

Crestwood Care & Rehab Welcomes Volunteers!

The residents and staff of Crestwood Care and Rehab want to welcome you to our volunteer program. We are certain that it will be a challenging and rewarding experience for you. As a volunteer you will be performing a vital service to the community and at the same time enriching your own life.

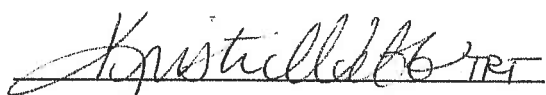
As a volunteer at Crestwood, you will be involved with the lives and personalities of older persons, people recovering from major surgeries and or accidents and persons with various physical and mental disabilities. Their needs and desires are a varied as the people themselves. It is important to remember that the residents in this facility have the same emotional and social needs as anyone else. They face the same fears, frustrations and anxieties common to us all. But the older persons have different and often more limited capacities to deal with their emotions and changes in their lives.

With understanding and compassion we can influence how these residents adjust to the changes that age, disability and illness impose. Equally important are the unique needs of the mentally disabled. They face fears and frustrations that are difficult to understand.

Each resident has individual needs. They vary tremendously. Each resident is unique with needs, reactions and behavior. However some needs are universal. The common needs beyond physical security are:

1. To love and be loved, to have a feeling of belonging.
2. To feel approval, acceptance and esteem.
3. To have something to look forward to. A new experience.
4. To work or feel useful, to have something which lends a purpose and direction to living and makes it all seem worthwhile.

As a volunteer you will be able to help with all these needs.



Recreation Director & Volunteer Coordinator

CRESTWOOD CARE CENTER
VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name: _____

Date of Inservice: _____

- _____ 1. Tour of Facility
- _____ 2. Confidentiality/No Access to Resident Records
- _____ 3. Schedule
- _____ 4. Rules on Conduct
- _____ 5. Volunteer Form (copy given)
- _____ 6. Fire/Disaster Orientation
- _____ 7. Infection Control
- _____ 8. Where/Whom to Report Problems, Concerns, Etc.
- _____ 9. Copy of Resident's Rights (copy given)
- _____ 10. Emergency Procedure

Activities Director Signature

Date

Volunteer Signature

Date

Date: _____

**CRESTWOOD CARE CENTER
VOLUNTEER APPLICATION**

Name: _____ Phone: _____

Address: _____

In case of emergency, contact: _____ Phone: _____

Volunteer experience (have you volunteered at a long-term care facility before, where?):

Special training, skills or membership in professional or civic organizations: _____

Do you have talents that you are interested in sharing? _____ If yes, explain

What interests you about volunteering at a long-term care facility? _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

Before you begin your volunteer service a background check may be conducted.

Availability (days and times you would like to volunteer): _____

Personal References (please do not include family members):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

See other side.

-----Space for Volunteer Coordinator-----

Under the new HIPPA, Health Insurance Portability Accountability Act, each resident has the right to complete confidentiality. Everything that occurs in the care center is to be treated as confidential. Improper exchange of information with residents, families, visitors or friends is unethical and may become grounds for a lawsuit as well as termination. All requests for information concerning a specific resident or the care center operation in general are to be referred to the charge nurse or the Administrator. All residents' medical records are strictly confidential and are available only to the facility's staff, to the health care professionals providing direct services to the resident, and the surveyors on a need to know basis.

I have read completely all rules and procedures concerning my volunteer service here at Crestwood. I understand these rules and agree to follow them. I understand that this facility respects resident rights and I agree to respect these rights through my performance as a volunteer and I will keep professional confidentiality in all my statements.

Name

Date

When your application is completed, the Volunteer Coordinator/Activities Director will need time to go over your application before your interview.

Welcome to Crestwood's volunteer team. We look forward to getting to know you better and hopefully providing many hours of enjoyment for you while providing a much needed service for our residents.

