

# **Volunteer & Student Information Handbook**

**ALGOMA MANOR**

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## **Welcome to Algoma Manor**

We are pleased you have chosen to share your time and talents with our team and residents. We appreciate your interest in giving the most valuable gift you can give... yourself! During your initial tour, you will be introduced to residents, the leadership team, team members, and our unique environment.

Volunteers are an integral part of our care community, as they can provide friendship on an individual basis, continued contact with the community, and increased opportunities for residents to live fully, every day.

We realize that for you to derive the utmost satisfaction from your experiences here, you need to become familiar with our community, our culture, some of its policies, and our expectations of you as a volunteer.

Also, provincial Acts have been enacted and require that all long term care homes in the province be licensed and adhere to the regulations supporting the respective Act. There are requirements under the Acts that will pertain to those working as volunteers in the care community.

As a volunteer, you are expected to be familiar with the contents of this handbook, and you are required to abide by these policies. Failure to abide by the policies set out in this handbook could constitute cause for termination of your volunteer opportunity.

We hope you will enjoy volunteering with us and that the information in our Volunteer Handbook will assist you in your volunteer experience here.

Sincerely,

**Pam Ficociello**

## **Meet Our Leadership Team**

We encourage volunteers to connect with the team members at Algoma Manor Our team members will support you in learning about different aspects of the work involved in caring for seniors in our care communities.

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Volunteer Information Handbook

# **VOLUNTEER INFORMATION HANDBOOK: SECTION I**

## Our Vision, Values & Mission



### Vision

To Provide Quality Care through innovative team work in a warm nurturing home where residents can be themselves.

### Values



**Respect:** Show interest, listen and act, show esteem and consideration, show regard.

**Compassion:** Awareness of others physically, intellectually, emotionally and spiritually.

**Welcoming:** Gladly receive with a warm smile, nurturing approach.



### Mission

Algoma Manor Nursing Home, a respected accredited long term Care home, with in a rural community hub; is recognized as a partner in an integrated regional continuum of care model for Northern Ontario.





## Volunteering With Us

### **Goals of the Volunteer Program**

- To enhance the quality of life and quality of service to the residents
- To provide enriching experiences for residents, volunteers, and team members
- To provide an essential link between the residents, the care community, and the community
- To provide opportunities for residents to develop new friendships

### **Volunteers' Rights**

Volunteers have rights. At Algoma Manor we recognize that volunteers are a vital human resource and will commit to the appropriate infrastructure to support volunteers. You have the right to:

#### Be appreciated & trusted

- Be treated as a valued member of the healthcare team.
- Be heard, recognized, and respected for your own experiences and the expertise you bring to the organization.
- Be well informed about the organization and the changes that are occurring.
- Be trusted with necessary confidential information.

#### Be coached & mentored

- Training customized to the volunteer assignment.
- Have worthwhile, challenging and meaningful assignments, which develop skills and experience.

#### Be safe & respected

- Work in a safe environment, with potential for injury or illness minimized to reasonable levels.
- Be justly treated when faced with allegations of wrongdoing.

### **Volunteers' Responsibilities**

- Be familiar with and adhere to the Residents' Bill of Rights (attached)
- Adhere to Algoma Manor's policies and procedures
- Adhere to the requirements under provincial regulations
- Adhere to the mandatory reporting obligations regarding Zero Tolerance of Abuse

- Honour and respect confidential information
- Provide positive interaction with the residents under the guidance of the Volunteer Lead
- Fulfill volunteer assignments as scheduled and carry out responsibilities and duties promptly and reliably as outlined in each volunteer position description
- Maintain volunteer commitment and provide notice should availability change
- Be aware of and adhere to Algoma Manor's policies on smoking, fire, safety emergencies, and resident medical emergencies
- Communicate any issues of concern to the Volunteer Lead; if that person is not on duty, to the In Charge person
- Be sincere in the offer of service and believe in the value of the job to be done
- Attend orientation and be willing to learn and participate in training programs
- Maintain appropriate lines of communication
- Be considerate, respectful of others, and work as a team member
- Provide feedback, suggestions, and recommendations that will increase the organization's effectiveness, as well as personal volunteer satisfaction
- Fulfill their commitment of time to Algoma Manor

### **Guidelines for Volunteers**

- Always sign in at the Volunteer Sign-In Book in a designated location. The front desk.
- Establish a regular time for volunteering that meets the needs of the Resident(s) and you as a volunteer. Keep in mind that residents will come to count on you on a regular basis. If you need to cancel, please telephone so that, if possible, other arrangements can be made.
- If taking a resident outdoors or away from Algoma Manor, notify the Volunteer Lead, Nurse in charge, or In Charge person.
- Dress neatly and comfortably. No bare midriffs or attire that may be offensive to residents. Nonskid, low-heeled, closed-toe shoes are the most appropriate footwear.

- Nametags are available at the front desk and must be worn while assisting at Algoma Manor.
- Remember to knock and obtain permission before entering a resident's room.
- Address the residents as Miss, Mr., and Mrs. as appropriate, unless requested otherwise.
- A pleasant attitude is important. This helps residents recognize you as a friend.
- Be enthusiastic and sincere. If residents speak sharply to you or find fault with you, do not take it personally. Share this information with the Volunteer Lead.
- The provision of physical care is the responsibility of the care team. Residents must not be transferred to or from a wheelchair by volunteers.
- Report any concerns regarding Resident behavior or your assignments to the Volunteer Lead or team member. Please do not attempt to solve issues yourself.
- Volunteers are prohibited from purchasing items for residents.
- Liquor, medications, cigarettes, and matches/lighters cannot be purchased for or given to residents. This also applies to over-the-counter medicines.
- Do not accept money or gifts from residents.
- Always remember to treat others as you would like to be treated.

### **Dress Code**

First impressions make a difference. When you are in Algoma Manor, you should display a clean, well groomed, and professional appearance. All clothes should be clean and in good repair – no torn or ripped clothing. Always wear a volunteer name badge that will be provided to you.

Footwear is very important since you may be assisting someone by pushing their wheelchair or helping them walk. Shoes should be comfortable, closed toed and closed heal without a large high heel. Running shoes are recommended.

### **Techniques for Escorting Residents**

When escorting a resident (pushing wheelchairs or guiding residents with walkers), please remember:

- Ensure that you ask residents if they would like help before providing assistance.

- If a resident would like assistance and they are using a wheelchair, ensure that brakes are off, footrests are on (if applicable) and resident's hands are not near the wheels.
- If a resident is using a walker, ensure that the brakes are on if a resident needs to stand up, and then ensure brakes are off when walking. Encourage the resident to walk close to their walker and in an upright position. Never push a resident while they are seated on their walker.

When entering an elevator, it is best to bring a resident using a wheelchair into the elevator by pulling their chair backwards to avoid wheels becoming stuck and to allow for a smooth exit out of the elevator. When escorting multiple residents, it is best to use an elevator key that Recreation team members have available.

## **Providing Snacks to Residents**

Please check with the Volunteer Lead and/or the nurse in charge before providing snacks or beverages to a resident. Some residents are on special diets and/or have allergies and cannot eat certain foods. Others may have difficulty swallowing. Be sure to ask before providing residents with anything to eat or drink. A dining service training and/or assisting with feeding training must be completed before assisting any residents with something to eat or drink.

## **Supporting Residents who Display Responsive Behaviours**

It's important to know how to manage the day-to-day issues that can arise as a volunteer, such as the need to support a resident showing signs of responsive behaviours. Some of the most common responsive behaviours for persons living in a long term care community can include grabbing onto people, screaming, pacing, wandering exit seeking, cursing or verbal aggression, or general restlessness or agitation. Remember, all behaviour has meaning and is a symptom, not a reflection of the person. Cognitive losses can prevent the individual from coping with distress, so we must focus on the feelings of the resident, rather than the behaviour.

Having a thorough understanding of responsive behaviours can help you to ensure that the person you're caring for is as emotionally and physically healthy as they can be. Here are a few tips that can be invaluable to them and you.

### Speak simply

- Use a gentle, supportive approach; lower the tone of your voice, give the person space
- Do not argue with the individual

### Patience is essential

- Be patient – each repeated question is the 1<sup>st</sup> question for the resident; cognitive decline is frustrating/distressing for the resident

- Wait for a response
- Be accepting of inappropriate answers and nonsense words

### Make their environment as peaceful as possible

- There are triggers to the behaviour in the physical and social environment, reduce noise in the surrounding area
- Remove nearby residents and call for help if needed
- Try to divert attention to something else

## **Basic Terminology**

Some terms are common to long term care communities. You will want to become familiar with their meaning.

**Ambulatory:** Walking or the ability to walk.

**Aphasia:** Loss of the ability to use language or speak, most often due to a stroke.

**Call Bell:** Found in each bedroom and main area; to be used to alert team members of an emergency.

**Clothing Protector:** An apron worn by residents to keep clothing free from unwanted debris (e.g. food and/or drink).

**Confusion:** A disturbance in a person's ability to think clearly, remember, or concentrate. A symptom of another problem (i.e. an illness).

