



Companion Volunteer Training Manual

Confidentiality

The Health and Insurance Portability and Accountability Act (HIPAA) was established in 1996. This “privacy rule” provides federal protection for personal health information. It is important to keep in mind:

- Since the identity of Care Partners clients and family is confidential information, referring to clients or families by name should only occur among the Care Partners Team.
- If you are already acquainted with your client, be mindful of which ‘hat’ you are wearing. Any information learned while assisting *as a volunteer* is confidential.
- Discussions with team members regarding clients/family must be held in private settings where others cannot overhear, and never in public places.
- When in doubt about confidentiality, contact Care Partners staff for clarification or assistance.

Care Partners of Cook County paid staff and volunteers must read and sign their acknowledgement of the attached [Confidentially & Security Policy Statement](#) as part of their initial training, and annually thereafter.

Background and Reference Checks

Care Partners is concerned about the safety of its volunteers while on duty (whether on or off premises), the safety of its clients, and the protection of its assets and reputation. To reduce these risks, prospective Care Partner volunteers are required to undergo a background check. Two personal references are also required from each applicant. These references will be contacted by mail or phone by Care Partners staff.

Vulnerable Adults

Care Partners is mandated to report any neglect or physical, emotional, or financial abuse of vulnerable adults. See the [Adult Protection handout](#) for more information, including types of potential maltreatment and reporting details. If you have any concerns about potential maltreatment of a vulnerable adult, report to Care Partners staff immediately. Reports should be made within 24 hours. If staff are not available, call the MN Adult Abuse Reporting Center at 844-880-1574. You can also call Cook County Public Health & Human Services at 387-3620 for help making the report. If there is immediate danger, call 911.

Expectations

Actions, words, jokes, or comments based on an individual's gender, sexual orientation, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated from Care Partners staff or volunteers and will be a basis for dismissal. Volunteer must be free of drugs and alcohol when volunteering and avoid any appearance of sexual harassment or inappropriate contact with the client.

Aging Awareness

Care Partners clients are over the age of 60, and many are 80 to 90 years old. You can take pride in knowing that the service you provide makes a meaningful difference in someone's life as you help our elder friends and neighbors enjoy positive personal connections, maintain their independence, and continue to live in a place they love. Through your Care Partners service, you'll have the opportunity to work with people who have a lifetime of experience, and like most of our volunteers, you may come to deeply appreciate their wisdom, stories, and humor. Understanding the changes that occur with age can help us better assist and communicate with our clients while respecting their independence and dignity. Please see the attached [Aging Awareness & Best Practice](#) handout for more information.

Gifts / Conflict of Interest

Do not, under any circumstances, request or accept a loan or gift of money or material things from the client, sell any material things to the client, buy any material things from the client, or provide any financial assistance or financial advice to the client. Contact Care Partners staff with any questions that may arise related to gifts.

Do not accept any money from clients for the services you have provided. Clients will be asked to contribute a donation or cost-share for their ride based on their income and the mileage you drove.

Friends and Relatives

Do not refer friends, relatives, or colleagues to do work for the client or allow them to accompany you while performing your job. All workers must be screened through our application process before they can be assigned jobs.

Communication Policies

Many people have a social media account such as Facebook, Twitter, or Instagram. These platforms provide a wonderful opportunity to connect with family, friends, and the larger community. They help us share ideas and express opinions about things that are important to us. We hope that your work as a Care Partners volunteer is something that you are proud of, and that you are excited to tell others about the good work that we do in Cook County. Our Communication Policies are designed to help Care Partners staff and volunteers exercise good judgment when using social media to safeguard our program and clients, especially with posts or comments that may be associated with Care Partners. Please review the attached [Communication Policies](#) and contact Care Partners with any questions or concerns.

Companion Program Overview & Process

Overview

Care Partners Companion Program volunteers provide non-medical support services such as companionship, respite care, check-ins, presence at end of life, and occasional errands or chores when appropriate and agreeable to the volunteer. Volunteers can learn about a potential companion before making any commitment, and assignments are made with a volunteer's experience, interest, and availability in mind.

Companions often meet with clients weekly, but arrangements are made on a case-by-case basis to determine frequency and timing that works for both volunteer and client. Volunteers may chat by phone, meet in clients' homes, or enjoy walks or outings together if they wish. A volunteer's simple presence, kind listening, and caring relationship can provide much-needed emotional support, help relieve physical symptoms, and offer great relief to families and caregivers. By nurturing an ongoing connection, volunteers can also play a key role in helping clients recognize and articulate their needs, concerns, or hopes.

