

CARE-AGE of BROOKFIELD

Volunteer Orientation Packet

Thank you for considering a volunteer position with Care–Age of Brookfield. Your time and talents can truly make a difference in the lives of our Elders.

I want to be thoroughly used up when I die, for the harder I work, the more I live. I rejoice in life for its own sake. Life is no 'brief candle' to me. It is a sort of splendid torch which I have got hold of for the moment and I want to make it burn as brightly as possible before handing it on to future generations.

-----George Bernard Shaw
From Man and Superman
Dedicatory letter

VOLUNTEER POLICY AND PROCEDURE

CONFIDENTIALITY

In the course of volunteering, you may have access to information concerning residents, employees or the facilities business. All such information should be considered confidential. Any release of confidential information without the appropriate prior written consent of the resident or responsible party is strictly forbidden. Only authorized personnel may disclose such information and only to those individuals authorized to receive the information.

Only the Administrator or the Director of Nursing shall be authorized to release information concerning administrative, technical or financial data relative to the operation of the facility, patients, personnel etc.

Refer all requests for information to the Administrator, including requests from the news media.

RESIDENT TRANSPORT

When transporting any resident in a wheelchair. Please make sure that their hands are in their lap and feet are on the foot rest before moving the chair. Never attempt to move a resident from one surface to another, ie: bed to wheelchair or wheelchair to toilet. Instead, call for help using the call button in the room. Always make sure call button is within reach of resident when returning to their room.

INFECTION CONTROL

Residents health is a top priority here at Care-Age. As most of our residents are elderly and many have chronic conditions that put them at higher risk for infection, we ask all staff, volunteers and visitors to consider their own health status before entering the building. What may seem like a 24 hour bug to a healthy younger person, could be devastating to a frail 96 year old. If you are exhibiting signs of a communicable illness, please do not visit until you have been symptom free for at least 3 days. Symptoms would include but are not limited to fever, sore throat, cough, vomiting, diarrhea, open wounds, lesions, rash or infection.

For additional infection control information, please read the attached Norovirus information from the Wisconsin Division of Public Health.

HAND WASHING

Hand washing is the most important way to keep from getting sick. It is such a simple procedure that we often take it for granted. When working in a healthcare setting, hand washing is a very serious matter. We must do a proper and thorough job of it.

Wash your hands whenever you:

1. Begin your volunteer day.
2. Whenever hands are soiled.
3. After any hand contact with bodily fluids.

4. After visiting with one resident, before moving on to the next.
5. After you use the bathroom.
6. Before you eat.
7. After blowing or wiping your nose.
8. Before leaving an isolation room.
9. Before leaving the facility.
10. When in doubt, wash your hands.

The way you wash your hands is just as important as when you wash them. If you don't get them completely clean, you still run the risk of contamination, so you have to pay special attention to wash hands thoroughly.

Your hand washing technique should be as follows:

1. Wet your hands and apply plenty of soap.
2. Rub your hands vigorously, work up a lather and scrub all surfaces of your hands.
3. Wash under your nails and at least 3 inches above the wrist.
4. Scrub thoroughly for at least 15 seconds. (It has been suggested to say the ABC's slowly to ensure that you have scrubbed long enough!)
5. Rinse thoroughly.
6. Dry your hands with a paper towel.
7. Use the paper towel to turn off the faucet.
8. Dispose paper towel properly.

You may also request a disposable bottle of hand gel that may be used up to three times in a row. After that, hands should be washed with soap and water.

STANDARD PRECAUTIONS

Standard Precautions is an infection control system that is designed to prevent the transmission of infectious agents. It requires the use of protective apparel for all contact with blood and blood products, bodily fluids, non-intact skin (including acne and open sores) or mucous membranes (lining of mouth, nose, eyes etc.)

Standard Precautions should ALWAYS be practiced on persons you are visiting regardless of their infection status. If you practice Standard Precautions, you will significantly reduce the risk of getting any diseases or transmitting diseases to residents. The important point to remember is that all of these body fluids and substances are considered potential transmitters of infectious diseases and they should all be treated the same way ----with caution!

Remember, you cannot tell by how someone looks or acts whether they carry blood borne disease.

EXPOSURE INCIDENT

Any employee or volunteer who is exposed (or possibly exposed) to the blood of another person while in the facility must follow this protocol. Exposure includes sharps sticks, blood entering a break in the skin, splashing into a mucous membrane, a bite or scratch from another person which causes bleeding in the victim etc. The area is to be washed with warm water and soap or flushed with warm water if it is a mucous membrane (such as eye, nose, mouth.) Immediately report to the Nurse Supervisor.

