

## **VOLUNTEER REQUIREMENTS**

\*Please read through all the volunteer requirements to make sure you can meet expectations before moving on to the orientation. Contact Emily Reisinger at 608-789-4800 ext. 5 or [ereisinger@lacrossecounty.org](mailto:ereisinger@lacrossecounty.org) with any questions.

Physical Therapy and Occupational Therapy volunteers, interns, and job shadows please contact the Therapy Department at 608-519-9373 to check availability first.

- We do not provide court ordered volunteer hours.
- We do not accept volunteers involved in theft, abuse, or drug cases.
- COVID Vaccine is not required. Volunteers who are not vaccinated for COVID-19 **MUST** wear a mask while volunteering. All volunteers must provide a copy of their vaccination card for documentation purposes. Will follow CDC guidelines in long term care facilities related to mask and/or goggle wearing.
- Influenza Vaccine – It is **strongly encouraged** to get your Influenza Vaccine due to the vulnerability of our residents. If you are not able to get the vaccine you will be required to wear a surgical mask while in the building during the flu season which is October – April.
- Any volunteers working more than 10 hours in a week will be required to have a Tuberculosis Test completed by one of our nurses.
- Most volunteer assignments are between 1 hour to 1 ½ hours in length. We are most likely not able to offer volunteering for 2 or more hours in a single day.
- Age Requirement – Volunteers must be at least 12 years old to volunteer with parental consent. Anyone under 12 years old must be accompanied by an adult also volunteering. All minors under 18 will need a parental consent form signed.
- Religious volunteers - We are a non-denominational facility and welcome all faiths and practices. We allow different religious services which the residents have a choice to attend. We do not allow volunteers to go room to room to talk religion to residents. Please understand that this is the resident's home, and we have a No Solicitation policy.

**We are looking for volunteers who truly enjoy the population of older adult and wish to make a difference in their lives. We strive for volunteers who are independent with proper training, able to follow policies and procedures. and have an upbeat personality.**

**If this describes YOU, Welcome to Hillview!**

**Please continue to the orientation 😊**

# Welcome to Hillview Health Care Center

Our Mission Statement:

To create and sustain services delivered in a compassionate manner that respects the unique needs and lifestyles of those in our community



## **LA CROSSE COUNTY**

We are owned and operated by La Crosse County and governed by the Veterans, Aging and Long-Term Care Committee. This committee acts as the overseer for our facility.



Hillview Health Care Center has a lengthy and colorful history. In 1856 it was known as the City Poor Farm and was situated on 120 acres. The caretakers of the farm and building housed the City's poor for a fee of \$2.50 per week (tenants sent by the County were housed for 50¢ per day.) In 1890 the operation and facilities of the City Poor Farm were turned over to La Crosse County. There have been many changes over the years, but our history within the area is longstanding. The current building was built in 1980.

## Administration



Kelly Kramer, NHA  
Administrator



Karlie Hurlbert, DON  
Director of Nursing



Wanda Plachecki, NHA  
Director



Jane Klekamp  
La Crosse County  
Administrator



### **Veterans, Aging, and Long-Term Care Committee**

La Crosse County Committee responsible  
to oversee the Hillview Campus

## Resident Centered Care

Resident-centered care means to look at each resident as an individual and empowers the resident (and their family) to be an equal partner in directing his or her care while staying with us.



Hillview strives to provide a home-like environment.

Follow the Care Plan and ask more experienced staff so you can understand residents you are not as familiar with. Determine what activities are meaningful to the resident and honor their choices. Know your residents and their preferences

### **Ask yourself these questions:**

- When does the resident want to wake up or go to bed?
- Where does the resident want to eat?
- What is important to the resident?
- What does the resident want?

## Telephone Basics

How you answer a telephone can create an immediate impression for the caller. Make sure it's positive!

Remember to:

- Use a courteous/friendly tone of voice
- State your name and department or household



### **Black Office-style and Hallway Cordless Phones**

- Dial 9 & area code to reach an outside line
- Extension list posted near each phone

### **Overhead Page from a Black Office-style Phone during an EMERGENCY only**

- Press Overhead Page key
- Repeat information 3 times

## Compliance and Ethics Program

A corporate compliance program is a formal program specifying an organization's policies, procedures, and actions within a process to prevent and detect violations of laws and regulations.

