an individual professional liability policy in my own name with limits of at least $1,000,000 per occurrence, and I will provide BFFC a current certificate of insurance each policy year. BFFC will reimburse my premium under its Premium Reimbursement Policy. If my coverage lapses, I will pause hands-on care until it is restored.

(d) **Indemnification and hold harmless.** I agree to hold Breastfeeding Family Friendly Communities, its directors, officers, and employees harmless from claims, damages, and expenses arising out of my own negligent acts or omissions in providing volunteer services, or out of any act outside the scope of my credential or outside BFFC's direction. I understand that BFFC does not agree to defend, indemnify, or hold me harmless from claims arising out of my volunteer service, and that each of us looks to our own insurance. BFFC's organizational policies apply to volunteers as provided in, and subject to the terms of, those policies.

(e) **Consent and documentation.** I will obtain informed consent before any hands-on care, follow BFFC's clinic protocols (including chaperone/second-person practices where applicable), and document each visit as BFFC's protocols require.

(f) **Incident reporting.** I will report any incident, injury, complaint, or threatened claim arising from a BFFC activity to BFFC's President & CEO within 48 hours, so that BFFC can meet its own insurance reporting obligations.

Volunteer signature: _____ Date: _____

Printed name & credential(s): _____