

Volunteer Handbook



WELCOME ABOARD

Welcome. You are joining a group of dedicated and skilled persons who are committed to providing quality care and support to our residents. We hope the time spent with us is a fulfilling and rewarding experience.

Your position is an important one requiring both skills and responsibility. Your attitude and approach is your role, and the duties you perform affect the quality of life enjoyed by our residents. In fact, whatever you do affects, to some degree, the satisfaction of whom we serve.

Tony Stacey Centre for Veterans Care is a non for profit organization with an excellent reputation in Canada. We provide compassionate and quality health care services to a primarily older adult population. You have an opportunity to make an important contribution to these services.

You are a valuable part of our team and your suggestions are important to us. We are certain that you will help to make our home an ever better place for the residents, family and staff.

Your volunteer contribution will touch the lives of the residents here, and will enhance their quality of life. We hope that your volunteering will be mutually beneficial, and the Tony Stacey Centre will commit to making this experience a rewarding one.

The purpose of this handbook and orientation is to provide you with information that will help you make the most of your volunteer experience at the Tony Stacey Centre for Veterans Care.

Our handbook provides you with all the information you need to complete your tasks. However, your positive volunteer experience will depend on your interaction with the residents. We welcome your input, ideas, and observations so please feel free to speak with us anytime and thank you for choosing our home.

ADMINISTRATION

Tony Stacey Centre is under the direction of the Executive Director, Melissa Elliott who is responsible for the overall operation of the Centre.

Directly responsible to the Administrator are the Managers of the following departments.

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| Director of Resident Care: | Moises Ruiz |
| Operations Manager | Evy Lang |
| Recreation Coordinator: | Ashlee Warrell |
| Community Relations Coordinator: | Diana LeBlanc-Hilge |
| Dietary Manager: | Linda Macdowall |
| Environmental Manager: | Devin Hilge |
| Office Manager: | Dyanne Black |

Orientation

As part of your introduction, we ask that you take part in an orientation session. This may be done on a one on one basis, or with a group of new volunteers. This orientation will provide basic information about Tony Stacey Centre for Veterans Care, a tour of the facility, policies and procedures, and what to do in an emergency.

In-service Education Sessions

Our in-service training is done online through Surge Learning and you are encouraged to access any in-service education sessions in which you are interested.

VOLUNTEERING BENEFITS EVERYONE

The benefits of helping other people flow back to the helper.

Through volunteering you can:

- Develop communication, organization and creativity skills.
- Enhance your abilities in a particular area
- Develop meaningful relationships
- Realize the joy that comes from making a difference to another person.

Your involvement also enriches the lives of the residents in ways no one else can. Through you, resident can.

- Keep in touch with the community
- Anticipate and look forward to a volunteer visit
- Develop a new interest or awaken an old one
- Participate in activities the residents would not otherwise take part in
- Know the joy of friendship
- Develop a meaningful relationship

Volunteering is Ever Changing

Volunteering in our home will be a dynamic role. That is, it rarely stays the same, and we all have to be flexible. Residents needs and interest change; some residents cease activities, others commence or renew interests. Sometimes health conditions interfere, making a once- enjoyed activity a challenge. Perhaps the residents (like any of us) just want something new and different.

Your needs, abilities and interests are also likely to change over time. As your involvement continues, you may also find that you want something new and different. You may move to a greater challenge, or switch to something more relaxing for a period of time.

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For these reasons, you may wish to change or modify your role, many volunteers do. Not only is this a fact of volunteer life, It is often essential to a satisfying experience.

If you feel that your role is just not the same anymore, for either you or the residents you see, or you would like to change your role in the home, please speak with the Community Relations Coordinator.

Rights and Responsibilities

A volunteer has the right to:

1. Be properly interviewed.
2. A position that is fulfilling.
3. Be trusted on with necessary confidential information.
4. Be kept informed on what is happening in the facility.
5. Expect that her/his tasks have been planned.
6. An assignment that will promote learning and growth.
7. Orientation, initial and ongoing training.
8. Receive support from the Community Relations Coordinator.
9. Appropriate recognition.
10. Reimbursement of out of pocket expenses whenever possible.
11. Be respected as a team member.

A Volunteer has the responsibility to:

1. Be sincere in the offer of service and believe in the value of volunteer position.
2. Maintain dignity and integrity of the program.
3. Respect confidences.
4. Choose a home he/she can respect and support.
5. Follow facility guidelines.
6. Prepare for each work assignment.
7. Use time wisely, not interfere with other's work
8. Acknowledge the need for training and participate fully.
9. Consult with the Community Relations Coordinator when unclear on a policy or action.
10. Give constructive feedback that will improve effectiveness
11. Refuse gifts or money from residents.
12. Work as a team member, understanding the function of paid staff and staying within the bounds of volunteer position.