Hillview has multiple policies in place to prevent and detect criminal, civil, and administrative violations and promote quality of care (available on the "s" drive). Staff also abide by the La Crosse County Employee handbook (available on the employee intranet). The County has a detailed Ethics Code in Section 2.04 of the County Code of Ordinances. (available on the County's Human Resources Department intranet site)

### **Hillview's Corporate Compliance Officer is the Support Systems Manager**

La Crosse County utilizes Lighthouse Services to provide an anonymous ethics and compliance hotline. It is available on the employee intranet.

- This is not a replacement of current reporting processes and requirements. Continue to follow state reporting guidelines and your department policies. This hotline should be used as a supplement for reporting concerns outside of the scope of what is currently required.

# Customer Service



## **Recognize and react to resident & family needs**

Look for opportunities to assist our residents and family, especially if they look lost or in need. Remember-every time you leave a resident room to ask, "Is there anything else I can help you with before I leave?"

## **Treat every resident and family as a Guest!**

Show them the same hospitality you'd show a guest in your home. They should walk into a clean, inviting home. A smile and a friendly hello will give them an experience they will share with others.



## **Speak straight**

Speak honestly in a respectful, caring way. Say what you mean and be willing to share ideas. Address issues directly with those involved or affected.

## **Check the ego at the door**

Don't let your own personal agenda get in the way of doing what's best for our residents. Worrying about who gets credit or taking things personally is counterproductive. Stay positive.



## **Make things happen**

Respond to every situation by looking for how we can do it, rather than explaining why it can't be done. Take personal responsibility by owning your work and following through to completion.

## **Be a Hillview Ambassador**

We are all responsible for our reputation. You should reflect how we want others to view our facility.

## **Who is the CUSTOMER?**

Our customers include our residents, resident's family or friends, and other visitors to our facility. We should also consider co-workers to be our "Internal Customers". In order to work together effectively we need to communicate, coordinate, and respect each other.

## **Embrace change**

What got us here is not the same as what will get us to the next level. Be inspired by the challenges and opportunities that change brings rather than holding onto the old ways of doing things.

## **Practice blameless problem solving**

Fix mistakes by focusing on solutions. Identify the lessons learned and use them to improve our processes.



## **Have each other's backs**

Be willing to help a fellow co-worker. There is no department or person better than another. We win and lose as a team.

## **Actively listen to the customer**

This includes the words they are saying and their body language.



# HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a set of national standards for the protection of certain health information. A major goal is to improve efficiency in healthcare, combat fraud, and ensure that health information that can identify an individual is protected and kept confidential. HIPAA stipulates the allowable uses and disclosures of health information, restricting who can access health information and under what circumstances.

## What is considered protected health information?

- Names or part of names
- Certificate/license numbers
- Account numbers
- Medical record numbers
- Social security numbers
- Vehicle license plate numbers
- Phone numbers
- Email addresses
- Fingerprints
- Full face or comparable photographic image

You are required to understand how to properly dispose of protected health information. See your supervisor if you have questions on proper disposal. For questions regarding HIPAA, contact the Health Information Manager

## Reporting Procedures for an Onsite Injury/Illness

**Definitions:** Injury-any wound or damage to the body (e.g., cut, puncture, laceration, fracture, bruise, etc.) resulting from an event in the work environment.

Illness-an abnormal condition caused by exposure to environmental factors (skin diseases, respiratory condition, blood borne pathogens, etc.)

Onsite injuries/illnesses must be IMMEDIATELY reported to a supervisor, including minor injuries because they could develop into something serious



1. Injury/Illness occurs
2. Immediately report injury/illness to Supervisor (or another Manager)
3. Obtain first aid/medical treatment if needed
4. Affected employee completes the entire employee injury/illness report
5. Give completed paperwork to Supervisor

## Hazardous Chemicals

The OSHA Hazard Communication Standard requires that all chemical products be used, stored, and labeled correctly. You have the right to understand the chemicals you encounter. It is your responsibility to read and follow all safety labels.