**CVA:** Acronym for a Cerebral Vascular Accident. The common term for a CVA is stroke.

**Dementia:** Dementia refers to a person's loss of ability to make sense of the world around them and to tell their body what to do. Dementia is not normal ageing; it is caused by a disease process (one of the more common forms is Alzheimer Disease). It is not reversible.

**Incontinence:** Refers to the inability to control bowel and bladder function.

**Long Term Care:** In legal terms, a nursing home or home for the aged.

**Interprofessional Team:** Also called the healthcare team. This refers to a group made up of the resident, his/her family, team members, physician, and others involved with the resident's care.

**Nonverbal:** An alternate form of communication from verbal (e.g. picture symbols and body language).

**PSW/RCA:** Personal Support Worker / Resident Care Aide

**RN:** Registered Nurse

**RPN/LPN:** Registered Practical Nurse / Licensed Practical Nurse

**Sensory Loss:** A resident who cannot see or hear well may be easily startled by sudden or unexpected movement. They may have problems knowing who is nearby if someone is speaking to them, or even identifying where they are. Sensory losses are common and are often not obvious. For example, you cannot always tell that a resident has trouble hearing.

## **Volunteering in a Safe Environment**

We value the health and safety of all residents, team members, visitors, and volunteers. The Executive Director is responsible for ensuring the health and safety of volunteers while they are on the premises.

Any unwarranted intrusion upon the dignity of a person is not tolerated. This includes any action that might reasonably be expected to cause offence, embarrassment or humiliation, or be considered an unacceptable use of power or force to persuade someone to do something that they otherwise would not do. Any interaction that fits the above descriptions should be brought to the attention of the Volunteer Lead at the earliest opportunity.

"Harassment" is defined as: *"deliberate actions, that ought reasonably to be known to be unwelcome by the recipient and which serve no legitimate work-related purpose, toward an individual or individuals by the volunteers or the organization, on any of the prohibited grounds of discrimination under the Human Rights Act including: age, race, sex, sexual orientation, national or ethnic origin, colour, religion, disability, marital status, family status, or conviction of an offence for which a pardon was granted"*.

We are committed to providing a safe and organized response to emergency situations. Volunteers must immediately report any incident/accident to the Volunteer Lead or the In Charge person. Any report of injury to a volunteer will be investigated. If first aid is required, the In Charge person will attend to the injury or call 911 or the local emergency number.

WHMIS stands for Workplace Hazardous Materials Information System. It is a comprehensive system for providing information on the safe use of hazardous materials used in Canadian workplaces. There are Materials Safety Data Sheets (MSDS) and/or

Safety Data Sheets (SDS) located in the activity department for every chemical you may come in contact with while volunteering. Please ensure you read the MSDS/SDS binder before using any chemical.

As a volunteer, you may be asked to use a product listed with the Workplace Hazardous Materials Information System (WHIMIS). The Volunteer Lead or In Charge Person will instruct you on its use and will expect you to observe the precautions.

### **What You Need to Know About Customer Service**

Customer service is everyone's responsibility. As a volunteer, you are a member of a team that works together to provide warm hospitality and compassionate care to residents.

When you are volunteering, please remember to:

- Be resident-centred and “solutions-oriented”. If you do not have an answer to something that has been asked of you, find the appropriate team member who does. Never say, “I don't know”, without adding, “But, I'll find out for you”.
- Provide care and services with a smile.
- Provide a warm, dignified greeting to all residents, families, and customers.
- Be aware of and support Algoma Manors vision, mission, and values (as outlined in this handbook).
- Wear your name badge every day.
- If required to answer the phone, state: “Hello, Algoma Manor Nursing Home, my name is... How may I help you?”

### **Zero Lift Policy**

We have a zero lift policy, which means that volunteers are never to reposition, transfer, or bear any of a resident's weight in any way at any time. If you notice a resident is looking uncomfortable in their current position, please notify a team member right away.

### **Least Restraint Policy**

Restraint is any device or action that interferes with a resident's ability to make a decision or which restricts their free movement. Restraint is a measure used to control a person's physical or behavioural activity or to control a portion of a person's body. A restraint may be physical, chemical, or environmental. In every case, we view restraints as a last resort. If restraint is deemed necessary, our goal is to use the least restrictive form of restraint for the shortest period. The care team will try to determine the cause of the current situation and work with everyone to come up with alternatives.

- Never fasten a seatbelt or tray table without checking with a nurse first as these are considered restraints and are only used in very specific circumstances.

## **Communication**

Communication is an important part of customer service and your role as a volunteer. Communication with residents, families, and team members, as well as other volunteers, must be professional, caring, and considerate at all times.

Some communication tips include:

- Listen to how the person is speaking in addition to what the person is saying.
- Listen to the feelings behind the words.
- Eye contact.
- Look at the facial expression, hear the tone of voice, and observe the accompanying behaviour.
- Do not assume the resident understands you perfectly.
- As well as reading the body language of the resident, be aware that the resident will read your body language.
- Do not be afraid to ask the resident if what you have said has been understood.
- Choose your words carefully. Do not use words or phrases that are “childlike” or institutionalized, for example: say “clothing protector” instead of bib, “care community” instead of facility.
- Speak English or the preferred language of the Resident, if you are able.
- While volunteering, do not speak to another team member or volunteer in a language the resident does not understand.

## **Educational and Committee Opportunities**

Volunteers are always encouraged and invited to participate in the multiple inservices that happen at the care community on a regular basis. Examples of inservices may include presentations from the Alzheimer’s Society, Palliative Care, or wellness workshops. You will be notified by the Volunteer Lead about these educational opportunities as they are available. Volunteers are also encouraged to participate in the Volunteer Committee at Algoma Manor, which meets twice a year. The goal of this committee is to determine if the goals



of the volunteer program are being met, evaluate the effectiveness of the program, and determine if changes need to be made based on volunteer feedback. There are other committees at Algoma Manor (ex. Palliative or Spiritual Care) that volunteers are welcome to be a part of.

## **General Information for Volunteers**

**Internet / Email:** Volunteers may support residents in their use of the Internet. Volunteers wishing to use the Internet for any other reason should obtain permission to do so from the Volunteer Lead or In Charge Person.

**Telephone:** The use of telephones for personal use is not permitted unless team member's phones are specifically provided. Incoming calls to volunteers should be kept to emergency situations only. The use of resident's phones for personal use is strictly prohibited and using them will result in disciplinary action. The use of personal cell phones while on duty is also not allowed. You are authorized to use the PA/Intercom system in the event of an emergency.

**Photocopiers/Fax:** Photocopiers and fax machines are for the purpose of conducting care community business only.

**Change of Personal Data:** As a volunteer, you are responsible for providing us with your current contact information, including name, address, telephone number, and the name of a person to contact in case of an emergency. You should submit all changes, in writing, to the Volunteer Lead, who will ensure that your records are updated.

**Feedback from Volunteers:** Volunteers will receive feedback on their performance at times agreed to by the volunteer and Volunteer Lead.

**Resignation/Leaving the Volunteer Program:** Should you no longer be able to fulfill your volunteer commitment or if you are unavailable for an extended period, please advise the Volunteer Lead in writing. Name tags must be returned at that time.

## **Internal Complaints/Suggestions & Feedback Procedure**

Our Volunteer feedback survey encourages open and ongoing dialogue about any of our programs and services. Compliments, comments, suggestions, or concerns may be brought forward to a manager at any time.

When you have reasonable grounds to believe that another person(s) has committed wrongdoing at Algoma Manor where you are volunteering, you have a responsibility to disclose this incident in an appropriate and timely manner to the In Charge person. Concerns or complaints relating to inappropriate activities will also be accepted on a confidential basis, without fear of reprisal.

## **Conflict of Interest**

We expect all volunteers to conduct themselves in accordance with high standards of business ethics when dealing with residents or care community business contacts. All volunteers must discourage or avoid situations and internal or external relationships that might be construed, even by inference, as detrimental to the company's name, reputation, and best interests. If you have a business or personal relationship with anyone else in the company, please disclose this to the Executive Director to be sure that you are not in conflict.

- A "conflict of interest" may occur if any employee of the Company, including a volunteer, is a party to a contract or transaction with the Company; or
- Is a director or officer of, or otherwise has an interest in, any company who is a party to a contract or transaction with the Company; or
- Is related by blood, marriage, or family relationship with anyone that is, or has an interest in, any company who is a party to a contract or transaction with the Company.

## **Confidentiality/Privacy**

Any information related to the residents or the care community is to remain confidential. You have obligations under federal privacy legislation and Personal Health Information Protection Act (PHIPA) (provincial legislation) and the organization's Privacy policy to protect the privacy of residents, team members, and our operations. Do not discuss any resident's personal information outside of the care community. You will be asked to sign a confidentiality agreement with the care community, which will be included in your volunteer file. Any breach of confidentiality will result in disciplinary action.

