

*Grace Manor at North Park Volunteer Form*

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact Information \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Employer, School or Organization \_\_\_\_\_  
 Other involvements \_\_\_\_\_

References \_\_\_\_\_  
 How did you hear about Grace Manor at North Park? \_\_\_\_\_  
 If you have previous volunteer experience please describe it here:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the types of volunteer work you'd like to participate in  
 Activities     Resident Aide     1:1 Visits  
 Clerical     Special Events     Where needed most/No Preference

Do you have any physical/medical limitations of which we should be aware? (We will make every effort to accommodate your needs.) \_\_\_\_\_

*Please indicate days and times available for volunteer experiences*

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning						
Afternoon						
Evening						

**APPLICANT'S STATEMENT**

*The information stated on this form is correct to the best of my knowledge. I authorize any references or organizations listed in this application to give you any information they may have regarding my character and fitness working with seniors. I release all references from liability for any damage that may result from furnishing evaluations to Grace Manor at North Park. I understand any personal information will be held in strict confidence.*

*I also agree to hold harmless Grace Manor at North Park and their employees from and against all claims, loss, or liability of any kind for any possible injury incurred during volunteer service.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Guardian Signature (if under 18) \_\_\_\_\_

*Please complete form and return to:  
 Attn: Activities Director  
 9565 Babcock Blvd, Allison Park, PA 15101*

*Grace Manor at North Park*  
Volunteer Information

**ABUSE/NEGLECT:**

Abuse is any act or behavior which harms the person. There are different forms of abuse:

- **Physical Abuse** is any act of violence or rough treatment that causes injury or discomfort, such as slapping, pushing or hitting. It may include over or under-medication and the use of physical restraints.
- **Emotional Abuse** is any act which lowers a person's dignity and self-worth. This may include regularly yelling at, criticizing, threatening, humiliating or isolating the elderly or disabled person.
- **Sexual Abuse** is any unwanted sexual act. This may include unwanted touching, kissing or fondling.
- **Financial Abuse** is any act involving the misuse of the elderly or disabled person's money or property without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.
- **Neglect** happens when a caregiver does not properly care for and attend to an elderly or disabled person who cannot fully look after him or herself.

Neglect can be intentional or unintentional. It may include withholding food, personal hygiene care, health services, clothing, help or companionship.

**INFECTION CONTROL:**

**A. Hand washing**

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
2. Use a soap for routine hand washing.
3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (when soap & water are not available).

**B. Gloves**

1. Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin.

Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

### **C. Mask, Eye Protection, Face Shield**

1. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

### **D. Gown**

1. Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

### **E. Patient-Care Equipment**

1. Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

### **F. Environmental Control**

1. Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces, and ensure that these procedures are being followed.

### **G. Linen**

1. Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments.

### **H. Occupational Health and Blood Borne Pathogens**

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are

located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

#### I. Patient Placement

1. Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

### DIAGNOSIS FOR OUR SENIORS:

1. **Dementia** ([www.dementia.com](http://www.dementia.com))
  - a. Dementia is a progressive brain dysfunction (in Latin 'dementia' means irrationality), which results in a restriction of daily activities and in most cases leads in the long term to the need for care. Many diseases can result in dementia, the most common one being Alzheimer's disease.
  - b. The frequency of dementia increases with rising age from less than 2 % for the 65-69-year-olds, to 5 % for the 75-79 year-olds and to more than 20 % for the 85-89 year-olds. Every third person over 90 years of age suffers from moderate or severe dementia (Bickel, Psycho 1996, 4-8). About half of those affected by dementia suffer from Alzheimer's disease. About 5 % of people above 65 years of age, about 20 % of those over 80 years and about 30 % of those over 90 suffer from Alzheimer's disease.
2. **CHF-Congestive Heart Failure** ([www.americanheart.org](http://www.americanheart.org))
  - a. A condition that usually occurs over time-causing the heart muscle to weaken and not adequately pump blood throughout the body.
  - b. Causes: Heart attacks; hypertension, diabetes, advanced age, irregular heartbeats or arrhythmias, history of coronary artery disease.
  - c. Symptoms: SOB, fatigue, nausea, palpitations, memory loss, cough/wheezing.
  - d. Occurs equally in men and women causing approximately 53,000 deaths per year.
3. **COPD-Chronic Obstructive Pulmonary Disease** ([www.lungusa.org](http://www.lungusa.org))
  - a. Chronic obstructive pulmonary disease (COPD) is a term referring to two lung diseases, chronic bronchitis and emphysema, that are characterized by obstruction to airflow that interferes with normal breathing. Both of these conditions frequently co-exist, hence physicians prefer the term COPD. It does not include other obstructive diseases such as asthma.
  - b. Smoking is the primary risk factor for COPD. Approximately 80 to 90 percent of COPD deaths are caused by smoking. Female smokers are nearly 13 times as likely to die from COPD as women who have never smoked. Male smokers are nearly 12 times as likely to die from COPD as men who have never smoked.