All SDS sheets are required to follow a standard 16 section format for chemical hazards, treatment, & information.

SDS sheets are available on all facility computers. Select this icon on the desktop to access the SDS sheets.

Filter for location and use the search bar.



**Eye Wash Devices**-located in sanitizing rooms, Dietary, Housekeeping, and Maintenance.

HOW TO USE:

1. Pull fixture towards you to activate
2. Hold eyelids open and move eyeballs in the water for 15 minutes
3. Inform Building Supervisor
4. Seek medical attention

# Hand Hygiene

**Policy:** All staff will comply with the Centers for Disease Control (CDC) recommendations for hand washing and hand hygiene.

Staff will prompt or assist residents to complete hand hygiene before meals and when their hands are visibly soiled by using soap & water or hand sanitizing wipes.



## How to Determine Which to Use

### USE SOAP & WATER

- Before and after handling food
- When hands are visibly soiled
- After using the restroom
- Performing any personal hygiene
- Before and after drinking, eating, smoking, touching your face, or handling contact lenses

### USE HAND RUB

- Before/after direct resident contact
- After touching items in the immediate vicinity of a resident
- If you need to move between a contaminated body site and a clean body site while providing care for a resident
- Before putting on personal protective equipment
- After removing personal protective equipment

### **Soap and Water Handwashing**

1. Wet hands with water
2. Apply soap
3. Rub hands together vigorously for 15-20 seconds, covering all surfaces of the hands and fingers
4. Rinse hands with water
5. Dry hands thoroughly with a disposable towel
6. Use towel to turn off faucet

### **Hand Rub**

1. Apply product to palm of one hand
2. Rub hands together covering all surfaces of hands and fingers
3. Continue to rub until hands are dry

**Proper completion of hand hygiene helps break the chain of infection!**

## Accident Prevention



Resident safety is a priority for us. Safety means avoiding, preventing, and lessening the effects of harm and injury while residents are in our care.

We are all responsible to create and maintain a safe environment for our residents.

### *How can we accomplish this?*

- Be aware of and anticipate the needs of our residents.
  - Respond to issues that might affect a resident's safety (spills, increased weakness, etc.)
  - Make sure the call light is within reach of the resident
  - Work as a team to respond to the needs of our residents.
  - Be aware of the environment and how it could affect our residents (poor lighting, furniture placement, clutter, etc.)
- Work to correct or address these issues.

### Resident Risk Factors for Falls:

- Previous falls
- Diminished strength
- Gait/balance impairments
- Medications
- Dementia
- Vision impairment

# Emergency Planning/Safety



Emergencies may require actions or decisions to be made to provide for the safety of all involved. These actions may not be reflected in the process or policy. Emergency Planning (EP) policies and procedures are available in the Red F.E.D. binders at each Hub and the front desk.

## ① Fire-Code Red

If there is a fire at Hillview, there will be an announcement for “Code Red (specific location)”. All available staff are required to respond to the alarm, even when on break. Follow the lead of more experienced staff. Stay calm as some residents will be distressed by the commotion.

- R** If you discover a fire, remember **RACE**:
- A** **Remove** residents from immediate danger
- A** **Alarm/Announce** by pulling the nearest fire alarm
- C** **Contain** the fire by closing doors (fire doors will close automatically when the alarm sounds)
- E** **Evacuate/Extinguish** remove residents from the fire area. Use a fire extinguisher.

Be aware of alarm pull stations and fire extinguisher locations



Using a fire extinguisher:  
Remember **PASS**

- P**-pull pin
- A**-aim at base of fire
- S**-squeeze handle
- S**-Sweep side to side

### **Evacuation Process:**

From a Hallway-Exit through the fire doors to the Hub or the doors to outside.

From a Common Area-through the closest fire doors to the nearest safe area

Evacuated resident rooms-close the door

If a resident refuses to evacuate-turn on their call light and close their door

## ② Bomb Threat/Other Threat

1. Inform the Building Supervisor immediately
2. Call 9-1-1 when directed by the supervisor
3. Follow direction from the Building Supervisor and/or law enforcement

## ③ Severe Weather

The front desk staff or Supervisor in charge will announce any severe weather concerns and will include what actions to take.