## **Witnessing Documents**

As a volunteer, you **must not** act as a witness to the signing of any legal document or act as a Power of Attorney for a Resident.

## **Safety and Security**

### Smoking:

This care community is smoke-free. If you have any questions regarding the smoking policy, ask your Volunteer Lead.

### Emergency Response System:

Residents' room are equipped with an emergency call system located in both the bedroom and bathroom.

### Emergency Procedures:

Emergency Code procedures will be reviewed during your orientation, and there is a listing of the codes located in Section III of this handbook.

### Visitors to our Building:

In the interest of security, we ask that you sign in and out in the Volunteer Sign-In Book located **at the front desk.**

## **Fire and Emergency**

### Fire Procedures:

Algoma Manor is safely equipped with smoke detectors, sprinklers, fire alarm pull-stations, fire extinguishers, fire doors, and fire zones. During your orientation, we will provide you with the location of the closest fire exits and pull-stations. We conduct regular fire drills to monitor the response from team members and to ensure proper functioning of all alarm systems.

All volunteers are:

- Provided with fire safety training; we recommend attending fire drills once per year;
- Expected to take part in fire drills, if they are volunteering during a drill; and
- Expected to know the location of the fire exits.

Fire drills and in-services are held on a regular basis to ensure fire emergency preparedness. If there is a fire drill, do not resume regular activity until after the “all clear” has sounded.

REACT is the acronym that guides team members should fire or smoke be discovered. In the event of fire or smoke:

- R** Remove Residents from Immediate Danger
- E** Ensure doors and windows are closed to confine the fire/smoke
- A** Activate the fire alarm system using the nearest pull station
- C** Call 911 or Fire Department
- T** Take appropriate action: concentrate on further evacuation or try to extinguish the fire

### Fire Doors:

Fire Doors act as barriers and are located on all floors. Fire doors automatically close when the fire alarm sounds. The closure of the fire doors creates fire zones. If an area must be evacuated, move toward an exit behind the fire doors.

Please stay clear of the fire doors during a fire drill or whenever the fire alarm is activated.

## **DO NOT USE THE ELEVATORS UNLESS DIRECTED BY THE FIRE DEPARTMENT.**

### Fire Drills:

Algoma Manor conducts three fire drills per month.

- These are to be held on different days and at various times to ensure that all team members, on all shifts, participate in a minimum of two drills per year.
- The fire alert signals are loud, and we apologize for this minimal inconvenience.

When the fire alert sounds, the fire doors on the main floor close automatically. They are opened by team members when the fire drill has been completed.

### Fire Safety System:

This building is equipped with smoke detectors, sprinklers, fire alarm pull-stations, fire extinguishers, and fire doors. Resident rooms *{do / do not}* contain automatic sprinklers. Please read the fire instructions below and carefully review them from time to time.

In general, we provide you with information on:

- The alarm pull-stations are located and how they work
- The exits are located
- The building address
- If special assistance is needed to evacuate, be sure to tell us when you first begin volunteering or as soon as the condition arises
- How to report any condition which may be a fire hazard

Every volunteer must be well versed in the fire safety plan of Algoma Manor where you are volunteering. During your tour of the care community, you will be guided to important locations of pull-stations, emergency boxes, safe zones, and the first aid station.

The following signage is located on the back of all resident suite doors for easy reference at all times and at all exits where a pull station is located:

## **EMERGENCY RESPONSE – RESIDENTS AND VISITORS**

### **IN CASE OF FIRE ALARM SIGNAL UPON HEARING FIRE ALARM**

<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• If you are in your room, exit the building via the nearest Emergency Exit, instructs everyone in your apartment to exit with you.</li> <li>• If you encounter smoke in the hallway, and cannot reach an Exit safely, return to your room and close the door. Call 911 and tell them where you are, and your room number.</li> <li>• If you are in the hallway near your room, exit the building via the nearest Emergency Exit.</li> <li>• If you are in a community room and it is safe to do so, exit the building via the nearest Emergency Exit.</li> <li>• Close doors to area you are in to help keep smoke and fire out.</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with the resident you are visiting.</li> <li>• Exit the building via the nearest Emergency Exit.</li> <li>• If you encounter smoke in the hallway, and cannot reach an Emergency Exit safely, return to your room and close the door. Call 911 and tell them where you are, and your room number.</li> <li>• If you are in a community room and it is safe to do so, exit the building via the nearest Emergency Exit.</li> <li>• Close doors to area you are in to help keep smoke and fire out.</li> </ul>

### **IN CASE OF FIRE**

### **IF YOU DISCOVER A FIRE**

<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• Leave fire immediately, proceed to the nearest Emergency Exit and exit the building.</li> <li>• Close all doors behind you to confine smoke and fire</li> <li>• Sound alarm and/or alert staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist anyone in immediate danger to the nearest Emergency Exit and exit the building.</li> <li>• Close all doors behind you to confine smoke and fire.</li> <li>• Sound alarm and/or alert staff.</li> </ul>

### **DO NOT USE ELEVATORS**

### **CAUTION**

**IF YOU ENCOUNTER SMOKE IN CORRIDOR OR STAIRWAY, USE ALTERNATE EXIT OR IF ALL STAIRWAYS ARE AFFECTED, IT MAY BE SAFER TO STAY IN YOUR AREA**

**REMAIN CALM**





Emergency Codes:

- Red = Fire
- White = Violent Situation
- Yellow = Missing Resident
- Black = Bomb Threat
- Brown = Chemical Spill
- Orange = Community Disaster
- Green = Evacuation
- Grey = External Air Exclusion

*\*We treat all drills as the real thing*

Elevator Emergency Phone / Elevator Emergency Alarm (site-specific):

There is an emergency alarm bell button situated on the panel in the elevator marked “Alarm”. Pushing the button will cause a bell to ring. Please continue to push it until assistance arrives. Please stay calm. Help is on the way.

Power Outages:

Occasional power outages may occur due to circumstances beyond our control. Emergency lighting in public areas, corridors, and stairwells is provided through the back-up generator, as well as the operation of the elevators.

# **VOLUNTEER INFORMATION HANDBOOK: SECTION II**



## **Residents' Bill of Rights**

Long term care communities are places where you can live and receive care services, such as nursing and personal assistance. In order to make sure long term care communities are truly 'homes' for the people who live in them, team members and volunteers must follow basic residents' rights as outlined by the province.

## **Resident Abuse and Neglect – Zero Tolerance**

Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and to be free from mental and physical abuse and neglect. The policy of Algoma Manor regarding abuse and neglect is Zero Tolerance, and it applies directly to all team members and volunteers of Algoma Manor. Provincial regulations require all abuse, including suspected abuse, be reported immediately. The mandatory reporting guidelines are posted in the front lobby with the appropriate phone numbers.

*Please refer to the Resident Abuse and Neglect – Zero Tolerance policy in its entirety (Section III).*

## **Whistle Blower Protection**

Every person will receive Whistle Blower Protection. We will ensure that team members do not do anything that will discourage, aim at discouraging, and/or threaten or retaliate against anyone from withholding any information from an inspector or the Registrar.

*Please refer to the Whistle Blower Protection policy in its entirety (Section III).*

## **Infection Prevention & Control**

Residents are at high risk for acquiring infections. Hand washing is the #1 method to prevent infections. Please follow the guidelines in your orientation package regarding hand washing and the use of hand sanitizers. Wash your hands before you begin your volunteer session, between resident visits or activities, and at the end of your volunteer session.

Volunteers must follow infection prevention and control principles. If you have a cold, flu, or any type of communicable illness, please refrain from visiting until you are feeling well again. If we are experiencing an outbreak at Algoma Manor, there will be restrictions on visitors. We will contact you when the outbreak is declared over.

*Please refer to the Infection Control Program policy in its entirety (Section III).*

## **Immunization**

To protect residents, and in keeping with Public Health Department best practice recommendations, we recommend volunteers receive an annual flu shot. If you have received an annual flu shot, please confirm it to the Volunteer Lead.

In the event of an outbreak or illness, the community will endeavour to maintain life as “normal” for residents to the extent that we are able. We will request and require the participation of volunteers in the infection prevention and control measures required within the community to protect the health and safety of all persons.

*Please refer to the Infection Control Program policy in its entirety (Section III).*

TB skin tests (2 step) must also be completed before volunteering at Algoma Manor.

## **Criminal Record Check/Vulnerable Screening**

A criminal record check with the vulnerable screening section completed will be required before starting your volunteering with us. These can be obtained at your local police department. Please talk to the Volunteer Lead if you have any questions.

If you are under the age of 18 the above screening is not needed.