Communicating with the Community Relations Coordinator and other Staff Members:

It is important to communicate regularly with the Community Relations Coordinator. Let her know what you are enjoying about your volunteer experience and of any difficulties you may be encountering so that they may be resolved quickly.

Communicating effectively with other staff members is an important part of the team approach. Often volunteers can offer valuable information to staff, which can be useful in developing a resident's care plan. If you have any concerns regarding a resident with whom you are working with, or you do not understand what she or he is trying to tell you, check with a staff member.

The staff member who you should be reporting to regarding your volunteer role and concerns you have or come across is the Community Relations Coordinator or Recreation Coordinator unless you are told differently.

Dress Code

First impressions make a difference, when you are in the home, you should display a clean, well groomed, and professional appearance. All clothes should be clean and in good repair- no torn or ripped clothing. Always wear a volunteer name badge. Jewellery and perfume should be minimal.

Please avoid sleeveless low cut tops, and low cut pants that reveal the abdomen.

Footwear is very important since you may be assisting someone pushing their wheelchair or helping them to walk. Shoes should be comfortable closed toe and closed heel without a large high. Running shoes are recommended.

Personal Valuables

Tony Stacey Centre for Veterans Care is not responsible for the loss of any personal valuables. Do not bring any valuables to the home.

Parking

Parking is provided free of charge to all active volunteers.

Injuries in the Workplace- Accident or Injury

If you are injured during your shift you must report the injury to the Community Relations Coordinator or Nurse Manager immediately so the necessary treatment can be provided if needed and the proper forms can be completed.

Volunteer Hours

Your volunteer schedule shall be planned with the Community Relations Coordinator according to your availability. Should you be unable to be present at the appointed time, please call the Community Coordinator or the Centre as soon as possible, early notice helps prevent cancelled programs and avoids disappointment.

Health and Safety/ WHMIS

It is everyone's duty to report to any dangers or hazards they may come across within the centre. These include dangers and hazards to residents and to staff, if you find something you feel is unsafe, please report it right away to a Manager or Supervisor.

WHMIS stands for Workplace Hazardous Materials Information System. WHMIS provides information as to the dangers of hazardous materials, their storage and usage. You may see WHMIS labels or containers. If you are using a product listed with WHMIS, the Volunteer Coordinator or any member of the activity department will instruct you on its use. Please observe the precautions carefully. Staff will only use products with WHMIS labels.

Advice to Residents

As a volunteer, you are subject to the same code of ethics that apply to the staff. Dietary, medical, and psychological advice is not to be given by a volunteer, rather, encourage residents to discuss their concern with the appropriate staff member. A volunteer shall never express an opinion on a resident's condition or treatment but shall refer the enquiry to the Nurse Manager.

Public Relations

It is the policy of Tony Stacey Centre for Veterans Care that no volunteer shall enter into written or verbal communications with any member of the media regarding any matter involving the Centre. ***Volunteers are not allowed to take pictures of any resident at any time.***

Personal Telephone Calls

There is a public telephone located on Level 1 beside the swipe machine. Other phones are located at nursing stations and reception. Check with a staff person before using a house phone, or before making a call for a resident.

Resident phones shall never be used by volunteers for personal calls.

Cellphones are not to be used.

Resident Assistance

Volunteers shall not provide direct resident care. Ask a staff member if a resident requires assistance.

Resident lifting and/or Transferring

Do not lift, reposition, or transfer residents. Call a nurse if a resident requires assistance getting in or out of bed or with walking.

References

Volunteers who have been active members for a minimum of one year may request a reference letter. Please allow at least two weeks for the letter to be processed.

Sign-In and Sign- Out Procedures

We ask that you sign in when you come to volunteer and sign out when you leave. There is a volunteer sign – in and sign-out book located at designated area that will be shown to you upon orientation.

This sign-in and sign-out books gives a record of who is in the building, which is of great value in an emergency, and keeps track of the hours you contribute and helps us to recognize your effort.

Smoking

For staff, family members, volunteers, and the public, smoking is banned in the centre and within 9 meters of any entrance to the home to promote a smoke-free environment. Volunteers may smoke outside in a designated area, please ask your Community Relations Coordinator for details.

Name Tags

A name tag will be provided for you when you become a volunteer. It must be worn while on duty, thereby distinguishing you as a volunteer to all residents, staff and visitors.

Infection Control

The importance of hand washing

It is extremely important both for your health and that of the residents that you wash your hands frequently using proper hand washing techniques. Hand washing is the single most important way to prevent the spread of infection.

