



**The United Church Home
For Senior Citizens, Inc.**

Drew Nursing Home

Tantramar Residences

SACKVILLE, NB

VOLUNTEER HANDBOOK

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INDEX

- Page 3 - Welcome
 - Philosophy
 - Mission

- Page 4 - A Brief History of The Home
 - What Can a Volunteer Do?
 - How Do You Become a Volunteer?

- Page 5 - Schedule For Volunteer Participation
 - Sign in Procedure
 - Snacks
 - The Handling of Wheelchairs

- Page 6 - Physical Lay Out of The Home

- Page 7 - Staffing
 - How To Identify Staff
 - Safety and Security

- Page 8 - Money
 - Resident Absence From The Building
 - Incident Reports
 - Companion Animal Program
 - How To Visit With a Confused Resident

- Page 9 - How To Visit With a Sight Impaired Resident
 - How To Visit With The Hearing Impaired

WELCOME

The board of directors, residents and staff at the Drew Nursing Home are delighted that you are considering becoming a volunteer in the Home. As a volunteer you will be a valuable member of the health care team enriching the lives of the residents.

This handbook will provide you with information about the Home as well as guidelines that will assist you in carrying out your duties.

PHILOSOPHY

The resident is the primary focus of all aspects of the operation of The United Church Home For Senior Citizens, Inc.

MISSION

The mission of The United Church Home For Senior Citizens, Inc. is to provide and promote services that support and improve the quality of life of those persons who require nursing home, residential care, and community support services consistent with the philosophy of the Home.

These services will be provided at the Drew Nursing Home and Tantramar Residences.

The areas in which it is essential to have acceptable results are:

- resident satisfaction with the quality of service;
- resident safety, security and health;
- resident autonomy, independence, privacy, dignity and peace of mind;
- family satisfaction with the quality of service.

A BRIEF HISTORY OF THE HOME

The United Church Home For Senior Citizens, Inc., a non profit charitable organization, was incorporated in 1955. It is administered by a board of directors. The incorporated body includes the Drew Nursing Home (118 beds) and Tantramar Residences, (40 apartment units for independent seniors of at least 60 years of age).

The Home expanded from the original nine beds in the former Fawcett family home when a new facility was built in 1968. Additions and renovations in 1972 and 1984 brought the capacity to 130 beds.

Due to the decrease of nursing home placements taking place province-wide, the Home operated at a 90 bed capacity from 2000 –2008. In 2008, under the direction of Nursing Home Services, Department of Social Development, renovations began on the oldest wing to reopen it to bring the bed capacity to 118 beds.

WHAT CAN A VOLUNTEER DO?

- Participate in friendly visiting;
- Develop a friendship with one or more residents, on an informal basis;
- Bring in your pets;
- Bring in your children/grandchildren.
- Provide afternoon or evening recreational programming e.g. music, dancing, bingo, videos.
- Share interests with small groups of residents e.g. painting, reading, knitting, crafts, board games, cards, cooking.
- Accompany residents to appointments e.g. physician, dentist.
- Assist with special programming e.g. parties, birthday social.
- Assist with special outings e.g. shopping, dining out.
- Accompany residents to entertainments within the Home.
- Assist residents to and from Sunday church services.
- Give manicures.
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HOW DO YOU BECOME A VOLUNTEER

The procedure for becoming a volunteer includes:

- a review of the Volunteer Handbook;
- a tour of the Home;
- completion of an application form;
- signing a pledge of confidentiality;
- sign in/out procedure (located on Fundy);
- providing a criminal record check;
- selecting a program/an activity/a resident for assignment.

SCHEDULE FOR VOLUNTEER PARTICIPATION

Visiting:

The Home does not have specific hours for volunteer visiting. It is suggested, however, that the best time might be 2:30 p.m. to 5:00 p.m. in the afternoon or 7:00 p.m. to 8:30 p.m. in the evening as these are often the times when residents feel lonesome.

Once you have been introduced to selected residents and visited with them once or twice you will be able to assess the best time to visit.

Entertainment:

Entertainment programs are usually scheduled for 2:30 p.m. to 4:00 p.m. in the afternoons and 7:00 p.m. to 8:00 p.m. in the evenings.

SIGN IN PROCEDURE

There is a "volunteer/clergy bulletin board" in the Fundy nursing station.

For the New Brunswick Department of Social Development statistics, the Home keeps a record of volunteer hours. You are asked to complete a volunteer time sheet on the bulletin board including, the date, your name, the names of residents visited or entertainment undertaken, and the length of time of your visit.

SNACKS

Supplies for making tea or coffee and juice & cookies for the residents are located in the small kitchen on each unit. **Before preparing a snack for a resident, check with the nursing/activity staff to ensure that the resident has no swallowing difficulties and that there are no dietary restrictions.**

THE HANDLING OF WHEELCHAIRS

During orientation, you will be instructed regarding wheelchair safety.

- Never transfer a resident between bed and chair or to the toilet
- Never remove or slacken a seat belt (restraint) even if the resident requests this, always make the request known to nursing staff.
- Always "back" wheelchairs and geriatric chairs onto the elevator.

PHYSICAL LAY-OUT OF THE HOME

There are three units on two levels:

Physical Layout

Beausejour	28 residents
Fundy	45 residents
Chignecto	45 residents

Each unit has:

- a centrally located nurses station
- unit sitting areas which can be used for activity programming
- a small kitchenette
- satellite dining.