**Please read the policies provided to you in Section III and sign and return acknowledgement form to the Volunteer Lead.**

### **Policies for Review:**

- Resident Abuse and Neglect – Zero Tolerance Policies
- Definitions of Abuse and Neglect
- Reporting Improper Activities
- Whistle Blowing Protection Policy
- Behaviour Management Policies
- Infection Control Program Policy
- Disaster and Emergency Preparedness Policy and Procedures
- Emergency Codes
- Privacy and Disclosure of Personal Health Information

# **VOLUNTEER INFORMATION HANDBOOK: SECTION III**

*The Volunteer Lead will provide policies as a separate package, to be attached to this handbook.*

## Acknowledgement Form

Review of Policies and Orientation is completed

I acknowledge that I have reviewed the Volunteer Handbook and policies included in the handbook as stated below:

- Residents' Bill of Rights (and a copy provided)
- Resident Abuse and Neglect – Zero Tolerance Policies
- Definitions of Abuse and Neglect
- Reporting of Improper Activities
- Whistle Blowing Protection Policy
- Behaviour Management Policies
- Infection Control Program Policy
- Disaster and Emergency Preparedness Policy and Procedures
- Emergency Codes
- Privacy and Disclosure of Personal Health Information

I acknowledge that I have received an orientation and understand my roles and responsibilities.

Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Signature of Volunteer Lead: \_\_\_\_\_

**Date Received:**

## 1. Resident Rights

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - I. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. Have his or her personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - I. the Residents' Council,
  - Ii. The Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. Staff members,
  - V. government officials,
  - vi. Any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attends any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1





<b>TITLE:</b>	<b>Privacy</b>	<b>PAGE:</b>	<b>1 of 2</b>
MANUAL	Leadership	APPROV. AUTH:	CEO & SET
ORIGINAL ISSUE:	May 2016	SCOPE:	All Team Members
PAST REVISIONS:			
CURRENT REVISION:	May 2016		

**POLICY:**

The Organization will comply with this policy and privacy legislation that governs the collection, usage, disclosure, and retention of personal information and personal health information of residents and team members.

All agents will immediately report any privacy breach or suspected breach to ensure appropriate response is carried out in accordance with the Organization’s Privacy Breach Protocol. This policy must be reviewed in conjunction with other policies of the Organization in relation to information technology, operations, people, and finance.

**DEFINITIONS:**

**“Agents”** – includes team members, volunteers, students, contractors, and subcontractors of the Organization or anyone else that the Organization authorizes to act for or on its behalf in respect of personal information and personal health information in its care.

**“Personal Health Information” (PHI)** – information about an identifiable individual that relates to the physical or mental health of the individual, the provision of health care to the individual, the individual’s entitlement to payment for health care, the individual’s health card number, the identity of providers of health care to the individual, and/or the identity of substitute decision-makers on behalf of the individual.

**“Personal Information” (PI)** – any information about an identifiable individual, which includes, but is not limited to, race, ethnic origin, age, marital status, family status, religion, education, medical history, criminal record, employment history, financial status, address, telephone number, and any numerical identification, such as Social Insurance Number or banking information. Personal information also includes information that may relate to the work performance of the individual, including any allegations, investigations, findings of misconduct, or discipline. Personal information does not include job title, business contact information, or job description.

**“Privacy Breach”** – any incident of loss, unauthorized access, acquisition, use, disclosure, or disposal of personal information or personal health information within the Organization’s custody or control.

**“Privacy Legislation”** – includes BC Personal Information Protection Act (“BCPIPA”), the Ontario Personal Health Information Protection Act 2004 (“PHIPA”), the Federal Privacy Act, and all other Canadian privacy legislation.

**PROCEDURE:**

The Organization will:

- 1) Appoint a Privacy Officer to:

- a. Recommend privacy policies and procedures that align with specific organizational and business unit needs;
  - b. Make recommendation on privacy breach, as needed; and
  - c. Ensure processes are available for inquiries related to privacy, such as emails received via [privacy.officer@siennaliving.ca](mailto:privacy.officer@siennaliving.ca).
- 2) Ensure good governance and compliance regarding the Organization's privacy management through the implementation of procedures, including but not limited to audits, training, and awareness.
  - 3) Support any recommendations related to process improvement regarding privacy in annual operating plans.
  - 4) Incorporate and align People Business practices to ensure workforce competency related to privacy, including but not limited to initial onboarding as well as ongoing education and training programs.

The appropriate Senior Leadership Team Member (SLT) will:

- 1) Ensure direct reports and agents comply with the Privacy policy.
- 2) Utilize the Privacy Breach Protocol Flowchart (II-C-10.00(a)) to determine if a breach has occurred.
- 3) Conduct a risk assessment using the Privacy Breach Investigation & Risk Assessment Form (II-C-10.10(b)) and facilitate a Hot Issue Alert (II-G-10.40) as appropriate.
- 4) Ensure tracking of Privacy Breach, complaints, and resolutions on internal reports.

#### References:

- BC Personal Information Protection Act. Retrieved from [http://www.bclaws.ca/Recon/document/ID/freeside/00\\_03063\\_01](http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01)
- DiMauro, Carmen. (2015). Sienna's Privacy Toolkit (draft)
- Information and Privacy Commissioner of Ontario. (n.d.). <https://www.ipc.on.ca/english/Home-Page/>
- Office of the Privacy Commissioner of Canada. (2007). Key Steps for Organizations in Responding to Privacy Breaches. Retrieved from [https://www.priv.gc.ca/information/guide/2007/gl\\_070801\\_02\\_e.asp](https://www.priv.gc.ca/information/guide/2007/gl_070801_02_e.asp)
- Ontario Personal Health Information Protection Act 2004. Retrieved from <https://www.ontario.ca/laws/statute/04p03>
- Ontario Retirement Communities Association (ORCA). (2013). Operations Manual – Learning Centre. Retrieved from <http://www.orcaretirement.com/>
- Osler, Hoskin & Harcourt LLP. (n.d.). Privacy Breach Readiness and Response Protocol.
- Privacy Breach Protocol. (2014). Retrieved from <https://www.ipc.on.ca/images/Resources/Privacy-Breach-e.pdf>

**Attachments:** II-C-10.10(a) Privacy Breach Protocol Flowchart  
II-C-10.10(b) Privacy Breach Investigation and Risk Assessment Form

<b>TITLE:</b>	<b>Disaster &amp; Emergency Preparedness – Volunteer/Student</b>	<b>PAGE:</b>	<b>1 of 1</b>
<b>MANUAL</b>	RH Leisure & Wellbeing	<b>APPROV. AUTH:</b>	VP Operations
<b>ORIGINAL ISSUE:</b>	April 2013	<b>SCOPE:</b>	All Residences
<b>PAST REVISIONS:</b>	May 2014		
<b>CURRENT REVISION:</b>	January 2015		

**POLICY:**

All volunteers will be orientated to their role in an emergency or disaster in the home. Volunteers shall not be given duties that place them in danger or at risk.

**PROCEDURE:**

The Lifestyle Consultant will:

- 1) Orientate all new volunteers to their role during an emergency or disaster.

The Volunteer will:

- 1) Report immediately to the designated triage area in case of fire or other emergency and wait for further instruction by the Incident Manager. Do not cross a fire's path.
- 2) If a volunteer spots a fire and/or smoke:
  - Call for staff assistance and sound the fire alarm
  - Remove any residents from immediate danger
  - Close the door to the room where the fire is located
  - Report to the triage area immediately



<b>TITLE:</b>	<b>Cleaning During Outbreak Conditions</b>	<b>PAGE:</b>	<b>1 of 1</b>
<b>MANUAL</b>	LTC Infection Prevention & Control	<b>APPROV. AUTH:</b>	VP, Clinical Ops
<b>ORIGINAL ISSUE:</b>	June 2006	<b>SCOPE:</b>	All Care Communities
<b>PAST REVISIONS:</b>	September 2013, January 2015		
<b>CURRENT REVISION:</b>	April 2016		

**POLICY:**

Cleaning during the incidence of an outbreak will be enhanced specific to the organism(s) presenting.

**GUIDELINES:**

For specific protocols for cleaning and disinfecting of equipment and supplies during an outbreak:

All Team Members will follow the PIDAC Best Practice documents:

- *Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings*
- *Best Practices for Environmental Cleaning for Prevention and Control of Infections In All Health Care Settings*

The Housekeeping Team will:

- 1) Modify cleaning procedures according to the PIDAC *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings* as directed by their Manager.
- 2) Perform more frequent cleaning and disinfecting using appropriate disinfectant for the organism during confirmed outbreaks as directed by their Manager. This includes bathing and toilet facilities, dining and lounge areas, recreational equipment, and all horizontal surfaces in a resident's room, especially areas/items that are frequently touched such as call bells and handrails.
- 3) Clean surfaces from the top down.
- 4) Clean shared common areas for bathing and toileting as directed.
- 5) Clean dining and lounge areas according to regular schedules and when soiled.
- 6) Participate in daily departmental meetings to review procedures, products and identify areas of focus/concern associated with the outbreak.

