

# Arrowsmith Lodge & Cokely Manor

**266 Moilliet Street, Parksville, BC V9P 1M9 Phone: 1.250.947.9777 Ext. 4**Fax: 1.250-248-4813 **Amanda Gardner, Volunteer Coordinator/Cokely Manor Activities**Email: cokelyACT@arrowsmithlodge.ca

#### Welcome!

**Arrowsmith Lodge** (Complex Care) and **Cokely Manor** (Assisted Living) provide a warm, caring home environment for all their residents.

We work as a team and open the door to a world of opportunities for our seniors, their families, and volunteers. Volunteers are very important members of our team and with a smile, a positive attitude, and compassionate understanding, volunteers help to make the elderly resident's day a little more pleasant.

There are many benefits to joining our volunteer program such as:

- To learn a new skill or explore a new interest.
- To bring a fresh perspective, a new voice, and diversity to our programs and activities.
- To enhance social, emotional, spiritual, and physical growth in a positive way.
- To infuse your passion within our organization.

A volunteer that commits their time maintains a friendship which is an especially important part of each resident's life. It also provides a major link within the community and helps residents feel a sense of belonging.

## **Volunteer Programs:**

#### **Group Activities:**

Do you have a hobby or talent to share or maybe you would like to learn a new skill....?

- Music (playing instruments or joining in a sing-along)
- Crafts (painting, woodworking, knitting, arts, and crafts)
- Teas and Bazaars, Special luncheons, Happy Hour, Bingo
- Gardening, Exercises, in house bowling.
- Cooking, Baking, Special Holiday Functions
- Outings (restaurants, beaches, shopping malls)

### One on One:

Volunteers can also visit **One on One** with a resident. This will encourage involvement with the outside community, to bring more community spirit to the resident's life through activities such as:

- Writing letters, poems or a journal together.
- Working on a shared hobby such as stamp collecting, model building, painting, gardening, etc.
- Sharing Happy Hour or Bingo together, in the Activities Room.
- Reading a book, magazine or newspaper in their room, or common space.
- Walking in the gardens and orchard, and reminiscing.
- Going to church together, at Arrowsmith Lodge.
- Spa treatments (nail care and hand massages)

### If you want to help seniors in a positive way, we would like to hear from you!

#### We have many areas that need your support:

- Decorating for holiday functions and special events.
- Sharing computer knowledge teaching the basics.
- > Reading stories, completing crosswords and puzzles, writing letters, playing card games.
- > Arts, crafts, and painting.
- Music playing, listening, creating
- Gardening

#### Let us know what your special interests are!

Thank you for your interest in this worthwhile program, we look forward to meeting you.

Updated: 2021



266 Moilliet Street, Parksville, BC V9P 1M9

**Phone: 1.250.947.9777 Ext. 4** Fax: 1.250.248.4813

#### Dear Volunteer,

Thank you for your interest in volunteering your valuable time and positive energy here at Arrowsmith Lodge and Cokely Manor. Your willingness to volunteer reflects your commitment and dedication to helping others in our community. Volunteers make a generous contribution and are truly valued - the difference that you make to the quality of life for our residents is immeasurable.

As required by law, and for the safety of residents and staff, certain criteria must be met, as follows:

#### 1. CRIMINAL RECORD CHECK:

The first step is to fill out the attached Criminal Record Check form – Page 1, Section 2 and Page 2 all Parts, and return it to Amanda Gardner, the Volunteer Coordinator. It is required by law. There is no cost to you. Arrowsmith Lodge will submit the form on your behalf and will keep a copy for our records. The CRC form needs to be updated every 5 years. This document, and all information, will be kept strictly confidential.

#### 2. INFLUENZA:

In order to support the prevention of influenza occurrence and keep our residents as healthy as possible, Arrowsmith Lodge will require proof of your current influenza vaccination. If a volunteer is not vaccinated, a protective face mask must be worn.

#### 3. COVID 19 VACCINE

Due to the nature of the volunteer services you will provide, and in compliance of the B.C. Provincial Health Order for staff in Long term care and Assisted Living facilities, proof of full vaccination status will be required for volunteer positions.