FOOD SAFETY

As our residents have many different dietary restrictions, please do not offer food to any resident before checking with activity, dietary or nursing staff first.

RESIDENT TRANSFERS

For the safety of our residents and volunteers, only trained staff are allowed to transfer a resident from one surface to another, ie: wheelchair to bed, toilet to wheelchair. If a resident is asking for assistance, never try to do it yourself. Put on the resident call light and notify a CNA, nurse or other staff member.

GIFTS AND GRATUITIES

Volunteers are not allowed to accept any gifts, tips or gratuities from a resident, family member, vendor or outside provider. Volunteers are never permitted to borrow money or personal items from a resident, family member of a resident, vendor or outside provider.

NOISE

Consideration for our residents requires that all volunteers be as quiet as possible.

Shouting or speaking in a loud voice is not permitted.

As with any medical facility, the atmosphere should be calm, organized and as quiet as possible. We ask that you refrain from making loud noises or talking in a loud voice. Do not shout from one room or section to another.

Keep the sound level of radios and televisions at a level that will not disturb other residents, their families or other visitors.

SMOKING

As a health care facility, Care-Age of Brookfield does not allow smoking anywhere on our campus.

NAME BADGES

Name badges will be provided by the facility. Name badges must be worn by all volunteers.

SOLICITATION

All solicitations are prohibited. Volunteers may not solicit nor distribute materials at any time for any purpose anywhere on the premises.

BREAK FACILITIES are provided in the employee breakroom. There are vending machines and restroom there. Volunteers may also use the public restrooms in front lobby or at the nursing stations. Volunteers may **NOT** use resident bathrooms for anything other than hand washing.

PARKING

Parking on facility property is permitted only during volunteer hours. The facility is not responsible for any losses to your vehicle or its contents. Parking in entrances, blocking of exits, fire hydrants, in front of garbage receptacle or inappropriate use of the handicapped parking spot is prohibited.

INCIDENT REPORTING

If you are injured during your volunteer experience, you must report this to your supervisor IMMEDIATELY.

If you witness an accident in which a resident or visitor is injured, immediately report the incident to the nurse on duty. Do not attempt to move a resident or visitor until it is approved to do so by the nurse. Incident/Accident reports are required for all incidents involving employees, visitors, volunteers and residents. The facility must complete detailed and accurate reports of accidents or incidents taking place on the premises which involve residents, employees, visitors or volunteers. An incident report form has been provided for this purpose. If the incident involves the volunteer, it must be reported to the supervisor immediately and a written incident report must be submitted during the shift on which the incident occurred. All incidents, regardless of how minor, must be reported.

If you are injured during your volunteer experience, the facility reserves the right to have the volunteer examined by a physician designated by the facility. Volunteers, who have been examined by a physician and have been determined to need on-going treatment, must notify the Administrator or Director of Nursing immediately. Should the volunteer decide not to see a doctor and change his/her mind later, the Administrator must be informed of the decision before the doctor is visited. This is necessary to ensure proper record keeping.

If the incident involves a resident, report the occurrence to the nurse immediately. An incident report must be completed in detail by the charge nurse.

FIRE AND SAFETY

The facility has established rules designed to protect the residents, employees, visitors and volunteers and to provide a clean safe environment. You are expected to exercise caution, follow accepted procedures and report any hazardous conditions to the appropriate supervisor or administrator.

Safety requires alertness and common sense. You can contribute to the safety program by offering suggestions and by complying with the following safety rules:

1. Volunteers should never attempt to lift or transfer a resident. You may assist the resident by putting on the call light and or notifying nursing staff of the residents need.
2. Volunteers are required to wear slip-resistant shoes.
3. All toxic chemicals must be properly labeled and stored in secured cabinets and used with extreme caution.
4. All liquid spills must be cleaned up immediately.
5. Wet floor signs must be used at all times when floors are being mopped or cleaned.
6. Operate, adjust or repair equipment only if authorized.
7. Return all defective equipment to the maintenance department.
8. Wear appropriate clothing when using hazardous materials or working in the kitchen or activity room.
9. Keep hands and fingers out of moving equipment.
10. Walk, do not run.

11. Keep hallways, fire doors and exits clear of obstructions.
12. Do not wear dangling jewelry that may cause injury if caught or pulled.
13. Refrain from horseplay.
14. Use equipment for the job it was intended for.
15. Advise supervisor of unsafe practices or conditions.
16. All sharps must be locked up when not in use.

DISASTER PLAN

A fire and disaster plan has been prepared for the facility to help meet any emergency. The plan is available at each nursing station. It is your responsibility to become familiar with and know the facility's fire and disaster plan.

