



Volunteer Handbook

220 Applegrove St NE, North Canton, Ohio 44720
www.StLukeLutheranCommunity.org

Table of Contents

- Welcome: 1
- About St. Luke Lutheran Community: 2
 - Mission, Statement of Purpose and History
- Being a St. Luke Volunteer: 3-9
 - Volunteer Coordinator - 3
 - Volunteer Requirements - 3
 - Scheduling and Reporting - 3
 - Volunteer Code of Ethics - 4
 - Volunteer Standards – 4, 5
 - Volunteer Misconduct – 5, 6
 - Volunteer Benefits - 6
 - Handwashing – 6,7
 - Disaster and Emergency Procedures - 7,8,9
- Working with St. Luke’s Residents: 10 - 15
 - Resident Bill of Rights – 10, 11, 12
 - Understanding Aging – 12, 13
 - Communicating Effectively – 13, 14
 - Wheelchair Safety – 14, 15

On behalf of the residents and staff of St. Luke Lutheran Community, I am pleased to welcome you as an important addition to our organization. Volunteerism is a demanding task and one that is vital to fulfilling our mission. As a St. Luke volunteer, you help to provide our residents with the best care and living environment possible. Thank you for dedicating your service to St. Luke Lutheran Community!

Our volunteers make a commitment to dedicate time to St. Luke Lutheran Community. While doing so we ask that you become familiar with our policies and procedures. This handbook is intended to be helpful to your volunteer experience, so please read it carefully. As a new volunteer you may have many questions, so please feel free to ask.

Residents and staff may not always express gratitude, but their reliance on your talents, interest and dedication is an indication of their appreciation of your efforts. Thank you again for becoming part of St. Luke’s volunteer team.

Sincerely,

St.Luke/Volunteer Coordinator

About St. Luke Lutheran Community

Mission: Our mission is to provide faith based-services to enrich the lives of older adults.

Statement of Purpose:

St. Luke Lutheran Community plans to be a cost-effective provider in the use of resources as we serve the older adult, their families, and the community by:

- Providing housing, care, and services in a not-for-profit comfortable, safe, secure, aesthetic, home environment.
- Meeting the holistic – physical, mental, social, emotional, and spiritual – needs of the older adult so they may function at their optimal level.
- Provide an organizational structure, which can support an environment in which qualified employees can experience job satisfaction and participate in education programs to improve performance.
- Being the Continuing Care Community of choice for families of the older adult.
- Being a creditable/recognized ministry of the Lutheran Church and other religious denominations reaching out with loving Christian Care to those we serve.

History:

St. Luke Lutheran Community was founded in 1954 by a group of nurturing women from several area Lutheran churches, through the Lutheran Women's League, who recognized a need to care for seniors who could no longer manage on their own. We are affiliated with the Evangelical Lutheran Church of America (ELCA) and recognized by the Lutheran Church - Missouri Synod (LCMS).

- In 1965 the facility on Applegrove Street in North Canton opened. The building was then expanded in 1971, 1986 and again in 2016.
- In 1993 The Waterford at St. Luke, the Independent Living addition, opened.
- In 2004 a facility on Portage Lakes was established and an addition was added in 2013.
- In 2012 our Minerva, assisted living campus opened.

Being A St. Luke Volunteer

St Luke's Volunteer Coordinator - provides volunteers who give personalized service for residents to free the paid staff to concentrate on the work for which they have professional training. The Volunteer Coordinator coordinates the management of the program, including: recruitment, selection, and placement of volunteers, as well as scheduling volunteers for routine hours or special events/activities.

Volunteer Requirements

Volunteers at St. Luke Lutheran Community must complete a volunteer application and attend an orientation before beginning volunteer work at St. Luke. Special applications are available for groups of volunteers from the same organization who have a representative coordinating their volunteer time.

If a volunteer will be working more than 10 hours per month or indicates on a TB signs and symptoms form that they are at risk for TB a two part TB test is required. This test will be scheduled at no cost to the volunteer, before they begin volunteer work.

Volunteers under the age of 18 must have their parent/ guardian sign their application.

Volunteers under the age of 15 must be accompanied by an adult who has completed the volunteer application and orientation process. This adult must remain with the child(ren) during their entire volunteer shift and may supervise up to 6 children.