**References:**

- Provincial Infectious Diseases Advisory Committee (PIDAC): *Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings* (3<sup>rd</sup> Rev) (2013).
- Provincial Infectious Diseases Advisory Committee (PIDAC): *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings* (2<sup>nd</sup> Rev) (2012).
- Provincial Infectious Diseases Advisory Committee (PIDAC): *Best Practices for Infection Prevention and Control Programs in All Health Care Settings*, (3<sup>rd</sup> Edn.) (May 2012).

**Attachments:** N/A



<b>TITLE:</b>	<b>Personal Protective Equipment</b>	<b>PAGE:</b>	<b>1 of 1</b>
MANUAL	LTC Infection Prevention & Control	APPROV. AUTH:	VP, Clinical Ops
ORIGINAL ISSUE:	Jun/06(SC), Jul/06(LW)	SCOPE:	All Care Communities
PAST REVISIONS:	Sep/13(SC), Aug/13(LW), Jan/15		
CURRENT REVISION:	April 2016		

**POLICY:**

Personal protective equipment (PPE) will be used to prevent contact of blood or other body substances with the skin or mucous membranes of care and service providers. PPE is also known as barrier equipment.

The need for PPE varies depending upon the degree of risk for direct contact with blood or other body fluids. Personal Protective Equipment includes:

- Gloves
- Gowns
- Masks
- Protective eyewear
- Face shield

**PROCEDURE:**

The Infection Control Practitioner will:

- 1) Coordinate with ED/Administrator / DOC to ensure that there is a sufficient supply of PPE available at all times.

All Team Members will:

- 1) Use professional judgment and guidelines in making a decision about the type of barrier equipment to be used, considering:
  - The type of situation and nature of intervention
  - The presence of blood or body fluids
  - The potential for direct contact with blood or body fluid
  - The integrity of the caregiver's skin
  - The skill level of the caregiver
  - The degree to which the resident is capable of following directions

**References:**

Provincial Infectious Diseases Advisory Committee. Appendix L: Recommended steps for putting on and taking off personal protective equipment (PPE). In: Routine practices and additional precautions in all health care settings. Ontario Ministry of Health and Long-Term Care. Toronto: Ontario Ministry of Health and Long-Term Care; 2010 (cited 2011 April 1).

**Attachments:** IX-G-10.20(a) Risk Algorithm to Guide PPE Use

IX-G-10.20(b) Personal Protective Equipment – Recommended Steps for Putting on & Taking off PPE

The Housekeeping Aides will:

- 1) Make available paper towels, liquid hand soap, and ABHR for all Team Members & Volunteers for hand hygiene.

All Team Members/Volunteers/Visitors will practice hand hygiene:

- 1) According to the 4 moments of hand hygiene:
  - a. Before initial resident environment contact
  - b. Before aseptic procedure
  - c. After body fluid exposure risk
  - d. After resident environment contact

Some practices include:

- Before starting/entering work area and before leaving work area
- Before and after performing a procedure or task involving close resident contact
- Before administering a medication by any route
- Before handling/consuming food or drink
- Before and after all breaks and eating and drinking
- Between tasks and procedures on the same resident to prevent cross-contamination of different body sites
- After removing any personal protective equipment
- After contact with body substances or specimens, contaminated or soiled items (laundry, waste, equipment)
- After using the washroom/toilet
- After sneezing, coughing, or blowing nose
- After touching hair, face, etc.
- After smoking cigarettes
- Whenever hands become visibly soiled with dirt, blood, or other organic material

**References:**

Public Health Agency of Canada: *Hand Hygiene Practices in Health Care Settings* (2012) [Online] available at <http://publications.gc.ca/site/eng/430135/publication.html>

Provincial Infectious Diseases Advisory Committee (PIDAC): *Best Practices for Hand Hygiene in All Health Care Settings(4<sup>th</sup> Rev)* (April 2014). Public Health Ontario. [Online] Available at <http://www.publichealthontario.ca/en/eRepository/2010-12%20BP%20Hand%20Hygiene.pdf>

**Attachments:** N/A



<b>TITLE:</b>	<b>Hand Hygiene</b>	<b>PAGE:</b>	<b>1 of 3</b>
MANUAL	LTC Infection Prevention & Control	APPROV. AUTH:	VP, Clinical Ops
ORIGINAL ISSUE:	Jun/06(SC), pre-99(LW)	SCOPE:	All Care Communities
PAST REVISIONS:	Sep/13(SC), Aug/13(LW), Jan/15		
CURRENT REVISION:	April 2016		

**POLICY:**

All team members and volunteers will practice hand hygiene to reduce the spread of infection.

Education will be provided annually to team members and volunteers; visitors will be provided with information (education) upon entering and exiting the care community.

Hand hygiene consists of either hand washing or the use of alcohol-based hand rub.

Hand Hygiene practices will be audited routinely using current Public Health Ontario/Regional Infection Control Network tools.

**GUIDELINES:**

Alcohol-based hand rub may be used routinely for hand hygiene unless hands are visibly soiled; then soap-and-water hand washing is required.

Always wash hands with soap and water after blood or body fluid exposure.

**Hand Washing**

Hand washing with soap and running water must be performed when hands are visibly soiled. Antimicrobial soap may be considered for use. If running water is not available, use moistened towelettes to remove visible soil, followed by use of alcohol-based hand rub.

Bar soaps are not acceptable in healthcare settings except for individual resident personal use. Hands must be lathered for at least 15 seconds during the hand washing procedure.

**Alcohol-based Hand Rub (ABHR)**

Alcohol-based hand rub is the preferred method for decontaminating hands when hands are not visibly soiled.

Alcohol-based hand rubs:

- 1) Apply 1-2 pumps of product to palms of dry hands (1.5 mL), or a drop about the size of a nickel. The volume should be such that 15 seconds of rubbing is required for drying.
- 2) Rub hands together vigorously, palm to palm.
- 3) Rub in between fingers and around fingers.
- 4) Rub back of each hand with palm of other hand.
- 5) Rub fingertips of each hand in opposite palm; rub each thumb clasped in opposite hand.
- 6) Rub hands until product is dry. Do not use paper towels.
- 7) Once dry, your hands are safe.

**When to Use Alcohol-Based Hand Rub**

- Only when visible soil is absent
- After contact with a resident's intact skin (i.e. taking a pulse/blood pressure, after lifting)

- After contact with inanimate objects (including medical equipment)
- Before donning gloves
- Before entering a resident's room
- Before exiting a resident's room
- Have residents use prior to eating or group activities
- Residents may use alcohol-based hand rub when visible soil is absent

***When It Is Not Appropriate to Use ABHR and Hands Must Be Washed with Soap & Water***

- When hands are visibly soiled/dirty
- When hands are visibly contaminated with blood or body fluids
- When caring for a resident who has a spore-forming disease (i.e. C. Difficile infection)
- Before eating

***Advantages of ABHR***

- Contain a variety of acceptable alcohols in concentrations from 60-90%; 70-90% is preferred for healthcare settings
- Less time-consuming than washing with soap and water
- Active against all bacteria and most clinically important viruses and fungi
- Rapid kill of most transient microorganisms
- Spreads quickly across the skin
- Evaporates quickly
- Leaves an emollient on hands that prevents drying and cracking
- No sink necessary

**PROCEDURE:**

The Executive Director/Administrator will:

- 1) Ensure there is a Hand Hygiene Audit Program/Process in place and outcomes are reported at the IPCC, JHSC, and PAC meetings each quarter.
- 2) Ensure that where possible, the use of hands-free soap, hands-free paper towel, and hands-free alcohol based hand rub dispensers will be utilized.

All Team Members & Volunteers will:

- 1) Check for adequate paper towels, soap, or ABHR before starting the hand washing procedure.

The PSWs & Recreation/Program team will:

- 1) Wash resident's hands before and after eating, after toileting, when hands are soiled, after touching therapy and visiting animals, and after activities involving touching and eating.

<b>TITLE:</b>	<b>The Chain of Disease Transmission</b>	<b>PAGE:</b>	<b>1 of 2</b>
MANUAL	LTC Infection Prevention & Control	APPROV. AUTH:	VP, Clinical Ops
ORIGINAL ISSUE:	1997	SCOPE:	All Care Communities
PAST REVISIONS:	2011, January 2015, July 2015		
CURRENT REVISION:	April 2016		

**POLICY:**

Team members will have an understanding of the chain of disease transmission based upon the six links that contribute to disease transmission.