## ④ Missing Person-Code Purple

**Immediately inform the charge nurse if you cannot locate a person you are caring for.**

The Supervisor in charge will direct the search

1. The person’s hallway
2. The other spaces within Hillview
3. The Hillview grounds

## ⑤ First Aid for Non-Licensed Staff

1. Alert a nurse (if within your sight)
2. If a nurse is not within your immediate sight:
  - Press “Overhead Page” on the Hillview phone
  - Say “Nurse to (YOUR LOCATION)” repeat 3 times

# Infection Control and Blood Borne Pathogens

Infection control prevents or stops the spread of infections in healthcare settings. An infection happens when germs enter the body, increase in number, and cause a reaction.

3 things are needed for an infection:

1. Source-places when germs live
2. Susceptible person with a way for germs to enter the body
3. Transmission-a way for germs to move to the susceptible person



## How to Protect Yourself

- ✓ Take care of yourself, stay healthy
- ✓ Follow hand hygiene requirements
- ✓ Use (PPE) as required

## **Standard Precautions**

(use for all resident care)

Treat all body fluids as potentially infectious

1. Complete hand hygiene when entering/leaving resident room
2. Use gloves/gown if soiling is likely
3. Use eye protection if bodily fluids may splash

Many infections are carried in bodily fluids. If your job duties involve contact with body fluids, use personal protective equipment (PPE) to reduce the chances of direct contact. Body fluids are any fluids produced and circulated within the body or secreted/excreted from the body. Examples: blood, saliva, vomit, urine, feces, etc.

A body fluid exposure occurs if a body fluid contacts your unprotected skin. This includes a bite or used sharp puncture.

## **Transmission-Based Precautions**

Use Droplet or Airborne precautions for designated residents in addition to standard precautions.

Follow recommendations of Infection Control Nurse

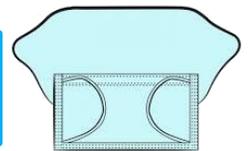
### First Aid for Body Fluid Exposure

Inform Supervisor ASAP

**Eyes**-flush in eye wash station for 15 minutes

**Bites/Punctures**-wash area thoroughly with soap and water. Ask nurse to apply a bandage.

**Mouth**-rinse and spit several times



## **Personal Protective Equipment (PPE)**

**Gloves**-wear when touching dirty or soiled, objects, or are providing personal cares. Hand hygiene must be performed before putting gloves on and after taking gloves off.

**Gowns**-protect your clothing from body fluids. Gowns are disposable and should be discarded after each use. Gowns must be changed between residents/tasks.

**Face Shield**-protect your eyes, nose, and mouth from body fluids. They are disposable, discard after each use and between residents.

Blood borne pathogens are viruses that are carried in the blood and certain other body fluids of an infected person. Hepatitis B (HBV), Hepatitis C (HCV), and HIV (the virus that causes AIDS) are 3 potentially life-threatening viruses you may be exposed to.

Hepatitis B and C attack the liver and can cause life-threatening liver problems. Symptoms include: tiredness, stomach pain, nausea, vomiting, and jaundice. There is a vaccine to protect you from Hepatitis B. There is no vaccine for Hepatitis C. HIV destroys the immune system and there is no vaccine or cure.

# Trauma-Informed Care

The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. - Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP

Trauma history is not something that every resident/resident representative feels comfortable talking about because it could involve issues of domestic violence, rape, abuse, neglect, financial exploitation, war (military or civilian experiences), etc.

## General Trauma Information:

- Involves psychological distress
- May be connected to feelings of anxiety and/or fear
- Often involves expressions of anger or aggressiveness
- Some people who experience trauma will develop PTSD

We provide trauma-informed care by screening for trauma history, care-planning trauma specific interventions as needed, and providing staff education regarding trauma-informed care. Our goal is for our staff and the people they serve to feel physically and psychologically safe.

**PTSD**  
The development of symptoms following exposure to one or more traumatic, life-threatening events

# Dementia

Dementia is an overall term for diseases and conditions characterized by a decline in memory, language, and problem solving that affect a person's ability to perform everyday activities. Alzheimer's is the most common cause of dementia. Dementia is not a part of normal aging.