Volunteer Scheduling & Reporting

Attendance: Please plan to keep all scheduled assignments. Residents, their families, and our staff depend on volunteers for the valuable services they provide.

Call-Off: If you are unable to keep your scheduled commitments please notify us as soon as possible. If the Volunteer Coordinator is not available, please contact the Front Desk.

Sign-in book

Please use the volunteer log to sign in and out each time you volunteer. The Volunteer Coordinator will track hours for each volunteer.

If you decide at any time that you no longer can or wish to volunteer please notify your immediate supervisor and the Volunteer Coordinator.

Volunteer Code of Ethics

- Be punctual and conscientious in fulfilling your duties and follow the instructions of the activity facilitator. Strive to perform duties to optimal levels, realizing the effects of work performed has a significant impact on the quality of resident's lives.
- Behave in a manner that displays dignity, courtesy, and consideration for residents, family members, staff, and other volunteers. Make sure to maintain the identity and dignity of residents at all times. Knock before entering residents' rooms.
- Consider all information regarding residents and employees as confidential such as identity, physical, mental, emotional, and financial conditions etc.
- Address any problems, suggestions, or criticism with the Volunteer Coordinator.
- Resident's participation in activities precedes the volunteers' participation.
- Uphold the traditions and standards of St. Luke Lutheran Community.
- Social Media use- In order to respect the privacy and confidentiality of our residents volunteers are prohibited from taking or using photos or recordings of residents. Volunteers may not disclose any confidential or proprietary information through any online or social media outlets.

Volunteer Standards

Appearance: Volunteers should report appropriately dressed for assignments.

- Name badges must be worn at all time when on duty where they can easily be seen and read by residents, visitors, and other St. Luke staff.
- Clothing should be clean, in good repair and not tight-fitting or revealing.
- Open-toed shoes should not be worn in resident care areas due to safety and infection control standards.

Smoking: St. Luke provides a completely smoke-free environment.

- Smoking is not permitted anywhere inside the building at any time.
- Smoking outdoors is permitted **ONLY** in personal vehicles.
- All smoking materials are to be disposed of in the provided containers.

Reporting Procedures

- **Reporting an Accident or Injury**
 - If you are involved in an accident or injured while performing volunteer assignments, immediately report the incident to the Volunteer Coordinator or RN Coordinator on duty.
 - You are also responsible for completing a short report and having an assessment done immediately following the accident/injury.

- **Reporting conditions and/or situations** - Each Volunteer must report to his or her supervisor the following information:
 - All requests made by residents that the volunteer cannot take care of;
 - Any change in a resident's condition, reaction to a change, what the volunteer did for the resident, and any accidents or any unusual occurrences;
 - Any broken or damaged equipment and any unsafe working conditions;
 - Failure of staff or volunteers to inform of and encourage involvement in activities;
 - Any resident abuse by anyone, including but not limited to staff, other residents, consultants, volunteers, family members, etc.

Misconduct –

Warnings issued - the following behaviors are considered misconduct:

- No show for volunteer assignment without calling first
- Refusal to follow instructions or do assigned task
- Inappropriate attire
- Failure to follow St Luke's policies or standards

Revoke Status - Volunteer status may be revoked for any of the following:

- Falsification of volunteer application or other records
- Failing to keep information confidential
- Abusive or inconsiderate treatment of residents, visitors, employees or fellow volunteers
- Soliciting or accepting tips or gifts from residents

- Theft or unauthorized removal of any facility, resident, employee, visitor, or volunteer property
- Failure to report an accident
- Inappropriate and derogatory language
- Willful destruction of property
- Use of or being under the influence of alcoholic beverages or drugs while on St. Luke's property
- Unauthorized distribution of literature or other items
- Sexual Harassment & Harassment - St. Luke will not tolerate any form of sexual harassment or harassment. This can include: offensive jokes, slurs, threats or intimidation, insults, offensive objects or pictures, unwelcome sexual advances, pressure or requests for sexual activity, unnecessary touching and physical assault.

Volunteer Benefits

Recognition – Volunteer service will be formally recognized. Those with 25 hours or more are invited to an annual recognition event.