**THE SIX LINKS:**

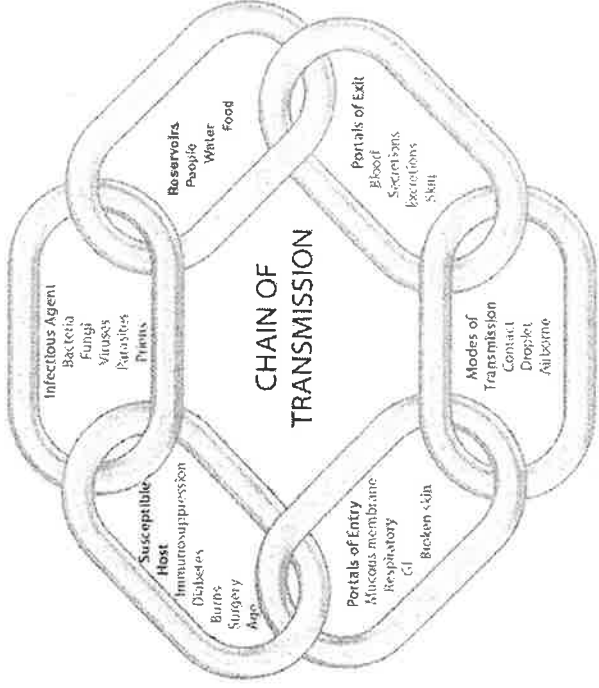
- 1) **Infectious Agent:** Any microorganism (bacteria, fungi, virus, etc.) capable of causing disease.
- 2) **Reservoir:** The environment (human, animal, or inanimate) in which the organism lives and multiplies. (It may be a resident with an active infection or a person who is an indistinguishable "carrier" of disease.)
- 3) **Portal of Exit:** The means by which infectious organisms leave their reservoir, e.g. micro-organisms in the respiratory tract are expelled by coughing and sneezing; microbes in the intestinal tract are expelled by defecation; and organisms on the skin leave by shedding or by direct contact.
- 4) **Mode of Transmission:** The routes by which organisms reach their new host are as follows:
  - Direct contact between the reservoir and the host (i.e. direct physical contact with infected person e.g. venereal disease)
  - Indirect contact via an inanimate object (i.e. close contact with infected respiratory droplets on hands, then inoculating oneself by touching eyes, nose, or mouth)
  - Transmission by inhalation of contaminated respiratory droplets which can be suspended in airborne dust particles (e.g. tuberculosis)
  - Transmission by the fecal-oral route where the infectious organism is harboured in feces and then ingested by susceptible persons (e.g. salmonella)
  - Transmission by an intermediate carrier, such as a flea or mosquito (e.g. malaria)
- 5) **Portal of Entry:** The means by which the infectious agent gains entry into a new host. The means of entry parallels the portal of exit, e.g. ingestion, breathing, skin puncture.
- 6) **Susceptible Host:** The final link is the person. Residents of long-term care homes often have a poor resistance to infection.

Any outbreak can be controlled effectively by breaking the infection chain. Each disease presents unique problems but knowledge of the pattern of specific diseases enables us to attack at its weakest link.

## THE CHAIN OF TRANSMISSION

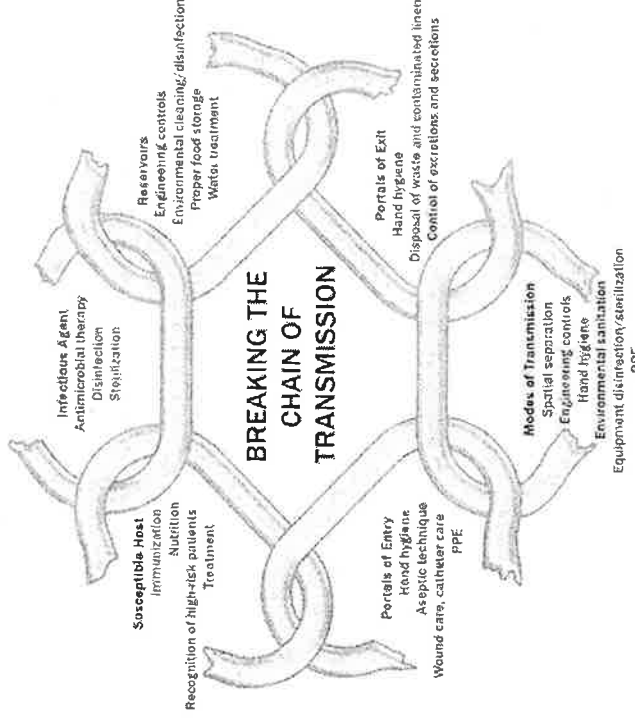
### Mechanisms of Transmission of Microorganisms in the Retirement Residence Setting:

The transmission of microorganisms and subsequent infection within the residence may be likened to a 'chain', with each link in the chain representing a factor related to the spread of microorganisms. Transmission does not take place unless all six of the elements in the chain of transmission are present (see Figure 1). By eliminating any of the six links, or 'breaking the chain', transmission does not occur (see Figure 2).



Transmission occurs when the agent, in the reservoir, exits the reservoir through a portal of exit, travels via a mode of transmission, and gains entry through a portal of entry to a susceptible host.

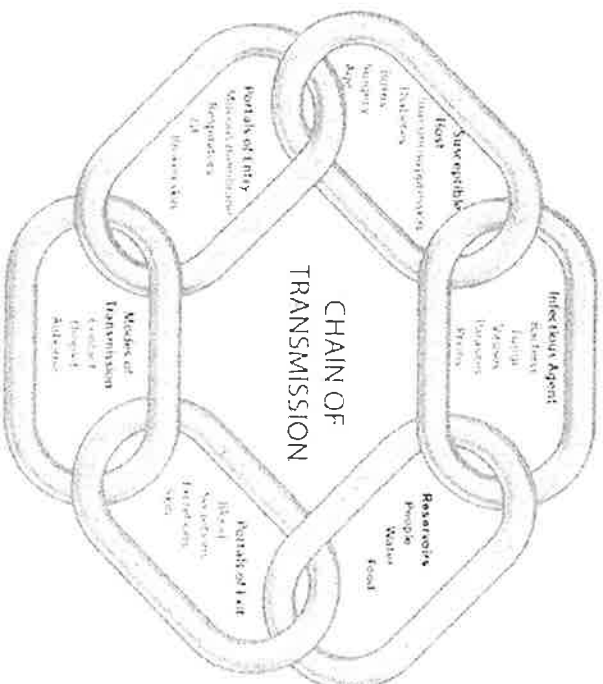
Figure 1: The Chain of Transmission



Transmission may be interrupted when:

- The agent is eliminated or inactivated or cannot exit the reservoir
- Portals of exit are eliminated through safe practices
- Transmission between objects or people does not occur due to barriers and/or safe practices
- Portals of entry are protected
- Hosts are not susceptible

Figure 2: Breaking the Chain of Transmission





### **Whistle-blowing protection**

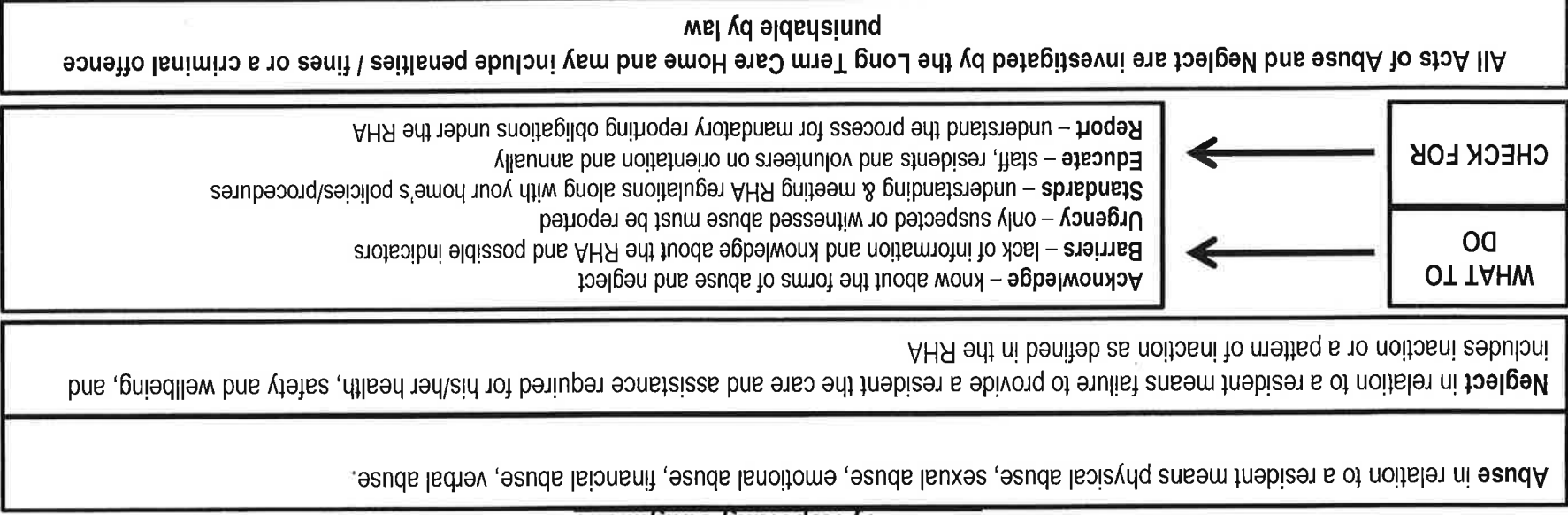
**26 (1)** No person shall retaliate against another person, whether by action or omission, or threaten to do so because,

- (a) anything has been disclosed to an inspector;
- (b) anything has been disclosed to the Director including, without limiting the generality of the foregoing,
- (i) a report has been made under section 24, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 24 (1),
- (ii) the Director has been advised of a breach of a requirement under this Act, or
- (iii) the Director has been advised of any other matter concerning the care of a resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director; or
- (c) evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations, or in an inquest under the *Coroners Act*, 2007, c. 8, s. 26 (1).