FLAMMABLE LIQUIDS

No flammable liquids shall be on the facility premises except those provided by the facility. Fires in nursing homes are very much unlike fires in other settings because our residents are not mobile. It is because of this factor that we must all be very concerned about any source of heat or flame. Candles are prohibited anywhere in the facility or courtyard.

HAZARD COMMUNICATION

Care-Age of Brookfield is committed to providing as safe and hazard free work environment as possible. The facility has developed a formal hazard communication policy known as the OSHA Right to Know Policy. Material Safety Data Sheets are located in the employee break room. See your supervisor for further information about the policy.

RESIDENT RIGHTS

Any resident who resides at this facility will have the right to dignified existence, self-determination and freedom from any form of mistreatment including, but not limited to abuse, neglect, involuntary seclusion, or misappropriation of property. Residents shall receive kind, considerate care and treatment at all times. This facility will aggressively protect and promote these rights of each resident.

In an effort to reach this goal, this facility has developed strict policies and procedures to ensure that all staff, volunteers and families have an awareness of behaviors which can be defined as abuse, neglect or misappropriation.

DEFINITIONS

ABUSE Is the willful infliction of injury, unreasonable confinement and punishment with resulting physical harm, pain or mental anguish. This also includes the deprivation by an individual, including a caregiver of goods or services that are necessary to attain or maintain physical, mental and psychosocial well being. This presumes that instances of abuse of all residents even those in a coma, cause physical harm, pain or mental anguish.

VERBAL ABUSE Is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal

abuse include, but are not limited to threats of harm, saying things to frighten a resident such as telling a resident that he/she will never be able to see his/her family again.

SEXUAL ABUSE Includes but is not limited to, sexual harassment, sexual coercion or sexual assault.

PHYSICAL ABUSE Includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

MENTAL ABUSE Includes but is not limited to, humiliation, harassment, threats of punishment or deprivation.

NEGLECT Is failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

INVOLUNTARY SECLUSION Is the separation of a resident from other residents or from his/her room or confinement to his/her room (with or without roommates) against the resident's will or the will of the resident's legal representative.

MISAPPROPRIATION OF RESIDENT PROPERTY Is the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

Volunteers who at any time witness or have reason to believe that any improper conduct as defined above may have occurred, are encouraged to report these behaviors immediately. These behaviors can be reported to anyone in authority such as the Nurse Manager, Department Head, Director of Nursing or Administrator immediately. Hopefully, by providing staff with the proper education and training, these behaviors will be rare. However by working together, we can all address any misconduct immediately to ensure the physical and mental well-being of our residents.

Norovirus

(Formerly referred to as "Norwalk-like virus")

Disease Fact Sheet Series

What are noroviruses?

Noroviruses (previously called Norwalk viruses, caliciviruses, or SRSVs) are a group of viruses that cause acute gastroenteritis in humans, often referred to as "stomach flu". However, noroviruses are completely unrelated to influenza, a respiratory virus.

Who gets a norovirus infection?

Anyone can become infected with noroviruses. There are many different strains of norovirus, which makes it difficult for a person to develop a long-lasting immunity and norovirus infections may occur throughout a person's lifetime. In addition, because of differences in genetic factors, some people are more likely to become infected and develop more severe illness than others.

How are noroviruses spread?

The norovirus enters through the mouth, multiplies in the body, and is passed in the highly infectious stool or vomit of an infected person. If careful hand washing with soap is not done, the virus can be carried on an infected person's hands. If the infected person then handles food or drink that someone else consumes, the virus can be transmitted to others. Food associated outbreaks have been linked to cold prepared, ready-to-eat foods (e.g., salads, coleslaw, sandwiches or desserts) and shellfish harvested in contaminated waters. Outbreaks have also been associated with drinking water and recreational water (e.g., swimming ponds and beaches) where persons may have ingested water contaminated with fecal matter from an infected person.

Direct person-to-person contact or environmental contamination (e.g., exposure to areas where fecal accidents or vomiting has occurred) may also be a route of transmission.

What are the symptoms of a norovirus infection?

The most common symptoms are a sudden onset of vomiting, watery, non-bloody diarrhea, abdominal cramps, nausea and headache. The symptoms occur in all age groups, but vomiting is more common in children. Many persons may also experience low-grade fever, headache, chills, muscle aches and fatigue.

How soon after exposure will symptoms appear?

The symptoms may appear from 12 to 60 hours after exposure to the virus, but usually occur within 24 to 48 hours.

How infectious are noroviruses?

Noroviruses are highly infectious and a very small number of virus particles may result in symptomatic infections. Both stool and vomit are infectious.

For how long is a person infectious?