## Symptoms of Dementia

May include problems with:

- Memory
- Attention
- Communication
- Judgement & problem solving

Most forms of dementia do not have a cure, though there are medications that can manage symptoms such as anxiety or behavior changes.

- Alzheimer's-most common (60-80%) and is caused by specific changes in the brain.
- Vascular-linked to strokes or other blood flow issues to the brain, approximately 10%
- Lewy body-in addition to memory loss, this type of dementia may have symptoms including balance and movement problems.
- Fronto-temporal: most often leads to changes in personality and behavior. May also include issues with language skills like speaking.
- Mixed-occurs when more than one type of dementia is present in the brain at the same time

## Tips for Communicating with Residents with Dementia:

1. Set a positive mood with your attitude and body language.
2. Limit distractions and noise. Make sure you have their attention when speaking to them.
3. Use simple words and sentences. Speak slowly. Allow them time to process and answer.
4. Ask one question at a time. Yes or no answers are easier.
5. Break down activities into a series of steps. Be patient.
6. Distract and redirect. If the resident is upset or agitated, try changing the subject or environment.
7. Respond with affection and reassurance. Avoid trying to convince them they are wrong.

## Resident Rights

Residents' Rights Guarantee Quality of Life-The 1987 Nursing Home Reform Law requires each nursing home to care for its residents in a manner that promotes and enhances the quality of life of each resident, ensuring dignity, choice, and self-determination.

All residents in the nursing home have rights which are guaranteed by State and Federal laws.

You will be held accountable for how you treat and care for the people who live here. All employees of Hillview Health Care Center will treat residents with courtesy and respect.

Violating Resident Rights is a serious offense.

### **Residents have the right to:**

- Be fully informed, in writing, prior to or at the time of admission and during their stay of their rights and responsibilities.
- Receive information on all services and charges, if any, for those services.
- Private and unrestricted communication with persons of their choice, including the right to receive, send, and mail sealed, unopened correspondence. Residents have the right to have access to a telephone for private communication; private visits; if married, privacy for visits by a spouse (if both residents live at Hillview, they are permitted to share a room, unless medically contraindicated). Residents have the right to meet with and participate in activities of social, religious, and community groups at their discretion, unless medically contraindicated.
- Present grievances and to recommend changes in policies and services.
- Refuse treatment, and to participate in experimental research only upon their informed consent. (Hillview does not participate in experimental research projects.)
- Not be required to perform work for Hillview that is not ordered by their clinician and included for therapeutic purpose in their care plan.
- Manage their own financial affairs.
- Retain and use personal clothing and effects and retain other personal possessions as space permits in a reasonably secure manner.
- Physical and emotional privacy in treatment, living arrangements, and in caring for their personal needs; and confidentiality of health and personal records
- Be fully informed of their treatment and care, and to be afforded the opportunity to participate in the planning of that treatment.
- Continuity of care and to be transferred or discharged only for reasons allowed in state regulations.

### **Resident Abuse, Neglect, Exploitation, Misappropriation, or Mistreatment and the Elder Justice Act**

All employees of Hillview are expected to use good judgement, interact with residents in a therapeutic manner, and provide all assistance possible. **Abuse, neglect, exploitation, misappropriation and/or mistreatment will not be tolerated.** All efforts will be made to prevent these acts by staff members, and to take significant and effective action should they occur. **The Elder Justice Act** protects residents from abuse and/or crime and is posted in the time clock rooms, the Employee Lounge, and each Department.

If you witness another employee caring for, speaking to, or touching a resident in a way that makes you uncomfortable or uneasy, stop the action, make sure the resident is safe, and **immediately** report it to your supervisor.

## Other Important Information

**Tuberculosis**-A TB skin test must be on file. A signs/symptoms check will be completed annually. Notify Rec staff if you travel out of the country.

**Explorer's Binder**-The front desk and each Hub has a purple binder to identify residents at risk for elopement or unsafe wandering

### **Activity Calendar**

Printed weekly and located on each Hub.