CRESTWOOD'S VOLUNTEER GUIDE
(and visitors')
FOR PEOPLE WHO CARE ABOUT THE AGING

WHEN A RESIDENT CRIES

What should you do when you see a resident who is crying? Your first reaction might be to say, "Now, now, don't cry. Everything will turn out okay for you, I'm sure. Let's put on a happy face," or some other such expression you intend to be reassuring. But if you really want to help the person who is crying, you should allow him/her to cry and not make him/her feel there is something wrong with it. Your greatest help to him/her would be to find out why she is crying. You do this simply by asking, "What's the matter?" and then listening carefully to what she tells you. Let him/her feel that you are there for him/her to lean on and that you will give him/her all the help they need within your capabilities. Trying to get a person who is crying to put on a happy face may make you feel more comfortable and less helpless, but it doesn't do a thing for the person who is crying.

MEMORY LOSS

When a resident who is suffering from severe memory loss asks you what day it is, you may think it will stimulate his/her thinking to respond, "What day do you think it is?" However, anyone with a severe loss of memory also has lost the ability to reason, so is not capable of logical thinking. Having a person like this try to guess is useless, since he may not even be able to name the day of the week, the months of the year, or even his own name. The best way to respond is to give him/her the correct information promptly. Any other response fosters undue stress and frustration.

WHAT ARE YOU GOING TO DO?

What should you do when the older person you are with acts hostile toward you, either by saying something unkind or taking a swing at you? The natural reaction might be to swing back or respond with more unkind words, but this obviously is not therapeutic for either party. One of the most difficult things to learn, and accept, when working around older people is not to be offended personally by anything that is said to you. You can be insulted, sworn at, hit and in other ways be deeply hurt by a cutting remark, but if you can accept the fact that the hostility is not really being directed at you personally, even though it may seem that way, you can respond with more confidence and assurance. What usually has happened in cases like this is that the older person has been upset about something else, and that you just happened to be the first person he came into

contact with. So guess who gets the heat? A good response on your part, when hostility like this happens, is to say to the person, "Well, I like you anyway," or "I'm sorry you feel that way." Responding with hostility only increases the tension.

RESIDENTS WHO EXAGGERATE THEIR PAIN

Some people have a tendency to exaggerate the pain they are experiencing, but it is never helpful to scold them ("Now don't start complaining about that again or you'll give me a pain") nor to challenge their honesty ("Sometimes I think you are imagining all that pain. It couldn't really be that bad all the time, could it?") In fact, when you tell such persons that they are imagining their pain it makes them exaggerate all the more in order to "save face." Telling them there are others in worse pain ("Other people suffer around here, too. Many are a lot worse off than you are") is no comfort and a poor way of getting at the problem. The problem may be there is a need for this resident to have more attention paid to him. People who exaggerate their pain are helped best by kindness, attention and sympathy. "I'm sorry that your pain is so bad today" is a good response. Then try to get the resident's thoughts involved with happier things.

THE TROUBLED RESIDENT

When a resident is upset or troubled, you may want to cheer him/her up by trying to divert his/her attention from his/her troubles. You might think that by telling him/her how wonderful the day is, how much they have to be thankful for, or by giving him options on things he could do would bring him out of his upset condition. It probably won't. The thing he needs is someone who will listen to him. Therefore, a more therapeutic approach would be to ask him why he seems troubled. This will encourage them to share their feelings. You may not be able to solve whatever it is that is bothering him/her, but just by listening you are helping them, even though you may think you are doing nothing.

THE CONSTANT COMPLAINER

When a person constantly complains about anything and everything, what he actually may be saying is, "I feel neglected. Nobody likes me or gives me any attention around here." He may be too proud to actually say these things, and may indeed not know himself the real reason he feels as he does, so he disguises his feeling of neglect by complaining about other things. Keeping this in mind, it is not so much what you say to this person, as it is your attitude toward him and how he receives your message. He obviously needs more love and attention than he has been getting. Once this need has been met, the complaints should be fewer in number or go away completely. Hugs and pats are wonderful therapeutic actions to give to the person who complains.