Meals - On days when a volunteer provides 4 or more hours of service, they are entitled to a free meal in the employee cafeteria (up to \$3.00 in value).

Communications - The Volunteer View newsletter is published monthly with information for our volunteers. Notices will be posted near the sign-in book.

Handwashing - Proper handwashing prevents the transmission of infectious diseases. Volunteers should perform the handwashing procedure:

- Before beginning and leaving work,
- Before and after eating,
- Before and after any procedure,
- Between contact with different residents,
- Before serving food,
- After personal bathroom use, coughing and sneezing,
- After contact with any resident excretions (urine, feces or material soiled with them), secretions (from wounds, skin infections, etc.), blood or material soiled with it), or touching a resident who is susceptible to infections,
- Whenever in doubt.

1. Make sure to have: running water, soap, disposable paper towels and a wastebasket with plastic liner
2. If desired, remove watch and jewelry.
3. Adjust water to desirable temperature.
4. Wet hands and wrists with water and apply soap.
5. Vigorously scrub with soap all surfaces of the forearms to the finger tips for at least one minute. Keep the hands down at all times so any runoff will go into the sink.
6. Avoid splashing; rinse thoroughly with running water for at least thirty seconds.
7. Dry hands and forearms well with paper towels, discarding the towels into a plastic lined wastebasket.
8. Use a dry paper towel to turn off the faucet.

Fire Disaster and Emergency Situation

Volunteer staff members are not expected to respond to code situations that require specific training and knowledge. The following are brief highlights from the Fire, Tornado, and evacuation procedures.

Fire

*****What to Know*****

- Alarm will sound throughout facility.
- Announcement “CODE RED (usually followed by location)” via the overhead paging system- indicates that either a fire alarm was activated or a detector somewhere in the building has gone off.
- Announcement “WATER FLOW (usually followed with location)” – indicates that the sprinkler system has been activated.
- Announcement “ALL CLEAR” – indicates that there is no detectable fire or danger. Resume normal work activities
- Location of fire alarms and fire extinguishers
- Location of emergency exits and stairwells

*****What to Do*****

- Stand by for evacuation procedures and/or directions from Unit Manager/Resident Care Coordinator.
- Follow instructions from the staff in the area in which you are volunteering.
 - You may be asked to:
 - Secure working area; shut doors, windows,
 - Unplug equipment not in use
 - Move residents and/or visitors from hallways into secured non-affected areas.
 - Escort residents to their rooms and shut all resident room doors
- Those volunteers with residents should stay with that resident
- Volunteers coming into the building should gather in the Chapel until the “All Clear” is given.
- Outside groups visiting the facility should be directed to stay in the area where they are working, meeting, or entertaining. If the group is in the hallway, they should wait in the nearest non-affected common area.
- **NEVER ATTEMPT TO USE THE ELEVATOR DURING ANY POTENTIAL FIRE EMERGENCY.**
- Emergency Exits and Fire Alarms/Extinguishers are located in all areas of the facility and are clearly identified. Always be familiar with your surroundings while working.

Unstable Weather

*****What to Know*****

- Weather alarm radios are located at the Front Desk and at each nursing station.
- An announcement will be made regarding weather emergency and notification will be given to put procedures into effect via the general overhead paging system. (Ex: Tornado Watch or Tornado Warning)
- Announcement will be made via the general overhead paging system regarding the end of the weather emergency and to resume normal work activities.

***** What to Do*****

- Volunteers will meet in the front lobby to be escorted to a safe area unless asked to assist staff. If needed the Administrator or Nursing Coordinator on duty will provide instructions.
- All residents should be returned to their rooms. Residents should NOT be in hallways, lounges or dining areas.
- All doors should be shut/closed. All windows should be shut and blinds closed.
- Residents should NOT be placed near windows.

Evacuation

*****What to Do*****

- The Administrator, DON or Nurse Coordinator on duty will initiate the decision.
- Volunteers will follow instructions of the Administrator, DON or Nurse Coordinator on duty.
- Mode of evacuation depends on Resident size, mental state and physical condition
- If stairs must be used Resident should be walked, carried, or slid on a blanket.
- Evacuated Residents should be kept in a safe and monitored areas (i.e. lounges, dining rooms, Chapel, etc.).
- Evacuate one section of building to another according to priority:
- Residents in immediate danger
- Ambulatory Residents
- Wheel Chair/Geri Chair Residents
- Bedfast Residents
- Evacuation to another location:
- Administrator, DON or Nurse Coordinator on duty will direct evacuation and make necessary arrangements.
- Residents without name bands should be identified noting full name and essential medical information.
- Resident medication, medical record and other nursing essentials should accompany the Resident to new location.