### **Body Mechanics**

- Lift with your legs, not your back
- Do not twist when lifting or moving
- Bend at your knees, not your waist
- Keep your feet apart for a sturdy base

## VOLUNTEER INFORMATION

1. *Be on time!* If you are unable to come in at your designated time, **you must call ASAP.** (608)789-4800 Ext. 5 (Recreation Therapy). Or in advance please email Emily Reisinger [ereisinger@lacrossecounty.org](mailto:ereisinger@lacrossecounty.org).
2. Please DO NOT come if you have: vomiting, diarrhea, fever, or a bad cough. You **MUST be 48 hours symptom free** before returning to volunteer. Also, if you have any contagious disease you cannot volunteer until you are not contagious and are healed.
3. *Sign in and out on your attendance sheet* in the Volunteer Logbook. This is the **ONLY** way that hours can be accounted for. Located in Recreation Room or at the Front Desk.
4. If the resident you are visiting asks you to buy something for them, please let them know that you are *not allowed to do so* and it would be violating your rules of volunteering. Tell them you will let a staff member know of their need.
5. *Do not accept money or gifts from the residents*, decline it politely.
6. **When visiting with our residents we ask that you keep personal opinions on religion and politics to yourself. Our No Solicitation Policy means no one can try to change a resident's religion or political views. Please avoid these topics.**
7. Do not enter rooms with a closed door; they may not be dressed. Try later when the door is open.
8. Always knock before entering all residents' rooms, this is their home.
9. When bringing residents back to their room: Due to limited space in resident rooms, it is easier to back their chair in through the doorway so they are able to see who may be at their door and watch TV.
10. Always be sure the resident's call light and tray table is within reach.

## SAFETY PROCEDURES

1. When pushing wheelchairs, be sure the resident's hands and feet are clear of the wheels. Ask them to lift their feet and place their hands in their lap. When you stop, do not put on their brakes unless they can physically take the brakes off themselves or this is considered a "restraint".
2. Do NOT help residents stand up at any time!! If a resident asks to get out of bed or needs help in the bathroom, turn their call light on or go and find a staff member.
3. Please do not provide any extra drink or food to residents. If they request anything turn their call light on so staff may assist.
  - If you would like to volunteer to assist with feeding a meal, please let us know and we can provide training beforehand.
4. Skip rooms that have a "SEE NURSE BEFORE ENTERING" or "CONTACT PRECAUTIONS" sign on the door or a plastic bin outside the room containing gloves, masks, gowns, etc. Only staff should be entering those rooms.
5. If a resident has fallen or injured themselves, notify the nearest employee. Don't attempt to move them or help them stand up. Please look for the **Orientation Binder** and know where to find it should you need to look up a procedure. You may be asked where it is located 😊
6. Outdoor resident visits:
  - Please let staff know when you are taking someone outdoors and when you bring them back indoors
  - If they ask to stay outside let them know you need to bring them back in the building because you are responsible for them and the CNAs can bring them back out.
  - Please ask staff to assist with putting the resident's wheelchair footrests on prior.
  - If you are going to have the resident in the sunshine for more than 5 minutes, please be sure to assist with residents with putting sunscreen on (unless you're in a gazebo or under the front entrance carport), even the shade of a tree would still require sunscreen. Don't forget about their exposed scalp.  
\*\*\*Sunscreen and gloves are available at the front desk.
7. If you're taking residents on visits to the pond
  - Please be extremely careful
  - Take a cell phone in case you would need to call Hillview for assistance (789-4800) or 911 in an emergency.
  - Be aware that the cement is not always flat so be careful if a resident is walking with you or as you maneuver a wheelchair over the surface.
  - Be aware that there are no railings around the pond so make sure to have a good hold on the chair handles at all times or if you stop put the brakes on the resident's wheelchair, so they don't roll.

## DRESS CODE

**All volunteers will wear appropriate street clothing conducive to pushing wheelchairs, bending over, reaching up, and moving around safely.**

These items are appropriate: shorts, pants, skirts, short sleeve or long sleeve tops, sweatshirts, sweaters, tennis shoes, **closed toe shoes and sandals** (this is in case a wheelchair would get rolled over your toes for your safety).

**Please wear your nametag at all times.**

This clothing is NOT appropriate: short shorts, ripped or holey pants, short skirts, low cut tops, half tops, open toe shoes and sandals, high heels.