Please do not report for duty if you have gastroenteritis, influenza- like illness and/or bacterial skin infection. Notify the Community Relations Coordinator that you are not able to come.

Volunteers should consult with the nursing staff or a member of the recreation department before entering any room with an infection sign on the door of a resident's room.

In the event of an outbreak in the home, you may be asked not to come in for your volunteer duties in an effort to stop the spread of the infection.

Confidentiality

In the normal course of your duties, you gain knowledge about our residents. For example, you may become aware of resident's marital status, his/her medical condition and any problems he/she may be encountering.

Depending on your position, you may also be aware of a resident or family's emotional problems and social history. This sharing of information can be seen as a reflection of our concern and our interest in our residents. However, you should be aware that all information obtained about a resident is considered to be privilege; that is, it must never be disclosed to anyone outside the service area or facility. Even the fact that a resident is in the long term centre is considered privilege information.

Discussion of residents within the centre is necessary to provided proper care. However, this sharing of information should be limited to what is necessary in order to provide that care and should be limited to staff only.

Why is confidentiality important? Confidentiality is both a legal and ethical issue. The primary reason is respect of a resident's rights. All residents have the right to privacy and confidentiality of information. Equally important is the harm or damage that may result if information gets into the wrong hands. Care for the residents could also be jeopardized by the spreading of false or inaccurate information.

If a resident feels that staff is keeping information about her/him confidential, he/she will feel more trustful and will be more honest and open with them.

Note: A breach of confidentiality is grounds for dismissal.

Police Check

No volunteer shall be hired in a long term care centre unless he/she has a police check.

Emergencies

If the fire alarm sounds:

1. Remain calm
2. Remain with the resident(s)
3. Reassure the resident(s)
4. Keep the door of the room closed and shut all windows.
5. Follow instructions of staff

If you discover fire or smoke:

1. Remain calm
2. Remove the resident(s) from immediate danger
3. Close the door to confine the fire
4. Activate the fire alarm pull station
5. Report the fire to nursing staff
6. Follow the instructions of staff

If you hear fire bells or announcements while at the Tony Stacey please don't be alarmed. Fire and disaster drills are a routine part of our safety training. We are required to conduct monthly tests on all shifts.

If fire bells sound, you will notice an increase in activity. Staff members will begin closing doors and clearing items from the corridors. The smoke doors in the corridors which prevent fire and smoke from spreading will also close. This is a normal part of our fire response procedures.

In the event of a fire emergency, a staff member –usually a nurse- will provide any information you may need.

We apologized for any inconvenience that our testing program may cause. Please be assured that all testing is done for your safety.

COMMUNICATION:

When speaking with a resident, communicate so that she/he can easily understand. Effective communication also helps to decrease confusion and keep the resident in touch with their environment.

Remember that it may take the resident longer to send and receive messages. Conversation that moves quickly will be frustrating and may cause the resident to withdraw. Adjust the pace of your speech so that it is comfortable for the resident.

There are many reasons why communication can become difficult for a resident. Impaired hearing or vision are common causes of problems, and are often not obvious. As well, depression, illness, or a chronic condition (such as Alzheimer Disease) may interfere with communication.

A resident may have a condition that affects their speech. Keep in mind that a resident's inability to speak clearly does not mean that they cannot understand what you say. Speak so that they can easily understand.

Wheelchair safety and handling

1. Approach the resident in the wheelchair from the front.
2. Always ask the resident for permission before moving their wheelchair.
3. Set the breaks when wheelchair is left stationary.
4. Use the seat belt (if instructed to do so) when transporting a resident.
5. Check to see that nothing could get caught in the wheels, spokes or casters. I.e. linen, lap cover, seat belt.
6. The resident arms should not hang over the sides of the arm rest. This should be checked periodically while you are transporting the resident.
7. When wheeling into an elevator, back the chair in and out.
8. Wheel the chair backwards when going down a ramp or an incline and forwards when going up.
9. On rough ground, used paved walkways.
10. Feet should rest on the front pedals at all times. This should be checked periodically while you are transporting the resident.

General Principles in Communicating with Residents:

1. Choose a quiet place with few distractions.
2. Gain the attention of the resident by saying their name or approaching them from the front. Touching an arm may be appropriate.
3. When speaking, face the resident and maintain eye contact.
4. Choose your words carefully. Speak slowly and clearly. Avoid shouting. Lower the tone of your voice to facilitate hearing.
5. Do not chew candies or gum when speaking. Keep your hands away from covering your mouth.
6. If the resident to whom you are speaking appears not to understand try saying the same thing with other words instead of repeating the same words.
7. Use short sentences
8. Watch for signs that the resident's attention is wandering. Regain their attention before continuing.
9. Be patient. Keep the atmosphere as calm and relaxed as possible.

