

CareOne

A Senior Care Company®

To All Cadets, Parent's & Guardian

Regarding: Adopt A Vet Program at Care One

Date: 1/19/17

Please note, in preparation of our up-coming Adopt a Vet Program at Care One of Jackson it is imperative that all Cadets have the following completed:

- **Orientation (this is done both at CAP at scheduled time set by Ocean Composite), please note: hands on training is also conducted with Cadets, this will be done at first site visit. Please contact my phone number provided to verify if Orientation is completed and if you have not handed in your paperwork, which we covered at Orientation, please do so as soon as possible.**
- **2 Step PPD Screening and or Chest X Ray if applicable. Please note, every year there will be a yearly requirement, which will be provided at Care One. (Every year following the initial requirement will be a 1 Step PPD).**
- **All paperwork needs to be completed and handed in by Cadet/s.**
- **Files with all completed documentation will be kept on file at Care One.**
- **Any required paperwork from Ocean Composite for each site visit. This will be discussed by Deputy Commander of Cadets and Assistant Commander.**

In closing, I look so forward to welcoming each of you to Care One and look so forward to our Veteran's Program.

Respectfully,


Debbie Conroy-Director of Recreation AT Care One at Jackson

732-367-6600 Extension 5138 dconroy@care-one.com

ACC, BA-HCA, CALA, CDP

CareOne

A Senior Care Company

Volunteer Application

(Information submitted is held strictly confidential.)

Name _____

Address _____

Phone Number _____

Email Address _____

How did you come to contact us about volunteering? Please check one or comment:

CareOne website _____ Know a Resident _____ You were a previous Resident _____

Referred by _____ Other _____

If volunteer work is a requirement for school credit, how many hours are needed? _____

If you have a preference, when do you prefer to volunteer? Please circle all that apply:

Morning Afternoon Evening Weekday Weekend

Additional Information you would like us to know about you:

Emergency Contact #1 Name/Phone _____

Emergency Contact #2 Name/Phone _____

Please submit with 2 Reference letters or Reference contact information.*

Reference #1

Name _____

Address _____

Phone Number _____

Reference #2

Name _____

Address _____

Phone Number _____

* If you are between the ages of 16-18, a letter of consent from parent or guardian is sufficient.

Volunteer

EMPLOYEE Health Record

Name _____ Department _____

Physical Exam date n/A Date of Hire n/A

Hepatitis B Vaccine

	Date	Site	Given by	Lot#/exp date
#1				
#2				
#3				
Booster				

Hep B Titer Date _____ Results _____

Tuberculosis Screening Record

Chest X-ray

Date	Result

P.P.D.5TU/0.1ml Interdermal

Right forearm (unless indicated)

1st Step

Date Given _____ Given by _____
 Lot# _____ Exp. Date _____
 Date Read _____ Read by _____
 Results _____ Interpretation _____

2nd Step

Date Given _____ Given by _____
 Lot# _____ Exp. Date _____
 Date Read _____ Read by _____
 Results _____ Interpretation _____

Provided
By Carcone

Annual

Date Given _____ Given by _____
 Lot# _____ Exp. Date _____
 Date Read _____ Read by _____
 Results _____ Interpretation _____

Annual

Date Given _____ Given by _____
 Lot# _____ Exp. Date _____
 Date Read _____ Read by _____
 Results _____ Interpretation _____

Record will be kept in Assistant Director of Nursing's office.

Mandatory Volunteer Education Objectives

Upon completion of this mandatory volunteer education package participant will be able to utilize the required information to perform their volunteer responsibilities within our facility and have a greater understanding of the responsibilities of staff.

Facility's Mission & Vision

Safety:

- Resident
- Fire
- Electrical
- Lockout/Tag out
- Hazard Communications
- Emergency/Disaster preparedness
- MSDS/Right to Know
- Ergonomics/Muscular Skeletal Disorders

Infection Control & Prevention:

- Hand washing
- Blood borne diseases
- Tuberculosis

Resident's Rights:

- Pain Management
- Confidentiality/HIPAA regulations
- Abuse/Neglect

Age Specific Care

Care of the cognitively impaired

Philosophy of alternate level of cares:

- Assisted Living
- Long term care
- Sub acute care
- Long term Acute care

* Done at
Orientation
with Test
which is
Attached.*

Agency General Orientation Post Test
Select the best answer (Use Answer Sheet Provided)