## Mandatory Reporting Obligations



## Do Your Part in Preventing Resident Abuse / Neglect

- If you see or suspect:**  
Harm or risk to a resident resulting from:
- Improper or incompetent treatment or care of a resident that resulted in harm to the resident
  - Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or risk of harm to the resident
  - Unlawful conduct that resulted in harm or risk of harm to the resident
  - Misuse or misappropriation of a resident's money
- Understand that no measure of abuse or neglect of a resident is tolerated
  - Know what constitutes abuse / neglect and what the possible signs are as outlined
  - Recognize that abuse / neglect of a resident is criminal and can be punishable by law
  - Monitor for mistreatment of any resident as a regular part of your job
  - Duty to immediately disclose misconduct of others (other staff, volunteers, family members, visitors, other residents, contracted providers); must provide accurate information and to explain suspicious circumstances
  - Be aware of the mandatory reporting obligations for reporting witnessed or suspected abuse / neglect

Definitions	Forms of:	
<p><b>Emotional Abuse means</b>, (a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or (b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that cause alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.</p>	<ul style="list-style-type: none"> <li>- Intimidation through yelling/threats</li> <li>- Humiliation and ridicule</li> <li>- Ignoring elderly person</li> <li>- Isolation from friends/family</li> <li>- Terrorizing or threatening</li> <li>- Name calling</li> <li>- Removal of decision making power</li> </ul>	<ul style="list-style-type: none"> <li>- Low self esteem</li> <li>- Agitation / Difficulty sleeping</li> <li>- Tearfulness</li> <li>- Denied visitors/outings</li> <li>- Withdrawn / Depressed</li> <li>- Fearful interaction with a person</li> <li>- Infantilization (e.g. Baby talk)</li> </ul>
<p><b>Financial Abuse means</b>, any misappropriation or misuse of a resident's money or property</p>	<ul style="list-style-type: none"> <li>- Misuse of personal cheques, credit cards</li> <li>- Steal cash, income cheque or household goods. Jewelry</li> <li>- Forge signature/identity theft</li> <li>- Phony charities, fraud, extortion</li> </ul>	<ul style="list-style-type: none"> <li>- Sudden inability to pay bills</li> <li>- Sudden withdrawal of money</li> <li>- Open mail without permission</li> <li>- Refusal to consider a move</li> <li>- Controlling money matters against will</li> <li>- Selling property w/out permission</li> <li>- Suspicious changes in wills/POA</li> </ul>
<p><b>Physical Abuse means</b>, subject to subsection (2), (a) the use of physical force by anyone other than a resident that causes physical injury or pain, (b) administering or withholding a drug for an inappropriate purpose, or (c) the use of physical force by a resident that causes physical injury to another resident; For the purpose of clause (a) of the definition of "physical abuse" in subsection (1); physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in circumstances.</p>	<ul style="list-style-type: none"> <li>- Physical assault such as hitting or shoving</li> <li>- Inappropriate use of drugs</li> <li>- Restraints</li> <li>- Confinement</li> <li>- Any physical pain or injury</li> <li>- Punishment which results in physical harm</li> </ul>	<ul style="list-style-type: none"> <li>- Body or head injury</li> <li>- Unexplained bruises, welts, lacerations, swelling, fractures</li> <li>- Signs of being restrained</li> <li>- Rope/grip-marks</li> <li>- Internal injuries / immobility</li> <li>- Broken eyeglasses</li> </ul>
<p><b>Sexual Abuse means</b>, (a) subject to ss. (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or (b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member, For the purposes of the definition of "sexual abuse" in ss. (1), sexual abuse <b>does not</b> include, (a) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or (b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident commenced residency in the retirement home or before the licensee or staff member became a licensee or staff member.</p>	<ul style="list-style-type: none"> <li>- Physical sex acts</li> <li>- Showing pornographic material</li> <li>- Forcing the elder person to watch sex acts</li> <li>- Forcing the elder person to undress</li> <li>- Intercourse without consent</li> </ul>	<ul style="list-style-type: none"> <li>- Bruises around breasts/genitals</li> <li>- Unexplained venereal disease/genital infections</li> <li>- Unexplained vaginal or anal bleeding</li> <li>- Torn, stained / bloody underclothing</li> </ul>
<p><b>Verbal Abuse means</b>, (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of wellbeing, dignity or self-worth, that is made by anyone other than a resident, or (b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences. ("mauves treatment d'ordre verbal")</p>	<ul style="list-style-type: none"> <li>- Humiliation / ridicule</li> <li>- Name calling</li> <li>- Harassing phone calls</li> <li>- Habitual blaming</li> <li>- Arguments between resident and another person</li> </ul>	<ul style="list-style-type: none"> <li>- Changes in personality / behaviours</li> <li>- Witnessing arguments between person and resident</li> <li>- Low self esteem</li> <li>- Agitation / Tearfulness</li> </ul>

## **APPENDIX I – DEFINITIONS OF ABUSE AND NEGLECT**

### **Definition of Abuse:**

Abuse, in relation to a resident, means physical abuse, sexual abuse, emotional abuse, verbal abuse or financial abuse, as may be defined in the regulations in each case. Mistreatment, injury or threat to mistreat or injure is also considered abuse.

#### **Physical Abuse**

Physical abuse is any behaviour exhibited towards a client which may be perceived by the client, the nurse, or others to be violent willful direct infliction of physical harm. Such behaviors include, but are not limited to:

- The use of physical force by anyone other than a resident that causes physical injury or pain
- Administering or withholding a drug for an inappropriate purpose
- The use of physical force by a resident that causes physical injury to another resident

#### **Emotional and Verbal Abuse**

Emotional abuse is any verbal or non-verbal behaviour which demonstrates disrespect for the client and which is perceived by the resident, the nurse, or others to be emotionally abusive. Such verbal and non-verbal behaviors include, but are not limited to:

- Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident
- Any threatening or intimidating gestures, actions, behaviour or remarks by a resident that cause alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences
- Any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of wellbeing.

dignity or self-worth, that is made by anyone other than a resident; or

- Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences

#### **Sexual Abuse**

Sexual abuse of a resident is defined as follows:

- Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member; or
- Any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member

#### **Financial Abuse**

Financial abuse includes but is not limited to:

- Any misappropriation or misuse of a resident's money or property

Other forms of abuse include:

#### **Deprivation**

Deprivation includes, but is not limited to:

- Denying access to money, privileges and food
- Confinement to a room or isolation from other residents (unless for the protection of self or others)
- Not answering the call bell

**Definition of Neglect:**

Neglect, in relation to residents, means the failure to provide the resident with the care and assistance required for his or her health, safety or wellbeing and includes inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents.

**Neglect**

Neglect includes but is not limited to:

- The failure to provide a resident with the treatment, care, services or assistance
- Withholding food and/or health services
- Deliberately failing to meet a dependent resident's needs
- Failing to respect and adhere to resident's right to make choices about the delivery of care service as outlined on the plan of care

<b>TITLE:</b>	<b>Abuse &amp; Neglect – Zero Tolerance: Prevention of Abuse</b>	<b>PAGE:</b>	<b>1 of 1</b>
MANUAL	RET Quality & Risk Mgmt.	APPROV. AUTH:	EVP Operations
ORIGINAL ISSUE:	June 2014	SCOPE:	All Residences
PAST REVISIONS:	December 2014, January 2015		
CURRENT REVISION:	March 2019		

**POLICY:**

The Organization supports implementation of a variety of strategies to promote the prevention of Resident Abuse & Neglect, including: proper team member and volunteer selection and education, resident education, and maintaining appropriate staffing levels.

**PROCEDURE:**

The General Manager will:

- 1) Promote proper team member and volunteer selection by following recruitment and selection practices aimed at finding the best-suited and most qualified candidates for the job.
- 2) Ensure all team members receive training on prevention of resident abuse and neglect and on the understanding of power imbalances between the caregiver and the resident as part of their initial hiring orientation and annually thereafter.
- 3) Ensure volunteers receive training on prevention of resident abuse and neglect and on the definitions of abuse and neglect on orientation and annually thereafter.
- 4) Ensure all residents are provided with information on understanding abuse and neglect, resident rights, and the complaints procedure.
- 5) Ensure staffing patterns for each department are developed and maintained to meet the changing needs of the resident population.