Common Courtesies

Observing common courtesies further enhances communication.

1. Call a resident by the name they prefer. If in doubt, ask the resident or a staff member.
2. Always introduce yourself and explain to the resident why you are there.
3. Never whisper or speak exclusively to other staff or volunteers when in the presence of the resident.
4. Never speak to others about a resident in the third person when the resident is present

Working with the Resident Who Has Impaired Hearing

Most of the principles listed earlier will also make it easier to communicate with the resident who has impaired hearing. The following suggestions may also help.

1. Find the position that makes it easiest for the resident to hear you. This may be facing them, but slightly closer to their good ear. There may be a particular distance between your face and their ear that works best. Experiment to find the best position.
2. Do not shout at a resident with impaired hearing. When you shout you usually raise the pitch of your voice and may distort the words you are saying. As a result, it may become harder for the resident to understand what you are saying. Speak louder and slower, but make sure to keep the pitch low and words clear.

Working with the Resident Who Has Impaired Vision

A resident with impaired vision can lose touch with her environment simply because they are unaware of the activities and non verbal communication taking place around them.

The following points will help improve communication with someone with impaired vision.

1. If the resident has glasses, encourage the resident to wear them. Make sure that the glasses are clean. Clean them if necessary (or ask staff member to do so)
2. Many residents with impaired vision can read large print. Check the resident's library for large print books or magazines.
3. Do not overlooked non- print forms of communication such as radios and talking books. You might listen to a program or story and then discuss it.
4. Make use of large size objects and contrasting colours when working on activities.
5. Provide good lighting for any activity that involves eye work, but avoid glare, as it can negatively affect vision. Because reductions in the size of the pupil, an 80- year – old resident needs 50% more light to see as well as she did at 50 years of age.

Visiting an Older Adult who lives in Long Term Care

1. Always knock and identify yourself before entering a Resident's room
2. If the resident appears not to be feeling well or not want a visit, arrange to come again another day. Tell the resident you will come back another time.
3. Respect the resident's right to privacy and do not discuss personal information you may hear during your visits after you leave the facility.
4. If the Resident asks for help getting out of bed or using the bathroom, ring the call bell or go and find a staff member to do what is needed, Do not try to help the Resident yourself.
5. When you are using tools or equipment with a Resident during a visit, make certain the Resident is using them safely, If the resident appears to be confused about what to do with the tool, it is better you use it instead of the Resident.
6. If a question or concern comes up during a visit with a resident, bring it to the attention of Community Relations Coordinator for an answer. It may be helpful go keep a small notebook for writing down your questions as they occur.
7. If you think that a Resident is having a medical problem during your visit, go and tell the nurse immediately.
8. Do not bring refreshments or food to the resident without checking first with the nursing staff or Community Relations Coordinator.

9. If the resident you are visiting asks you to buy something for him/her and bring it in during your next visit, check with the Community Relations Coordinator before making the purchase.
10. Do not accept money or gifts from the resident. If they would like to give you something, politely refuse. If they will not let you leave the room without taking the gift, take it and notify the Community Relations Coordinator or Director of Recreation.
11. If you have adopted a resident to visit on a regular basis and you cannot make it for one of your visits, call and let the Community Relations Coordinator or Director of Recreation know. Your resident looks forward to your visits and may worry about you if you do not arrive as planned.

Visiting

An Older Adult who has Memory Loss or is Confuse

Help the older adult to remember by providing information and cues.

Use visual props and topics of conversation that will keep the older adult in touch with the present. Use clocks and calendars. Have the older adult look out the window at the weather and signs of the season. Talk about familiar pastimes of the season and upcoming holidays.

Put some routine into your visits that the older adult can depend upon and perhaps remember. Come on the same day of each week or the same week of day during each visit. Or do the same activity together to start each visit.

If the older adult cannot remember something, give him/her some choices from which to select the right answer.

Instead of asking "In what month were you born", ask "were you born in June or July? While the person may not recall the answer, he/she may recognize it.

Use materials that stimulate all five senses- sight, sound, touch, taste and smell.

Sensory losses or changes in aging often add to a person's confusion. Try to promote the use of the person's most capable senses in visiting with him/her.

Use a variety of sensory cues to help the older adult focus on the topic of your visit .For example, if you are talking about baking/bring along a home-baked treat to taste, cookbook to look at, recipes to read aloud, spices to smell, or a wooden to hold and touch.