Working with St. Luke's Residents

Resident's Rights

St. Luke Lutheran Community enforces the principles of the "Bill of Rights" for individuals in long term and extended care facilities, which were adopted as state law on January 9, 1979. This is an excerpt of House Bill 600.

Residents have a right to:

- A safe, clean living environment.
- Be free from physical, verbal, mental, and emotional abuse and to be treated at all times with courtesy, respect, and full recognition of dignity and individuality.
- Adequate and appropriate medical treatment and nursing care and to other services that comprise necessary and appropriate care consistent with the program for which the resident contracted without regard to considerations such as race, color, religion, national origin, age or sources of payment for care.
- To have all reasonable requests and inquiries responded to promptly.
- To have clothes and bed sheets changed as the need arises, to ensure comfort and sanitation.
- Obtain, upon request, the name and specialty of any physician or other person responsible for the resident's care or for the coordination of care.
- To be assigned, within the capacity of the Home, to the staff physician of the resident's choice, and the right in accordance with the rules and written policies of the Home, to select as the attending physician a physician who is not on the staff of the Home.
- Participate in decisions that affect the resident's life, including the right to communicate with the physician and employees of the Home in planning the resident's treatment or care including complete and current information concerning medical condition, prognosis, treatment plans, etc. The right of access to all information in a resident's medical record. The right to give or withhold consent for treatment after the consequences of that choice have been carefully explained.

- Confidential treatment of personal and medical records, and the right to approve or refuse the release of these records to any individual outside of the Home, except in case of transfer to another Home, hospital, or health care system, as required by law or rule, or as required by a third-party payment contract.
- Privacy during medical examination or treatment and in the care of personal or bodily needs.
- To refuse without jeopardizing access to appropriate medical care, to serve as a medical research subject.
- To be free from physical or chemical restraints or prolonged isolation.
- To choose the pharmacist of the resident's choice and the right to receive pharmaceutical supplies and services at reasonable prices.
- Exercise all civil rights unless adjudicated incompetent.
- Consume alcoholic beverages unless not medically advisable or contradictory to written admissions policies.
- Retire and rise on own schedule per request as long as this does not disturb other residents.
- Observe religious obligations and participate in religious activities and maintain cultural identity.
- To participate in social and community groups.
- Private, unrestricted communications including sealed/unopened mail, access to telephones, private visits.
- Closed room doors and to not have them opened without knocking except emergency situations.
- Retain and use personal possessions and to have them secured.
- Be informed of basic rate charges, services and a 30-day notice for rate changes.
- Receive and review itemized bills for charges.
- Manage own financial affairs, or if this right is delegated to the Home, to receive quarterly accounting of financial transactions.
- Unrestricted access to personal property.

- Be free from transfer or discharge except for medical reasons, nonpayment, or revocation of the home's license.
- To voice grievances and recommendations free from restraint, interference, coercion, discrimination, or reprisal.
- Access to a resident rights advocate and to participation in consumer advocacy groups.
- Have changes in health status reported to sponsor or guardian.
- Receive reasonable notice before room and/or roommate changes.
- Access to opportunities to achieve the resident's fullest potential.

Understanding The Aging Process - When working with geriatric patients, it is important to understand the physical changes of the aging process.

Vision: The ability to focus on and react to very near objects decreases.

Hearing: The ability to hear high-pitched and soft sounds decreases.

Taste: Taste sensitivity declines, causing many foods to "taste the same".

Touch: Sensitivity to touch declines from age 45 onward.

Pain: Sensitivity to pain declines, particularly for pain felt by the skin.

Balance: The ability to maintain balance declines with age, thus the increase in incidents of falling.

Perceptual Process: Older people underestimate the amount of time that has passed and are less capable of judging the speed of a moving object. They also require more time to evaluate information and make a decision.