#### 4. INFECTION PREVENTION AND CONTROL

Preventing the spread of infection is everyone's responsibility. The best way to stop the spread of infection is to:

- Stay home when you are contagious (i.e., with a cold, fever, or skin infection)
- Wash hands frequently and keep hands away from your face.
- Stay informed about potential risks by reading infection prevention and control announcements.
- Watch for signs posted, and follow direction about isolation areas, influenza outbreaks, etc.
- If you have travelled overseas, to a developing country, or to an isolated community, please advise our
   Volunteer Coordinator before returning to your volunteer role.

#### 5. COVID GUIDELINES

- Complete screening protocol at the front entry. Use hand sanitizer when entering and exiting the facility.
- Wear a medical-grade mask while in the facility (provided at the front entry)
- Practice social distancing.
- If you have a pet, you may only visit one resident.

#### 6. PET THERAPY VOLUNTEERS

If you will be visiting this facility with an animal, you must submit their Complete Health Record and comply with all animal-related safety protocols.

When you have met these criteria, please contact the Volunteer Coordinator to explore your volunteer opportunities. The benefits of volunteering can be enormous. Giving in even simple ways can help those in need and improve your own health and happiness. The Volunteer Coordinator is available to support you.

We at Arrowsmith Lodge and Cokely Manor are honoured that you have selected our facility in which to help others. We will endeavour to make your experience here as comfortable and rewarding as possible.

If you have any questions, please feel free to contact me.

Thank you, Amanda Gardner Volunteer Coordinator 250-947-9777 Ext. 4 cokelyACT@arrowsmithlodge.ca



266 Moilliet Street, Parksville, BC V9P 1M9 250-947-9777 Ext 4 Fax: 1.250.248.4813

Amanda Gardner: Volunteer Coordinator/Cokely Manor Activities cokelyACT@arrowsmithlodge.ca

# **Volunteer Orientation**

Volunteers are selected, oriented, and trained to give special services to the residents of Arrowsmith Lodge, under the supervision of the Cokely Manager and the Volunteer Coordinator.

These services help to stimulate community interest, and to provide support and contact with people other than staff and family.

To those considering a career in health services, therapeutic recreation, or other related fields, it offers the opportunity to help the Lodge, as well as gaining knowledge and understanding of the services within the community.

Volunteers must be sufficiently available to be useful and consistent members; and, have an interest in people, in groups and on an individual basis.

Your help is important, and with a smile, a positive attitude, and compassionate understanding, you can help to make the elderly resident's day a little more pleasant.

The orientation and training of volunteers will be with the Volunteer Coordinator.

The following subjects will be included in the orientation:

- Overview of Arrowsmith Lodge or Cokely Manor
- > Role of the Activity Department
- ➤ Role of the Volunteer
- ➤ General Rules
- > Safety Measures
- > Fire Instructions
- ➤ Wheelchair Safety
- **Communication**
- ➤ Working with Dementia
- ➤ Legal Responsibilities

## Overview of Arrowsmith Lodge & Cokely Manor

Arrowsmith Lodge is a 75-bed non-profit complex care facility. It is a self-supporting, non-denominational home for the elderly which strives to provide a nurturing environment that promotes a person's dignity, independence and abilities while providing care in a competent and professional manner. Cokely Manor is a 30-suite residence offering assisted living in a warm, home-like atmosphere and is operated by the Arrowsmith Health Care Society.

## **Role of the Activity Department**

To provide an environment that supports the residents to continue or develop their hobbies and interests through a well-organized, diverse program within a positive and safe setting while encouraging participation in activities. Input is welcomed from residents, staff, families, volunteers, and community agencies in determining the activities.

## **Role of the Volunteer**

To provide special services to the residents which help to stimulate community interest and provide support and contacts with individuals other than staff and family. To those considering a career in Health Services, it is an opportunity to gain knowledge and understanding of the services provided.

## **General Rules**

- 1. As soon as you come in, you must be screened by the Greeter who will provide a mask, ask for proof of vaccination and take your temperature.
- 2. Report to the Activity Department. Get your name tag and sign in.
- 3. If you are not able to report for duty, please phone to advise, with as much notice as possible.
- 4. Smoking is not permitted anywhere on the property.
- 5. Gifts from residents must not be accepted: gifts for residents must not be given.
- 6. Never enter any resident's room without prior authorization.