If the older adult is room bound or bedbound, but has good vision, bring different things to hang up and decorate the room.

Provide a “change of scenery”.

When the older adult talks as if he/ she is living in the past, do not give up or stop trying to communicate.

Find out about the older adult’s past

Focus conversation and activities during your visits on the older adult’s lifelong role’ interests and experiences.

Talk about the same things that make up and are important in your life

Participate in activities with the older adult that focus on lifelong interests, routines and skills. Remember that many older adults are more “work” than “play” oriented. Find out what the older adult “worked at” during his /her lifetime.

Always treat the confused older adult as an adult, even when you think the person is acting like a child.

Keep your conversation and activities short and simple.

Hold the older adult’s attention by using touch, eye contact, and reassuring tone of voice.

If the older adult does not understand what you are talking about, try again using different words that mean the same thing.

Give some simple directions. Ask the older adult to do one step or task at a time. Do not go on the next step until the first one has been completed.

Show the person what you like him/her to do. Physically help the person do what you are asking.

If the confused older adult appears to be sad,

Anxious or frightened, provide genuine caring.

Help the person to feel better by using warm, reassuring tone of voice and gentle touch.

Confused older adults often need someone who will help them:

To feel safe and secure

To feel loved and cared about by others

To feel that they have a purpose in life and are needed by others

An older adult who is visually impaired

Check to see whether the older adult has a pair of glasses

If she/ he has a pair, be sure that they are being worn and that they are clean.

A simple magnifying glass or pair of magnifying glasses may be of help

Make sure the area is well-lighted

The average 80 year old person need three times more light than a 25 year old person to see well enough to read

Pay attention to where the light is coming from. Do not place yourself between the older adult and the source of light.

For example, do not stand in front of a window.

When possible, eliminate sources of glare on shiny surfaces.

Pay attention to contrast and colors in the materials you use.

Use large-print written materials with bold, black letters on a white background.

Use materials that have bright colors and that contrast when placed together.

Colors that are similar may be difficult for the older adult to tell apart. For example, red letters on green paper or pastel dishes on a white tablecloth will blend together and be difficult for the older adult to see clearly.

An older adult who is hearing impaired

Pay attention to the amount of noise in the area where you are visiting

It can be very difficult for the older adult to hear or understand what you are saying if we have completion from background noises such as television, radio, and public address system, traffic or other loud sound

Find a location for your visit that is quiet, comfortable, and well lighted.

If the older adult has a hearing aid, check to see whether he/ she is wearing it

A hearing aid does not produce “normal” sound. It makes everything louder without necessarily making sounds more clear. Some hearing aid users describe the sound as “tinny” or mechanical

If the older adult has a better hearing in one ear, position yourself to that side

Be sure that you have older adult’s attention before you begin to speak

Be sure that older adult can see your face and mouth .keep your hand away from your face. Do not eat or chew gum while trying to talk to the older adult

Position yourself two to six feet from the older adult at eye level.

The hard o hearing older adult will also rely on your facial expression, tone of voice, and simple lip reading to understand what you are saying

Do not shout. Instead, lower the pitch of your voice and speak clearly.

Speak more slowly, but also speak naturally. Allow the person enough time to understand your message and to respond

If the older adult does not understand what you are saying, try to say the same thing using different words.

Many letters are very difficult to hear correctly because they have little distinct sound to them or because we barely move our lips in saying them.

Do not change the subject of the conversation too abruptly.

Use gestures and written cues, if this assists the adult in participating in the visit.

An older adult who has speech problems

If it’s difficult to understand the older adult’s speech, listen carefully, and ask the person to repeat things when you do not understand.

Stay relaxed. Give older adult enough time, without pressuring him/her to hurry

Repeat words or sentences after the person has spoken to make sure that you have understood correctly. If you did not understand,, be honest about it. Ask the person to try telling you again.

Ask older adult “yes or no” questions in an attempt to understand something he/she has said.

Perhaps the older adult will be able to write it down, gesture, or show you what he/ she means.

If the older adult has aphasia, he/ she may have trouble talking and understanding what you are saying.

Aphasia is a language problem that often occurs after a person has had a stroke. For the person with aphasia, everyone else seems to be speaking in foreign language he/ she does not understand.

Sometimes the person will know what he/ she wants to say, but will not be able to get the right word out. However, people with aphasia often will understand what you are saying to them.

Use similar communication approaches as you would with a person who is hearing –impaired. But remember the aphasia person can hear.

Some time the person with aphasia will be able to sing (or swear), even though he/ she cannot speak well.

If the person has trouble understanding you, use facial expressions, a tone of voice or gestures to communicate your meaning. Show the person what you mean.

Contact Information

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