Psychomotor Performance: There is a general decline in muscle strength and tone, as well as the speed of nerve impulses.

Mental Functioning: Physical damage to the nervous system can impair mental functions. If severe, this damage can cause loss of touch with reality.

Self-concept: In older persons, the self-concept is derived more from within, than from interaction with others. Consequently, many older persons maintain only a few friendships and sometimes keep to themselves.

Effective Methods for Communication with the Geriatric Population

In many persons, intelligence, learning, and creativity are not affected by aging. Memory of the recent past may decline, but often memory of the distant past is retained. It is important that older persons recognize and see the abilities that remain and are not affected by the aging process.

1. Always approach the person in an open, friendly and gentle manner, even if the situation demands urgency. If you are tense and anguished, the person will also become tense and anguished. Speak in a calm, low tone of voice. A high-pitched or loud voice conveys anxiety and tension. Speak slowly but do not “speak down” to the person.
2. Always address the person by name at the beginning of your statement to make sure that you have their attention. Make sure that you give your full attention to the conversation.
3. Unless the person gives you positive evidence that they remember who you are and have placed you in the correct context, do not assume that they recognize you. Introduce yourself and include orientation cues each time you approach the person. State your name, mention your relation to them, the purpose of your visit, and how long it has been since your last visit
4. Give one direction or ask one question at a time using short, simple phrases. Avoid multi-step commands and multiple-choice questions.
5. Support what you say with the appropriate body language. For example, if you want the person to sit down, point to a specific chair as you ask them to sit.
6. Wait for an answer and if there is no response, repeat, rephrase.
7. Eliminate distractions, i.e. television. Attempt to change environment when possible. Do not try to engage in any important communication in an area where the person is distracted, overwhelmed, or confused.
8. Try to focus conversation on the positive aspects of the resident’s life. Allow the resident to express concerns. Never make light of resident concerns.
9. Use physical expressions of caring such as a gentle touch or holding hands liberally, but make sure that you first have the person’s permission. Some

people are private and defensive of their personal space and will take offense if abruptly approached.

10. If the person is reacting negatively or becoming upset, avoid arguing and attempts to reason with them. Instead, respond sympathetically to the feelings they are expressing and calmly direct the person to a comfortable place or activity with which to calm down. It is important that the person not perceive you as an adversary, but rather as source of comfort and security.

Guide for Wheelchair Safety

Before moving a resident, authorization from a supervisor in charge is required. Always be aware of the resident's comfort and safety by following the general rules listed below:

1. Always introduce yourself and be friendly, cooperative and cheerful. Avoid being overly eager. Remember the resident is learning to cope with their disability and we are here to encourage and help them reach this goal.
2. Check to see if the chair has hand brakes. If so, always lock them when the wheelchair is not in motion. If the wheelchair does not have hand brakes, always stand with one foot against the wheel to prevent the wheel from rolling.
3. If the resident is oriented, ask if they want to go somewhere. Then, if they want to go and desire help, ask if they are ready before moving the wheelchair.
4. Always see that the resident's arms are resting inside the armrests and never hanging over the side of the wheelchair.
5. Always see that the resident's feet are securely placed on the footrests.
6. Always turn the wheelchair around so that it is descending backwards when going down an incline or when entering an elevator or going over a curbing.
7. Always stay with the resident until the supervisor in charge is notified that the resident has arrived at the destination and has acknowledged that he or she has heard you.
8. Avoid abrupt stops: this may throw the resident forward.
9. Always use two hands while pushing residents at normal walking pace.

10. Never let go of residents while pushing them.

11. Whenever the resident can manage the wheelchair and the supervisor has given permission, allow them to do so, at least for short distances. Reassure the resident you are available to give assistance.

12. ***Never lift a resident out of the wheelchair.*** Call a nursing assistant if the resident wishes to be moved.

13. Squat, do not bend at the waist in order to move calf pads and leg rests before residents enters chair and use both hands to guide the wheelchair.

14. Park wheelchair parallel to the bed when transporting to a resident's room.

15. Say alert, unhurried, and be aware that passageways should remain clear and uncrowded.

It is your responsibility while pushing a wheelchair that residents arrive at their destination safely. If following these guidelines you will succeed.