

Volunteer Orientation Booklet



**Lasata Senior Living Campus
Lasata Heights/Lasata Crossings
Wauwatosa Road
Cedarburg, WI 53012**

Welcome to Lasata Heights & Lasata Crossings

Volunteers are special people who share their time, talents and life experiences with our tenants', enhancing their quality of life. They help establish a much needed link to the community and create an important sense of belonging. Volunteers assist the staff in providing social, spiritual and recreational needs, and help to fulfill Lasata Heights and Crossings Mission Statements.

LASATA SENIOR LIVING CAMPUS

MISSION STATEMENT

(8/2010)

The Lasata Senior Living Campus is committed to serving our residents and tenants by supporting their personal, social, spiritual, and medical choices while preserving their dignity, individuality and independence.

I. Volunteers

- A. Represent life in the community by providing support and friendship to those residing at Lasata Heights and Lasata Crossings.
- B. Plan and orchestrate activities as scheduled on calendar
- C. Attached is a list of volunteer opportunities here on the Lasata Senior Living Campus
- D. Any concerns/questions about the volunteer requirements please refer to the Activity Coordinator.

II. Orientation Includes

- A. A tour of Campus, maps, and Parking locations, building designated smoking areas
- B. Discussion of interests, abilities, and approximate amount of time they are able to give.
- C. Instruction on policies regarding pushing wheel chairs, proper entrance to tenant apartments, tenant rights, dress code, emergency procedures and confidentiality

III. Responsibilities

- A. Always approach and interact with tenants using respect.
- B. Before entering a tenants apartment, knock first. Wait for permission to enter. Identify yourself and explain your reason for being there.
- C. Transport tenants in wheelchairs with their hands and arms safely inside, both feet on foot pedals. Lock wheels when stationary.
- D. Wash hands often, before after and during contact with tenants. This protects both volunteers and tenants.
- E. Call if you are unable to meet your assigned time and service. Keep in close touch with the Activity Coordinator.
- F. Dress code, cleanliness, safety, personal neatness and hygiene are always important on any health care campus. Your appearance reflects the campus and pride we take in providing senior living services to our tenants. Unacceptable attire includes, shorts, leggings, sweat pants, tank or tube tops/ Shirts or blouses must have sleeves. Bare feet and/or sandals without a back strap are not allowed. Your supervisor will help determine your attire based on volunteer activities you're involved with.
- G. Volunteers should wear their volunteer name badge at all times so they can be easily identified.
- H. Volunteers are required to sign in/out of the volunteer book every time they are assisting tenants, whether at the facility on an outing. Volunteer book is located next to the Activity Coordinator's office.
- I. Check bulletin board/communication board to see any updates or changes in schedules.
- J. Tenant Volunteers please keep track of hours/time volunteering and hand in to the Activity Coordinator at the end of the year.

IV. Ethics

Confidentiality, trust and privacy are important in respecting our tenants rights.

- A. Do not betray a tenant's confidence to friends or outsiders. Do not disclose pertinent medical information or information heard at Lasata Campus to anyone. Any questions, contact a member of the staff.
- B. Never accept tips or gifts from tenants

V. Safety and Emergency Procedures

A. Never attempt to enforce or implement emergency procedures. This is the responsibility of trained staff. You are responsible for getting only yourself to safety.

B. In case of falls, injuries, etc.

- Inform Housing Manager, or staff. If unavailable dial “0” from any house phone or 377-5060 from a tenants phone.

- DO NOT attempt to move a resident!

The following is a list of announcements you might hear while at Lasata Care Center and is for your information only:

“Code Blue” -Medical Emergency , fall or injury

“Code Search” - Missing Resident

“Code Yellow” - Tornado Warning

“Condition Red” - Fire or fire Drill

“Red is Green” - emergency is over

C. Fire Drill Procedure and Tornado Warning Procedure is attached.

Infection Control

Guidelines for volunteers

1. If you are ill, please stay home. Call Activity Coordinator or Heights or Crossings Manager.
2. Hand washing is the most important factor in infection control.

Wash Hands:

- Before and after your shift.
- After using the toilet, blowing your nose or covering a sneeze.
- Before and after eating, drinking or handling food.
- Whenever hands become obviously soiled
- After handling wheelchairs and doorknobs.

Hand washing Instruction

- Use **Soap** and **warm running water**.
- **Scrub** your hands vigorously for at least 20 seconds
- **Wash** backs of hands, wrists, between fingers and under fingernails.
- **Rinse** well, dry hands with a paper towel and turn off the water using
- **paper towel** instead of bare hands.

VI. Tenant Rights (Lasata Crossings Assisted Living)

Policy Statement:

Every Tenant, or his or her legal guardian, has the following rights. Lasata Crossings encourages Tenants to exercise their rights and maintain policies, procedures and programs to ensure that the rights of each Tenant are protected by all personnel.

Procedure: Every Tenant has the following rights:

Tenants.... Shall be treated with courtesy, respect and full recognition of the Tenant's dignity and individuality by all employees of Lasata Crossings and all employees of service providers under the contract of Lasata Crossings.