- c. COPD is the fourth leading cause of death in America, claiming the lives of 122,283 Americans in 2003 and the number of women dying from the disease has surpassed the number seen in men.
4. **Stroke** ([www.stroke.org](http://www.stroke.org))
    - a. A stroke or "brain attack" occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel (a tube through which the blood moves through the body) breaks, interrupting blood flow to an area of the brain. When either of these things happen, brain cells begin to die and brain damage occurs. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These abilities include speech, movement and memory. How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.
    - b. Symptoms: Sudden numbness or weakness of face, arm or leg -- especially on one side of the body, Sudden confusion, trouble speaking or understanding, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, loss of balance or coordination, Sudden severe headache with no known cause.
    - c. Stroke is the third leading cause of death in America and the No. 1 cause of adult disability.
  5. **Parkinson's** ([www.pdf.org](http://www.pdf.org))
    - a. Parkinson's disease is a movement disorder that is chronic and progressive, meaning that symptoms continue and worsen over time.
    - b. Symptoms: tremor of the hands, arms, legs, jaw and face, rigidity or stiffness of the limbs and trunk , bradykinesia or slowness of movement, postural instability or impaired balance and coordination
    - c. As many as one million Americans suffer from Parkinson's disease. While approximately 15 percent of people with Parkinson's are diagnosed before the age of 50, incidence increases with age. The cause is unknown, and although there is presently no cure, there are many treatment options such as medication and surgery to manage the symptoms.

## HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA)

### What Is Protected Health Information? ([www.dwp.state.pa.us](http://www.dwp.state.pa.us))

Protected health information is information about you that relates to a past, present or future physical or mental health condition, or treatment or payment for the treatment that can be used to identify you. This information includes any information, whether oral or recorded in any form, that is created or received by DPW or persons or organizations that contract with DPW. This includes electronic information and information in any other form or medium that could identify you, for example:

- Your Name (or names of your children)
- Telephone Number
- Address
- DPW Case Number
- Date of Birth

- Social Security Number
- Admission/Discharge Date
- Medical Procedure Code
- Diagnostic Code

The privacy rule creates stern penalties for covered entities that violate the privacy rule including civil money penalties of \$100 per incident, up to \$25,000 per person per year, for each standard that is violated. Criminal penalties include:

- Up to \$50,000 and one year in prison for knowingly improperly obtaining or disclosing PHI.
- \$100,000 and five years in prison for obtaining PHI under false pretenses.
- Up to \$250,000 and ten years in prison for obtaining or disclosing PHI with the intent to sell it.

### **GRACE MANOR**

- Policies & Procedures
- Emergency Preparedness Plan
  - See binder

# HIPAA LAW ACKNOWLEDGE FORM

## PRIVACY POLICY

I understand that medical information is personal, and I am committed to protecting that information for the residents here at Grace Manor at North Park. During their stay, the staff at Grace Manor at North Park creates a record of resident care and services that complies with legal requirements. This acknowledgement form applies to ALL records for EVERY resident that is provided care at this facility. I am required by law to keep medical information regarding ALL residents private.

I have reviewed the HIPPA Privacy Rule, as described by the Office of Civil Rights drafted by the US Department of Health & Human Services. My signature indicates that I will comply with the HIPPA Privacy Rule and acknowledge the penalties regarding noncompliance.

Volunteer Name \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_