LEVEL I

- Beausejour unit (rooms 232-250)
- Fundy unit (rooms 201-231)
- offices of the executive director, director of care services, accountant, business office staff, activity coordinators, LPN rehabilitation worker;
- Coates Lounge (where church services, evening entertainment and other large gatherings are held);
- Parsons Lounge (sitting area for family/other visits);
- Activity Room which includes:
 - a) a kitchen (where cooking/baking sessions may be conducted);
 - b) general activity area;
 - c) activation office.

LEVEL II

- Chignecto unit (rooms 101-135)
- main kitchen
- offices of the manager of food services, and manager of environmental services;
- laundry;
- staff room;
- boiler/electrical rooms.

BASEMENT

- storage areas; maintenance shop.

STAFFING

The nursing home is staffed according to standards set by the New Brunswick Department of Social Development. The staff consists of a qualified group of personnel in each of the following departments: nursing, food service, environmental services (laundry, housekeeping, maintenance) activation, rehabilitation and administration.

Pastoral care services are available from clergy of all denominations, who provide visitation and counselling services.

A list of staff is included in the brochure (Appendix I).

HOW TO IDENTIFY STAFF

Staff can be identified by their name tags.

SAFETY AND SECURITY

Door Closures:

A security device is installed on the main doors at the front entrance and at the staff entrance. Stairwell doors are also equipped with security devices.

A resident may ask you to assist them through one of these doors. Should they do so, politely decline and if the resident is persistent, notify nursing staff so that they may conduct the resident back to their room.

Fire Drills:

Fire drills are carried out once a month on each shift. When the alarm sounds, the fire doors will close automatically. Do not attempt to open these doors or move to another part of the building. When the location of the alarm is known it will be announced over the public address system.

If you are with a resident, remain with them and reassure them. Close windows and doors. Staff will check the occupants of each room. If you are in a public area, nursing staff will direct you as required. "All Clear" instructions will be announced over the public address system when the emergency is resolved.

Clean Air Policy:

The Home has a strict clean air policy:

- i) smoking is permitted in a designated area at the front entrance for families, and at the rear of the building for staff.

MONEY

Should a resident ask you to purchase something for them and offer you money to make the purchase, ask the nursing staff if this is appropriate.

Residents are discouraged from keeping large sums of money in their room. If you notice that the resident you are visiting appears to have a large amount in their possession, notify a nurse so that they can discuss the matter with the resident.

RESIDENT ABSENCE FROM THE BUILDING

Should you wish to take a resident out of doors for a walk, check with nursing staff if this is appropriate. If you are taking the resident off the unit, the resident sign-out book situated at the nursing station must be completed.

INCIDENT REPORTS

Should anything of an unforeseen nature take place when you are with a resident e.g. fall, sickness, injury, notify the registered nurse immediately so that an incident report form can be completed. Should a resident fall, do not attempt to lift them. Reassure them and obtain assistance.

COMPANION ANIMAL PROGRAM

The therapeutic value of having pets visit us is tremendous. Volunteers are encouraged to bring their pets in to visit with residents. The volunteer must always be in control of their pet, and the pet must be on a leash.

HOW TO VISIT WITH A CONFUSED RESIDENT

- Don't bombard the person with questions:

How are you? Do you remember me? What did you have for dinner?!! Such questions will simply cause more confusion for the person and you yourself may become tense, anxious and frustrated.

- Try this! Sit down beside the person. In a soft voice simply start talking - about anything and everything - the weather, local news perhaps - the area the person lived in, their former occupation, etc. If you know the background of the person you're visiting, relate this to what you are talking about. Sometimes, when you least expect it, you will see the resident's eyes light up or hear them express a thought connected with what you have been saying. Such moments can make a resident's day and your day too.

HOW TO VISIT WITH A SIGHT IMPAIRED RESIDENT

Identify yourself at once to the resident as the resident will not necessarily recognize you.

Speak directly to the person and use their name so that they will know you are speaking to them, particularly in a group situation.

When walking with the sight impaired, tell them about the surroundings, the brilliance of the blue sky, flowers, etc. If it interests you, it may interest the resident. Advise residents of grades and obstacles.

When it is time for you to leave, tell the resident you are going. It can be embarrassing for residents to think they are chatting with you, only to find out that you have gone!

HOW TO VISIT WITH THE HEARING IMPAIRED

(from Purdue University Hearing Clinic)

- Face the hearing impaired resident directly on the same level with them wherever possible. Get their attention before beginning to speak.
- Speak in a normal fashion without shouting or elaborately mouthing words. Words spoken a bit more slowly, not run together too rapidly, are clearer than those which are shouted.
- Recognize that everyone, especially the hearing impaired, hears less well and understands less when they are tired or ill.
- Keep your hands away from your face and refrain from eating/chewing as these things will make your speech more difficult to understand.
- If a person has difficulty understanding some particular phrase or word, try to find a different way of saying the same thing, rather than repeating the original words over and over.
- Avoid talking too rapidly or using sentences which are too complex. Slow down a little bit; pause between sentences or phrases; wait to make sure you have been understood before going on.
- Avoid sudden changes of topic. If the subject is changed, tell the resident, "We are talking about _____ now".
- Don't drop your voice at the end of a sentence.
- Avoid noisy locations.
- Speak at a distance of between 3 - 6 feet (no greater than 10 feet).