**NOTE: Please refer to Policy XV-A-10.80 Resident Abuse & Neglect – Zero Tolerance – Response to Suspected or Witnessed Abuse in conjunction with this policy.**

**Attachments:** XV-A-10.90(a) Guidelines for Prevention of Resident Abuse  
XV-A-10.90(b) Power Imbalances & Risk Factors



<b>TITLE:</b>	<b>Prevention of Abuse &amp; Neglect of a Resident</b>	<b>PAGE:</b>	<b>1 of 4</b>
<b>MANUAL</b>	LTC Resident Care	<b>APPROV. AUTH:</b>	VP, Ops Effectiveness
<b>ORIGINAL ISSUE:</b>	Oct/02, Sep/08	<b>SCOPE:</b>	All Care Communities
<b>PAST REVISIONS:</b>	April 2013, January 2015		
<b>CURRENT REVISION:</b>	December 2018		

**POLICY:**

All residents have the right to dignity, respect, and freedom from abuse and neglect. The Organization has a *Zero Tolerance policy* for resident abuse and neglect. Abuse and neglect are not tolerated in any circumstance by anyone and may result in termination of employment and/or criminal charges. Any deviation from this standard will not be tolerated.

This policy and procedure will be included in all resident move in packages.

All team members (employees, volunteers, agency staff, private duty caregivers, contracted service providers), residents, and families are required to immediately report any suspected or known incident of abuse or neglect to the provincial health authorities and the Executive Director or designate in charge of the care community. Abuse for this reporting is defined as:

- a) ***Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.***
- b) ***Abuse of a resident by anyone or neglect of a resident by the licensee or staff (team member(s)) that resulted in harm or a risk of harm to the resident.***
- c) ***Unlawful conduct that resulted in harm or a risk of harm to a resident.***
- d) ***Misuse or misappropriation of a resident's money.***
- e) ***Misuse or misappropriation of funding provided to a licensee under provincial legislation.***

Support and/or counseling will be offered to all victims of alleged abuse/neglect and the alleged abuser.

All those who voice their concerns will be protected under the Organization's *Whistle Blower Policy*. The *Whistle Blower Policy* provides anonymity (unless required by judicial or government subpoenaes, warrants, or orders) to the person who reports abuse or neglect and protects that person from any potential retaliation.

The *Abuse & Neglect Policy* will be reviewed annually and revised as necessary.

Annual mandatory education will be provided to all team members. This training will include criteria as outlined in provincial legislation and the *Whistle Blower Policy* information.

**PROCEDURE:**

**If any team member or volunteer witnesses an incident, or has any knowledge of an incident, that constitutes resident abuse or neglect, all team members are responsible to immediately take these steps:**

- 1) **Stop** the abusive situation and intervene immediately if safe for them to do so while ensuring the safety of the resident.

- 2) **Remove** resident from the abuser, or if that is not possible, remove the abuser from the resident if safe for them to do so while ensuring the safety of the resident.
- 3) **Immediately inform the Executive Director and/or Charge Nurse in the care community.**

**The Charge Nurse/Nurse will:**

- 1) **Check** the resident's condition to assess his/her safety and emotional and physical wellbeing. If required, immediate medical attention must be sought, either by contacting the attending Physician or transferring the resident to a hospital.
- 2) **Provide support** to the team member reporting any alleged, suspected, or known incidents of abuse.

**Team members should be prepared to discuss their suspicion and the information upon which it is based with the provincial health authority.**

\*All care communities are to use provincial health authority resources for abuse to determine appropriate course of action and timelines.

- 3) **Inform** the Power of Attorney for Care or the SDM **immediately** (if the resident is not capable) of the alleged abuse if the incident has caused harm, pain, or distress to the resident (all other incidents must be communicated within 12 hours) and the current status of the resident, assuring them of the resident's safety. Advise the resident's representative that an investigation will be carried out immediately, and that communication with them will remain open.
- 4) Contact the Executive Director or designate (if not in the care community) when it is confirmed that the resident is safe and has received appropriate care.
- 5) After obtaining resident or resident's representative consent, take photographs demonstrating evidence of the abuse, if applicable.
- 6) Document the current resident status on the resident's health record and complete the required documentation for the provincial health authority.
- 7) Update the plan of care as appropriate, ensuring that direct care team members are made aware of current resident status.

**The Executive Director or designate, at the time of immediate notification by team member(s), will:**

- 1) Determine whether or not the team member should be sent home immediately. If so, the team member must be told that he/she is being sent home with pay, pending investigation of the incident. Additionally, it is clearly communicated at this point of the investigation that this action does not constitute disciplinary action, but dependent upon the outcome of the investigation disciplinary action may ensue. The team member has the right to request union/association representation.
- 2) Immediately notify the Police of any alleged, suspected, or witnessed incident of abuse or neglect of a resident which **may constitute a criminal offence.**
- 3) Notify the Vice President, Operations of the current situation and any other applicable support services office department (e.g. Human Resources, EVP Operations).



### **The Investigation**

- 1) The Executive Director or designate initiates the investigation by requesting that anyone aware of or involved in the situation write, sign, and date a statement accurately describing the event, reiterating anonymity and protection against retaliation.
- 2) The alleged abuser is also asked to write, sign, and date a statement of the event.
- 3) The written statements are obtained as close to the time of the event as possible.
- 4) All investigative information is kept in a separate report from the resident's record.
- 5) The Executive Director or designate interviews the resident, other residents, and/or persons who may have any knowledge of the situation. If possible, include a management witness during interviews with all residents. The witness takes detailed notes of the conversation.
- 6) If statements have been written, the Executive Director or designate interviews those persons completing the statements after the statement has been written.
- 7) The Executive Director or designate interviews the alleged abuser. If the alleged abuser is a team member, interview the team member in the presence of union/association representation. If the team member refuses union/association representation, interview the alleged abuser in the presence of a witness.
- 8) If there is reason to believe that abuse has occurred, the Executive Director will notify:
  - The Police, if there is reason to believe that a criminal offense has been committed
  - The team member's regulatory body if the team member is a Regulated Health Professional and the reporting criteria has been met
- 9) All team members must report the incident to either the Executive Director or the Director of Care if nurse in charge/supervisor does not take action in accordance with this procedure.
- 10) An Interprofessional Team Debriefing meeting may be arranged as soon as feasible to debrief the events of the incident, discuss strategies to prevent reoccurrence, review and revise resident plan of care as needed, and communicate results with the resident/POA.
- 11) The Resident/Family/Representative and alleged abuser are offered emotional support and provided with a list of internal resources, including the social worker, pastoral care, and external local resources as available.

### **Prevention and Advocacy**

The Organization advocates and practices strategies for prevention of resident abuse and neglect through:

- A clearly defined and communicated statement of Mission and Values.
- Documentation of at least two positive reference checks before hiring new team members and volunteers.
- Criminal Police Check for all new team members.
- Team member orientation and annual in-services, which will include:
  - Information regarding zero tolerance for abuse and neglect, and team member's responsibilities to report incidents of abuse and neglect as found in the *Resident Abuse & Neglect Policy* and the *Whistle Blower Policy*
  - Residents' Bill of Rights
  - Standards of Conduct

- Training on the relationship of power imbalances between team members and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care.
- How to manage residents with challenging responsive and aggressive behaviours
- Discussions addressing “Care for the Caregiver” such as stress reduction, domestic abuse, health promotion programs, values clarification, and debriefing sessions after resident aggression.
- All managers demonstrate a commitment to our *Zero Tolerance Policy* and actively support team members, residents, and family who intervene and report an alleged or suspected incident of abuse and/or neglect while applying the Organization’s *Whistle Blower Policy*.
- Discussion of the *Abuse and Neglect Policy* during each resident move in and including a copy of the policy with each move in package.
- Recognition of stresses found in the workplace and taking action to mitigate these stresses through education, training, and support.
- Promotion of an open door policy so that team members under personal stress feel supported through the services of an Employee Assistance Program.
- Demonstrating commitment to a Zero Tolerance policy and supporting team members, families, and residents who intervene and report suspected abuse and neglect.
- Person(s) involved in causing the abuse or neglect will be encouraged to seek the counseling of their choice.

#### **Evaluation and Quality Improvement**

The Executive Director and the Interprofessional Team will evaluate and develop quality improvement strategies to prevent and reduce incidents of abuse and neglect by:

- Reviewing all reported incidents and outcomes of abuse and neglect.
- Reviewing and evaluating all current strategies and practices.
- Reviewing current orientation and educational plan for abuse and neglect.
- Developing and implementing improvement strategies for the prevention and management of abuse and neglect based on recognized evidence based practices.
- Keeping a written record of each evaluation, which will include dates, names of persons participating in the evaluation, a summary of changes made, and the date the changes were implemented.

#### **References:**

eLearning modules on Prevention of Abuse and Neglect

- Attachments:** VII-G-10.00(a) Definitions of Abuse  
VII-G-10.00(b) Nursing Checklist for Investigating Alleged Abuse  
VII-G-10.00(c) Investigation Template