BE SENSITIVE

Older people are easily hurt and very sensitive in those situations where their limitations become apparent. All who aim to help the geriatric resident must walk that thin line between being overprotective and yet safely guarding the best interests of the resident, say Dr. Donald F. Brandle, a noted geriatric specialist. The other thin line that must be maintained, Dr. Brandle says, is the art of gentle persuasion. If only we could all acquire the ability to be kind yet firm as we attempt to help the older person utilize those assets, which he often fails to recognize, he possesses. Paralleling this, we must also help him and those around him to recognize and accept the irreversible defects.

QUICK THERAPY

You feel secure partly because you are familiar with your environment and feel comfortable in it. Imagine, however, if you were transported to a foreign country where you knew neither the people nor the language, and not even what country you were in. Communication would be difficult, if not impossible. How comfortable would you feel then? But if someone came up to you and put his arm around you and looked as if he could empathize with your predicament, wouldn't that be of some comfort to you?

The mentally impaired resident in a nursing home experiences a similar difficulty. He is in a place that is unfamiliar to him, he cannot communicate with people around him, and he feels frustrated and uncomfortable. But how comforting it must be for him when someone comes up to him and puts her arms around him, smiles at him, or in other ways shows him there are friendly people there.

The next time you meet a mentally impaired resident; take the time to give him a hug or a smile or a pat. He may not be able to respond in words, but you'll know your gesture was a therapeutic one.

**CRESTWOOD CARE CENTER
RESIDENT RIGHTS**

1. Dignified Existence
2. Choices
 - a. Time to get up
 - b. Time for showers
3. Selective menu
 - a. Substitutions
4. Use of call lights.
5. Activities
6. Mail
7. Exercise of Rights
8. Free of Interference
9. An Appointed Person
10. Notice of Rights and Services
11. Notice of Medical Condition
12. Refusing Treatment
13. Experimental Research
14. Medicaid Benefits
15. Services Available
16. Ombudsman
17. Telephones
18. Personal Possession
19. Married Couples
20. Self-Administration of Drugs
21. Transfer or Discharge
22. Restraints
23. Free from Abuse
24. Legal Rights
25. Physician Contact
26. Notification of Changes
27. Personal Funds
28. Financial Record
29. Personal Physician
30. Treatment
31. Agencies
32. Participation
33. Personal Privacy
34. Clinical Records
35. Voice Grievances
36. Survey Results
37. Refuse Services
38. Access to Representatives
39. Reasonable Access
40. Care and Treatment
41. Interaction
42. Resident and Family Groups
43. Religious and Community Activities
44. Receiving Services
45. Photocopies of Records

15. Avoid discussion of your problems. Wear your best smile while on duty, and keep your attitude happy and cheerful. Do not encourage the resident to feel sorry for him/herself. Do not take their problems home with you.
16. Be a good listener – let them talk about the old days but avoid talk about their condition and the facility. They are adults – treat them as such and with respect. Do not talk down to them or talk in a demeaning tone. Get on their level, make eye contact and speak clearly. Never force a resident to action that might expose him to ridicule or harm.
17. Do not invite residents to private homes or community events without first clearing it with the volunteer coordinator.
18. Do not smoke, eat or drink in the facility except in designated areas.
19. Volunteers are invited to use the staff lounge for breaks and meal times. Volunteers that work for four or more hours in a single day are invited to eat one free meal on the day services are being rendered. Please let the volunteer coordinator know of your intentions to eat at the facility at least one hour prior to mealtime.
20. Volunteers are requested to use the staff restrooms. Please do not use resident restrooms.
21. Please stay out of restricted areas within the facility, such as the kitchen, laundry, nurses' station, store rooms, and private offices. You are entitled to supervision, guidance, and orientation to the volunteer program. Do not roam the facility without direction.
22. Please log your time on the volunteer record on the activity room door. We need to track hours as well as be aware of anything a volunteer is in the facility.
23. Always knock on patient doors before entering a room. Even if a resident is sitting on the bed and is aware you are coming up to the door- - Knock!!!
24. If a resident or employee ever says or does anything that makes you feel uncomfortable, please let your supervisor know immediately.
25. Dress code: Grooming must be neat and clean. Clothes should look neat, and clean with no holes. No short skirts and no shorts. Shirts must have sleeves and please wear closed toe shoes.