Name _____
Date _____
Agency Volunteer

1. Residents will always let you know when they are in pain.
True or False
2. Before entering a resident's room to provide care, the staff must knock, ask permission, and receive permission to enter.
True or False
3. Abuse means physically harming a person by direct contact only.
True or False
4. If you suspect that another staff member has abused a resident, you must report it to your supervisor.
True or False
5. The **MOST** effective way to prevent the spread of infections is Handwashing
True or False
6. You should be tested for Tuberculosis at least annually.
True or False
7. Disposable gloves should be changed after caring for each resident.
True or False
8. Work related injures or potential injuries must be reported to your supervisor immediately.
True or False
9. The amount of personal protective equipment (PPE) one uses should be decided by the amount of exposure one expects.
True or False
10. Standard Precautions means treating all blood and body fluids as potentially infectious.
True or False
11. All needle sticks should be reported to your supervisor.
True or False
12. Linens and dressings saturated with blood must be handled as biohazard waste.
True or False

13. The “R” in RACE stands for Remove or Rescue the resident in immediate danger.

True or False

14. When using a fire extinguisher remember to use the acronym PASS to extinguish a fire.

PASS stands for:

P= Pull the pin

A= Aim the nozzle

S=Squeeze the handle

S= Sweep at the top of the fire.

True or False

15. You can find out which hazardous chemicals are used in your work place by consulting the Safety Data Sheet (SDS) book.

True or False

16. It is my responsibility to report any accidents, faulty, or broken equipment, unsafe acts or conditions to the supervisor.

True or False

17. Only employees of the center need to be responsible to use good housekeeping practices including: wiping up spills or substances off the floor, moving electrical cords out of the way, and proper disposal of waste.

True or False

18. Protected Health Information under HIPAA includes:

- a. Name
- b. Birth date, admission date, discharge date of death
- c. Medical record numbers or account number
- d. Email address
- e. All of the above

19. As a person ages, their senses usually:

- a. Improve and increase
- b. Change and diminish
- c. Stay the same
- d. None of the above

20. Ways you can demonstrate sensitivity to the aging include which of the following:

- a. Be patient
- b. Ask one question at a time
- c. Be respectful
- d. Be gentle when touching
- e. All of the above

Answer Sheet

(to go over volunteers after they take test)

Agency General Orientation Answer Key Select the best answer

Name _____
Date _____
Agency _____

1. Residents will always let you know when they are in pain.
True or False
2. Before entering a resident's room to provide care, the staff must knock, ask permission, and receive permission to enter.
True or False
3. Abuse means physically harming a person by direct contact only.
True or False
4. If you suspect that another staff member has abused a resident, you must report it to your supervisor.
True or False
5. The **MOST** effective way to prevent the spread of infections is Handwashing
True or False
6. You should be tested for Tuberculosis at least annually.
True or False
7. Single use latex gloves should be changed after caring for each resident.
True or False
8. Work related injuries or potential injuries must be reported to your supervisor immediately.
True or False
9. The amount of personal protective equipment (PPE) one uses should be decided by the amount of exposure one expects.
True or False
10. Standard Precautions means treating all blood and body fluids as potentially infectious.
True or False
11. All needle sticks should be reported to your supervisor.
True or False
12. Linens and dressings saturated with blood must be handled as biohazard waste.
True or False

13. The “R” in the acronym RACE stands for Remove /Rescue the resident in immediate danger.
True or False
14. When using a fire extinguisher remember to use the acronym PASS to extinguish a fire. PASS stands for:
P= Pull the pin
A= Aim the nozzle
S=Squeeze the handle
S= Sweep at the top of the fire. (**Sweep at the bottom of the fire**)

True or False
15. You can find out which hazardous chemicals are used in your work place by consulting your Material Safety Data Sheet (MSDS) book.
True or False
16. It is my responsibility to report any accidents, faulty, or broken equipment, unsafe acts or conditions to the supervisor.
True or False
17. Only employees need to be responsible to use good housekeeping practices including: wiping up spills or substances off the floor, moving electrical cords out of the way, and proper disposal of waste.
True or False
18. Protected Health Information under HIPAA includes:
a. Name
b. Birth date, admission date, discharge date of death
c. Medical record numbers or account number
d. Email address
e. **All of the above**
19. As a person ages, their senses usually:
a. Improve and increase
b. **Change and diminish**
c. Stay the same
d. None of the above
20. Ways you can demonstrate sensitivity to the aging:
a. Be patient
b. Ask one question at a time
c. Be respectful
d. Be gentle when touching
e. **All of the above**

Disclosure Statement

Date _____

Facility: Care One at Jackson
Name :(print) _____ Title: _____
Score on Post test: _____ Reviewed by: _____

Select Employment Type:
 Contract or Agency Staff Private Duty Volunteer
 Replacement Worker Other _____

I have received education and training in the following areas:

- ◆ Company Mission & population
- ◆ Resident Rights
- ◆ Pain Management
- ◆ Resident Dignity
- ◆ Confidentiality and the Health Insurance Portability and Accountability Act (HIPAA)
- ◆ Abuse, Mistreatment, and Neglect Identification and Reporting Requirements
- ◆ Psychotropic Drug Use
- ◆ Call Bells
- ◆ Dementia Care and Difficult Behaviors
- ◆ Resident safety:
 - Falls, accidents, and incidents
 - First Aid for Choking
 - Elopement
 - General Safety
 - Door alarms
 - Emergency Codes
 - Dysphagia Management
- ◆ Ergonomics
- ◆ Body Mechanics
- ◆ Gait Belts
- ◆ Cultural Competence
- ◆ Workplace violence
- ◆ Bloodborne pathogens
 - Location of exposure control plan
 - Standard precautions
 - Handwashing
 - Exposure Incidents
 - Biohazard waste
 - Blood spill kits
 - Eye wash stations and procedures
 - Personal Protective Equipment
- Hepatitis B Vaccination Information and Offer
- Needle Stick Injury Prevention
- ◆ Tuberculosis
- ◆ Lock Out / Tag Out
- ◆ Hazard Communication and Chemical Safety
- ◆ Fire Safety
 - RACE Procedure
 - PASS Procedure
 - Alarm Locations and Operation
 - Enunciator Panel
 - Facility Fire and Evacuation Plan
- ◆ Disaster Preparedness/Evacuation Plan
- ◆ Respiratory Protection Program and N95 masks
- ◆ Infection Control
 - Chain of Infection/Breaking The Chain
 - Linen Handling
 - Influenza Education and Vaccination Offer (Seasonal)
 - Respiratory Protection and the N95 mask
 - Transmission Based Precautions
 - Hand Washing Procedure and Competency
 - Employee Health and Illness Reporting
- ◆ Communication
- ◆ Code of Conduct
- ◆ Compliance trainings
- ◆ Age Specific Care
- ◆ Sexual Harassment

I have received a tour of the facility. I am aware of the location of the facility's policy and procedure manual. I have been informed of the responsibilities required for reporting and documentation.

Signature: _____

Done At
Care One
= Tour
a
Mentor 15
Also
covered 2
Orientations

ADULT CONSENT FORM

(TO BE COMPLETED FOR ALL VOLUNTEERS UNER THE AGE OF 18)

I acknowledge that _____
has applied for participation in Care One's Volunteer Program. I give
permission to allow this relationship to occur.

Volunteers' Printed Name:

Parent/Guardian Printed Name:

Parent/Guardian Signature:

(Please state relationship to child): _____

In the event of an Emergency contact:

Name and Phone #:

Date: _____

Please sign and date, and return it to the Activities Department. This form will be
filed in the volunteer's personal file.

CARE ONE VOLUNTEER ACKNOWLEDGEMENT

• This is to verify that as part of Volunteer Orientation, I was made aware that it is the policy of Care One of Jackson that Volunteers due to overall resident safety, are not permitted to prepare or distribute any food or beverage at any time, nor assist with nutritional intake at any time. My signature acknowledges my understanding of this policy.

Date: _____ Signature: _____

Name: _____

RECEIPT & ACKNOWLEDGEMENT OF THE CENTER VOLUNTEER HANDBOOK

This Volunteer Handbook is an important document intended to help you become acquainted with the Center. This Handbook will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention.

Please read the following statements and sign below to indicate your receipt and acknowledgement of the Volunteer Handbook.

I have received and read a copy of the Center's Volunteer Handbook. I understand that the policies described are subject to change at any time in the sole discretion of the Center.

I am aware that during the course of my volunteer service, confidential information may be made available to me, i.e., resident's medical information, etc. I understand that this information is personal and privileged and must not be given to anyone or used outside of the Center's premises.

I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the Center's Volunteer Handbook.

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____

Witness Signature: _____
Date: _____

Please tear out this statement, sign and date it, and return it to your Volunteer Coordinator or Administrator. It will be filed in your personal file.

*Will be done
at CareOne at
first site visit*

Name _____
Date _____
Agency Volunteer

Building Specific Orientation Tour

I have received a tour of the center and orientation to the following:

- Parking and entry to building
- Operation of telephone and paging systems
- Contact information for key staff in the building
- Location of policy and procedure manuals
- Operation of call light system
- Operation of door locks/alarm systems
- Location of fire alarm pull stations and extinguishers
- Location of stairwells, exits, evacuation routes, and floor plans
- Location of eye wash stations
- Location of supply areas
 - Medical supplies and safety equipment
 - Forms & Documents
 - Linen
 - Nourishments
- Location of emergency equipment
 - Emergency cart
 - Suction machine
 - Oxygen and supplies
- Location of key departments/areas
 - Kitchen and Dining rooms
 - Activity areas
 - Rehab gym
 - Administrator & Director of Nursing offices
 - Laundry
 - Maintenance & Housekeeping
 - Break room

Signature

Date