## **Safety Measures**

Safety measures are primarily concerned with the prevention of unfortunate accidents to elders, staff, and visitors, and must be strictly observed, at all times.

- 1. It is the responsibility of the first person discovering a spill to ensure that it is wiped up. If assistance is required, please inform a staff member immediately.
- 2. Please do NOT:
  - o Transfer an elder to or from a wheelchair, bed, or chair.
  - o Lift an elder.
  - o Un-fasten, loosen or adjust a restraint belt.
  - o Feed, or give beverages to elders
  - o Add milk, cream, sugar, or any other substance to elder's drinks.

NOTE: If an elder is requesting a beverage, please advise Care Staff.

## **Fire Instructions**

If you discover a fire:

- 1. Remove anyone in immediate danger.
- 2. Pull the nearest fire alarm switch.
- 3. Request assistance from the nearest available staff member.
- 4. Report the situation to the nurse in charge.

If the fire alarm rings:

- 1. Report to the A/B nursing station. (Do not try to locate the fire).
- 2. Follow the instructions of the nurse in charge.
- Please note the placement of fire alarm pulls, fire extinguishers, and fire exits.

## **Wheelchair Safety**

- 1. Always approach an elder slowly and from the front: introduce yourself and explain where you are taking them.
- 2. Always check the position of hands and feet to ensure safe transport
- 3. Always check the hand brakes: be sure to lock them when you leave an elder.
- 3. Never push a wheelchair forward over a curb or large bumps. Always back over a bump or curb.

## **Communication**

There are many ways successful communication between people with sensory loss (or losses) and others in their environment can be increased.

The environment can often be modified as follows:

- A) Hearing Loss
- find a quiet place to talk (at the end of each neighbourhood is a quiet area)
- turn off any background noise
- don't talk quickly speak slowly and clearly
- face the person on the same level, at a comfortable distance
- keep your hands away from your face
- speak at a comfortable level don't shout
- use non-verbal skills and body language to express yourself when appropriate
- B) Vision Loss
- provide adequate light but not too much
- describe clearly what you mean
- utilize large-print materials
- brighter colours are often easier to see

### **Working With Dementia**

There are a variety of reasons why an elderly person may become confused or suffer memory losses.

#### Remember to:

- be patient and respectful
- treat the elder as an adult.
- carry on the conversation even when the response doesn't seem appropriate
- learn to continue talking even when no response is forthcoming.
- work in a small group or on an individual basis.
- turn off any confusing stimuli (TV, radio, etc.)
- provide many "clues" in your conversation (names, places, dates, time, season, etc.) Use descriptive words to emphasize the topic
- organize tasks in small components being careful not to overwhelm
- look directly at the resident when addressing him/her.
- give the elder time to respond.

Dementia can have an effect on how a person behaves. These changes in behaviour can be upsetting and frustrating for the person with dementia and those around them. Please be aware that sometimes residents may react aggressively, and without warning, if they don't understand the communication, or if the environment is over stimulating.

How to respond to resident aggression:

- Stop what you're doing and remove yourself.
- Create space between yourself and resident.
- Call for help immediately, find the nearest staff member.
- Remain calm. Do not take the aggressive behaviour personally.

# **Legal Responsibilities**

#### **Arrowsmith Lodge:**

- 1. Shall assume the responsibility to protect the elders, at all times, from persons who are not properly trained or authorized to provide such services.
- 2. Shall hold the individual volunteer responsible for an injury caused by a wrongful act to the elder since the volunteer has a duty to both the Lodge and the elder to perform only those actions that have been authorized and they have been trained to do.
- 3. Shall not place a volunteer in a situation in which injury to an elder may result.
- 4. Shall assume the responsibility for accidental occurrences incurred during the performance or authorized actions that the volunteer has been trained to do.
- 5. Shall exercise strict control over the selection and activities of volunteers.
- 6. Shall not place a volunteer in a situation where personal injury may result due to an unsafe environment.