The virus is very easily passed from person-to-person from the time of symptom onset and up to 48 hours after diarrhea or vomiting

What is the treatment for this illness?

There is no treatment for this illness. Most people recover in two to three days after they become ill. Supportive treatment such as fluid replacement may be needed to prevent dehydration in severe cases.

What can be done to prevent the spread of noroviruses?

Thorough hand washing (See Division of Public Health "*Hand washing*" Fact Sheet) following toilet use and before handling food is the best way to prevent the spread of these viruses. Persons currently ill with diarrhea or vomiting should not handle food, work in day care centers or care for patients in a health care facility until at least 48 hours after these symptoms have stopped.

Multidrug-Resistant Tuberculosis (MDR TB)

What is tuberculosis (TB)?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. In most cases, TB is treatable; however, persons with TB can die if they do not get proper treatment.

What is multidrug-resistant tuberculosis (MDR TB)?

Multidrug-resistant TB (MDR TB) is TB that is resistant to at least two of the best anti-TB drugs, isoniazid and rifampicin. These drugs are considered first-line drugs and are used to treat all persons with TB disease.

What is extensively drug resistant tuberculosis (XDR TB)?

Extensively drug resistant TB (XDR TB) is a relatively rare type of MDR TB. XDR TB is defined as TB which is resistant to isoniazid and rifampin, plus resistant to any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

Because XDR TB is resistant to first-line and second-line drugs, patients are left with treatment options that are much less effective.

XDR TB is of special concern for persons with HIV infection or other conditions that can weaken the immune system. These persons are more likely to develop TB disease once they are infected, and also have a higher risk of death once they develop TB.

How is TB spread?

Drug-susceptible TB and MDR TB are spread the same way. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can float in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected.

TB is not spread by

- shaking someone's hand
- sharing food or drink
- touching bed linens or toilet seats
- sharing toothbrushes
- kissing

How does drug resistance happen?

Resistance to anti-TB drugs can occur when these drugs are misused or mismanaged. Examples include when patients do not complete their full course of treatment; when health-care providers prescribe the wrong treatment, the wrong dose, or length of time for taking the drugs; when the supply of drugs is not always available; or when the drugs are of poor quality.

Who is at risk for getting MDR TB?

Drug resistance is more common in people who:

- do not take their TB medicine regularly
- do not take all of their TB medicine as told by their doctor or nurse
- develop active TB disease again, after having taken TB medicine in the past
- come from areas of the world where drug-resistant TB is common
- have spent time with someone known to have drug-resistant TB disease

How can MDR TB be prevented?

The most important thing a person can do to prevent the spread of MDR TB is to take all of their medications exactly as prescribed by their health care provider. No doses should be missed and treatment should not be stopped early. Patients should tell their health care provider if they are having trouble taking the medications. If patients plan to travel, they should talk to their health care providers and make sure they have enough medicine to last while away.

Health care providers can help prevent MDR TB by quickly diagnosing cases, following recommended treatment guidelines, monitoring patients' response to treatment, and making sure therapy is completed.

Another way to prevent getting MDR TB is to avoid exposure to known MDR TB patients in closed or crowded places such as hospitals, prisons, or homeless shelters. If you work in hospitals or health-care settings where TB patients are likely to be seen, you should consult infection control or occupational health experts. Ask about administrative and environmental procedures for preventing exposure to TB. Once those procedures are implemented, additional measures could include using personal respiratory protective devices.

Is there a vaccine to prevent TB?

There is a vaccine for TB disease called Bacille Calmette-Guérin (BCG). It is used in some countries to prevent severe forms of TB in children. However, BCG is not generally recommended in the United States because it has limited effectiveness for preventing TB overall.

What should I do if I think I have been exposed to someone with TB disease?

If you think you have been exposed to someone with TB disease, you should contact your doctor or local health department about getting a TB skin test or the QuantiFERON®-TB Gold test (QFT-G), a blood test. And tell the doctor or nurse *when* you spent *time* with this person.

What are the symptoms of TB disease?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs may also include coughing, chest pain, and coughing up blood. Symptoms of TB disease in other parts of the body depend on the area affected. If you have these symptoms, you should contact your doctor or local health department.

Additional Information

CDC. Multidrug-Resistant TB (MDR TB) MMWRs.
http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/mmwr_mdrtb.htm

CDC. Questions and Answers About TB (2005).
<http://www.cdc.gov/nchstp/tb/faqs/qa.htm>

CDC. Tuberculosis: General Information (2006).
<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/250010.htm>

CDC. Tuberculin Skin Testing (2006).
<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/250140.htm>

CDC. Tuberculosis Information for International Travelers (2006).
<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/tbtravelinfo.htm>