Tenants.... Have the right to privacy in his or her independent apartment and when receiving supportive, personal, or nursing services.

Tenants.... Have the right to make reasonable decisions relating to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in Lasata Crossings.

Tenants.... Have a right to manage his or her own financial affairs unless the Tenant delegates, in writing, responsibility for financial management to someone of the Tenant's choosing or the Tenant is adjudicated incompetent, in which case the guardian shall be responsible.

Tenants.... Have a right to choose which services are included in the service agreement, including the right to refuse services provided that the refusal would not endanger the health or safety of the other Tenants.

Tenants.... Have a right to their choices of health care providers. Tenants have a right to the facility's non-interference with the Tenant's choice of his or her physician and providers of other medical, mental health, and pharmaceutical services. A Tenant shall not be required to use medical, mental health, or pharmaceutical providers who are employed by or affiliated with the facility or to whom the Tenant is referred by facility staff. A Tenant's choice of providers of supportive, personal, and nursing services from providers other than the assisted living facilities is subject to the requirements of S. HFS89.24(2)(b).

Tenants.... Have a right to furnish his or her independent apartment and to maintain personal possessions as the space permits as long as the Tenant does not unreasonably interfere with other Tenants' choices or endanger the health or safety of the other Tenants.

Tenants.... Have a right to receive visitors, meet with groups or participate in activities of the Tenant's choice, including organizing and participating in Tenant or family councils or groups provided that the health or safety of the other Tenant's is not endangered.

Tenants.... Have a right to receive and send sealed, unopened mail, including packages. The assisted living facility shall give mail to Tenants on the day it is received or as soon as possible thereafter.

Tenants.... Have a right to a private telephone properly installed in his or her independent apartment.

Tenants.... Have a right not to be required to engage in any religious activity.

Tenants.... Have a right to have his or her medical, personal, and financial records kept confidential consistent with all applicable federal and state statutes, rules and regulations. For the purpose of registration, certification, and administration, staff of the assisted living facility, the department and county department of aging apartment designated to administer the Medicaid waiver for those Tenants who services are paid for under s.46.2777, stats., shall have access to a Tenant's record without the Tenant's consent, but may not disclose the information except as permitted by law.

Tenants.... Have a right to have their designated representative inspect, copy, and challenge the accuracy of the Tenant's record.

Tenants.... Have a right to have a necessary discussion by facility employees regarding one's physical, mental, or medical condition, services, payment sources, and other personal affairs conducted discreetly, and not to have facility employees, staff, or any service provider under contract with the facility indiscreetly disclosing personal information about oneself to other Tenants.

Tenants.... Have a right to receive services consistent with the service agreement and risk agreement.

Tenants.... Have a right to except as provided for in the service agreement or risk agreement to have the facility not interfere with the Tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the Tenant's physician and to refuse a medication unless there is a court order.

Tenants.... Have a right to a safe environment in which to live.

Tenants.... Have a right to be free from physical, sexual, or emotional abuse, neglect or financial exploitation or misappropriation of property by the facility, its staff, or any service provider under the contract with the facility.

Tenants.... Have a right to be given a written grievance procedure and the opportunity to present grievances and have them addressed without retaliation or coercion to discourage or prevent a Tenant from exercising any of the specified rights.

**PLEASE SIGN THIS FORM AND RETURN TO THE HOUSING MAN-
AGER OR ACTIVITY COORDINATOR**

I have read the Volunteer Orientation Booklet given to me which includes Tenants rights/Responsibilities and Infection control. I understand the Importance of the following described procedures when agreeing to become a volunteer at Lasata Senior Living Campus

I understand that a security check may be done. If the information on my application is misrepresented or if I have a criminal record, I may not be permitted to volunteer. Unusual circumstances will be considered on an individual basis. I further understand that Lasata Senior Living Campus has the right to terminate a volunteer's service at any time based on the needs of the campus.

Name: _____

Date: _____

TENANT RIGHTS ACKNOWLEDGMENT

I have received, read and understand the TENANT RIGHTS as outlined in the policy outlined by Lasata Crossings.

Name: _____

Date: _____

VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, hereby agree to regard all information received in the performance of my volunteer work on this campus as confidential.

I understand that this campus respects tenants/residents rights to privacy of information in accordance with Federal HIPPA guidelines, and I agree to respect these rights in the performance of my volunteer duties. It is understood that information obtained may be through verbal or written channels, and that all information shall be treated with the strictest confidence. Such information shall not be discussed with anyone outside or inside this campus.

I agree to refrain from publishing photos or names of any Lasata tenants/residents that I may acquire in the course of my participation as a volunteer in any public format.

I agree to respect tenants/ residents rights to privacy, as well as those of the family and facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved, in advance, by the Activity Coordinator or Administrator.

Signed: _____ Date: _____

As part of the volunteer program, you may appear in photos with Lasata tenants/residents that could be published in local media outlets or on our website, along with your name. Please indicate your choice below:

I do/ do not give permission for Lasata Campus to publish my photo and/or
(circle one)
name in any format as part of my involvement with the volunteer program.

Signed: _____ Date: _____

Witness: _____