## **Volunteers**

- 1. Shall be governed by all federal, provincial, and municipal legislation affecting this complex care facility as well as the internal facility policies and procedures.
- 2. Shall not perform any action that has not been authorized or for which the volunteer has not been properly trained.
- 3. When performing a task, the volunteer is required to live up to whatever the average, reasonable and prudent standard is of anyone doing that task.
- 4. May not interfere with the facility personnel, or management of the Resident's care.
- 5. Shall not discuss any aspect of the Resident's condition with that Resident or <u>any</u> other person. This applies both within the confines of the Lodge, when in public, or any other place outside of the premises.
- 7. Shall report any unusual incidents to the Care Manager or nurse on duty.

## **Confidentiality Policy**

All information concerning residents and staff is confidential and privileged and must not be transmitted to another without authority. This applies both within the confines of the facility, when in public, or any other place outside of the premises. A Statement of Understanding and Confidentiality will be signed by all Volunteers.



# Arrowsmith Lodge & Cokely Manor

266 Moilliet Street, Parksville, BC V9P 1M9

**Phone: 1.250.947-9777 Ext. 4** Fax: 1.250.248.4813

# **Volunteer Statement of Understanding and Confidentiality**

Please read carefully. Your signal agree to, each of the following sta	ture at the bottom of this document indicate atements:	es that you have read, understood, and
l,		eer for the Arrowsmith Health Care (2011)
Society at Arrowsmith Lodge and	Cokely Manor.	
I give consent to the Arrowsmith	Health Care (2011) Society to perform a bac	kground check, which may include:
<ul> <li>Police check</li> </ul>		
<ul> <li>Past service as a volu</li> </ul>	nteer	
<ul> <li>Personal references</li> </ul>		
<ul> <li>Other persons or sou</li> </ul>	rces as are appropriate for the volunteer se	rvice in which I have expressed an interest
	lected during this background check will be unteer service. I understand that all inform	· · · · · · · · · · · · · · · · · · ·
I give permission to the Arrowsm personal information electronical	ith Health Care (2011) Society to take photo ly. I understand that:	graphs and to store registration and/or
<ul> <li>Information of management</li> </ul>	collected at the time of registration will be so	tored electronically and used for
•	-time pictures may be taken and used for po	ublicity and display purposes.
I will meet scheduled commitmer perform my volunteer assignmen	nts or provide adequate notice so that altern ts to the best of my ability.	nate arrangements can be made, and I will
respect to information pertaining	nd understand the policies regarding Confidents to residents, clients, and/or employees, obtained the consequences for breach of the consequences for the conseque	tained during the course of my volunteer
This information is not to be com	municated to anyone in any manner, except	as authorized by the Employer Policy.
I understand that compliance is a	condition of my volunteering and failure to	comply will result in dismissal.
Name (please print):	Signature:	Date:



# Arrowsmith Lodge & Cokely Manor

**266 Moilliet Street, Parksville, BC V9P 1M9 Phone: 1.250.947.9777 ext. 4** Fax: 1.250-248-4813

Amanda Gardner, Volunteer Coordinator/Cokely Manor Activities Email: cokelyACT@arrowsmithlodge.ca

# **Volunteer Application Form**

Name:		(please p	rint) Phon	e number(s):			
Mailing Addre	ess:					<del> </del>	
	Street			City		Posta	al Code
Email Address	S:						
Emergency Co	ontact infor	mation:					
Name:				Relationship	to you:		
Phone Numbe				'	,		
Home:			Cell:		Work:		
			e to volunteer				
	_			-			
Day/Time	MONDAY	TUESDAY	WEDNESDAY	THURSDDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							
Mental and Pl	nysical Heal	th Status: F	Please list any l	nealth concer	ns or restr	ictions which	ı may affect y
volunteer serv	vice:						
Tell us why yo	ou are intere	ested in volu	unteering here	?			
Activities – Ho	obbies, Inter	est, Talents	s, and/or Speci	al Skills you w	ould like t	o share:	
History of Wo	rk / Volunte	er Experier	nces:				

## References – Please list 2 references that we may contact:

Comments:

	Phone	Relationship	Email Address	
BERCULOSIS (TB) SCR	<u>EENING</u>			
•	ctive Tuberculosis?			
•	• ,	•	longer than one month?:	
			Unexplained weight loss: YES	
Coughing up blood: Y	/ES NO Excessive	night sweats: YES	NO Persistent fever: YES NO_	
IF YOU HAVE ANSWE	RED YES TO ANY OF TH	HE ABOVE, you will n	eed to make an appointment with	vour
	ule out a communicable	• •	• •	you
ranning proposed re	are out a commanicable	e condition (such as	active tabelealosisy.	
If a TB skin test is req	juired, you must do the	e following:		
Make an appointm	ent at the Travel Medici	ne Vaccine Center: ca	ll toll free 1-888-288-8682 or email -	
nanaimo@tmvc.co	m The cost is \$55 for th	e test.		
The wait for scheduler	uling your initial test is ty	pically 6-8 weeks. Thi	s initial test will take approximately 30	) minu
			<u>1</u> 2 days later. The nurse will then asse	
	determination. Docume	· · · · · · · · · · · · · · · · · · ·		
		•	olunteer Coordinator at Cokely Mano	
Office time test is con	mpiece, piease mileim, ii	nanga Garoner. The v		r and
provide a copy of t	he results for our record		,	r and
	he results for our record			or and
ECLARATION:		S.	•	or and
ECLARATION: authorize the above re	eferences may be conta	s. acted regarding this	position. I will respect	or and
ECLARATION: authorize the above re	eferences may be cont n and the rights and di	s. acted regarding this gnity of all residents	position. I will respect . I will honour my	or and
ECLARATION: authorize the above re	eferences may be cont n and the rights and di	s. acted regarding this gnity of all residents	position. I will respect . I will honour my	or and
ECLARATION: authorize the above re onfidential information ommitment as a Volun	eferences may be contain and the rights and dig nteer. I will abide by the	s. acted regarding this gnity of all residents e policies and standa	position. I will respect . I will honour my	or and
ECLARATION: authorize the above re onfidential information ommitment as a Volun	eferences may be contain and the rights and dig nteer. I will abide by the	s. acted regarding this gnity of all residents e policies and standa	position. I will respect . I will honour my ards as outlined.	or and
ECLARATION: authorize the above re onfidential information ommitment as a Volun	eferences may be contain and the rights and dig nteer. I will abide by the	s. acted regarding this gnity of all residents e policies and standa _ Date: _	position. I will respect . I will honour my ards as outlined.	or and
ECLARATION: authorize the above re onfidential information ommitment as a Volun gnature:	eferences may be contain and the rights and dighter. I will abide by the	s.  acted regarding this gnity of all residents e policies and standa  Date:  FICE USE ONLY	position. I will respect . I will honour my ards as outlined.	or and
ECLARATION: authorize the above reconfidential information ommitment as a Volunignature: pplication Received:	eferences may be contain and the rights and digiter. I will abide by the other of t	s.  acted regarding this gnity of all residents e policies and standa  Date:  FICE USE ONLY  Confidentiality	position. I will respect . I will honour my ards as outlined.  Form:	or and
authorize the above reconfidential information ommitment as a Volunignature:  application Received:	eferences may be contain and the rights and digiter. I will abide by the	s. acted regarding this gnity of all residents e policies and standa Date: Confidentiality Date Cleared:	position. I will respect  I will honour my ards as outlined.  Form:	or and
ECLARATION: authorize the above reconfidential information ommitment as a Voluniagnature: pplication Received: RC Request Date:	eferences may be contain and the rights and digiter. I will abide by the other of t	s.  acted regarding this gnity of all residents e policies and standa  Date:  Confidentiality Date Cleared: TB Test Date Cl	position. I will respect . I will honour my ards as outlined.  Form:	or and
authorize the above reconfidential information ommitment as a Volunignature:  Application Received:  CRC Request Date:  Lovid Vaccine Date:	eferences may be contain and the rights and digiter. I will abide by the	s.  acted regarding this gnity of all residents e policies and standa  Date:	position. I will respect . I will honour my ards as outlined.  Form:	or and
authorize the above re onfidential information ommitment as a Volunignature:  Application Received: CRC Request Date: Liu Shot Date: Covid Vaccine Date:	eferences may be contain and the rights and distributed in the rights and distributed in the rights and distributed in the rights and the rights are rights and the rights and the rights and the rights are rights.	s.  acted regarding this gnity of all residents e policies and standa  Date:  Confidentiality Date Cleared: TB Test Date Cleared: Orientation:	position. I will respect . I will honour my ards as outlined.  Form:	or and