Process

Referral and Evaluation of Need

- 1) Care Partners receives companion requests from many sources, including physician or social worker referrals, concerned friends or family members, or clients themselves. A referral can be made on behalf of a caregiver for coaching, support, or respite; on behalf of a care receiver for companionship or palliative care; or both.
- 2) Care Partners Care Coordinators review each request and call the listed contact person. This may take up to a week, depending on the client's situation and the Care Coordinators' schedules. If the request is for someone who is dying or a pressing need is identified, the Care Coordinator will call and visit as soon as possible - although in general, Care Partners is not able to provide urgent or emergency services.
- 3) The Care Coordinator makes a home visit and completes a client intake form, which includes important information about a client's medical condition, living situation, and background.

Finding a Companion Volunteer

- 1) If a Companion volunteer is needed, the Care Coordinator creates a brief paragraph describing the client and their need. The Program & Volunteer Coordinator emails this information to all active Companion volunteers. Volunteers may be contacted directly by phone or email to ask about interest/availability if we are aware of a volunteer and client who may be an especially good match, or if there is no response to the initial email.
- 2) Interested volunteers contact the Care Coordinator for more details. The volunteer receives a copy of the client's intake form and release of information by mail or by

picking them up from the Care Partners office. The Care Coordinator then usually takes the volunteer to the client's home for an introductory visit.

- 3) If the introductory visit goes well for the client and the volunteer, plans are made for continued visits between the volunteer and client.
- 4) After the first "solo" visit, the Care Coordinator contacts the client, and the Program & Volunteer Coordinator contacts the volunteer to see how the visit went.

Companion Visits

The most important part of being a companion is to simply offer your caring presence. Because each client has unique needs and preferences, this presence may look different from client to client and visit to visit. In some cases – such as at the end of life – sitting quietly alongside a client may be all that is needed. Sometimes a client may be happy to do most of the talking. You might also ask open-ended questions about a client's life experience, hobbies, or areas of interest or expertise to help keep the conversation moving along. See the attached [Getting to Know a Person and Tips on Developing Relationships with Older People](#) for more ideas.

Other ideas for activities during a visit include reading a newspaper or book, helping a client write a letter, working on a craft or hobby together, listening to music, looking through photos, or assisting with light chores or gardening. Some volunteers and clients enjoy walks, brief shopping trips, coffeeshop visits, or other outings. Please check with the Care Partners Care Coordinator before engaging in an activity outside a client's home.

If you give your client a ride in your car, offer the client assistance in getting in the car and from the car into the building. Wear seat belts. Do not use a cell phone, even if "hands-free" to avoid distracted driving (global positioning or navigating systems may be used if calibrated before driving.) Minnesota is a "No Fault" state, so your auto insurance would cover any accidents. However, if you transport a client often, we ask that you follow our Senior Driver policy by submitting a copy of your auto insurance declaration page showing liability coverage of at least \$100,000.

End of Life

Care Partners began as a volunteer-based program to provide a supportive presence at the end of life. Some Companion volunteers are still especially interested in assisting clients in this way. Other Companion volunteers may begin meeting with a client before death is immanent but choose to continue through the client's end of life. In either case, a training module is available with more information specific to end-of-life visiting. Contact the Program & Volunteer Coordinator if you'd like to know more.

Personal Care Services

Care Partners is NOT licensed to provide personal care services, such as giving medication, feeding a client, or helping a client get dressed or use the restroom. We can offer minimal balance assistance by lending an arm to a client or help with household tasks like light cleaning or cooking, but we CANNOT provide "hands-on" help, even if a volunteer feels comfortable doing so. If in doubt, please contact Care Partners.

Hygiene and Infection Control

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for serious complications from common viruses and bacterial infections. Care Partners volunteers are asked to follow these hygiene protocols to reduce the risk of infection for both client and volunteer:

- If you are experiencing symptoms such as a fever of 100.4 degrees or higher, nausea, body aches or chills, please cancel or reschedule your visit.
- Wash hands often with soap and water for at least 20 seconds before and after visiting with the client, and after coughing, sneezing, or blowing your nose. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of hands and rub them together until they feel dry.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Use disposable gloves to handle body substances or soiled items with body substances. Clean up any spills with paper towel and dispose of paper towel. Remove gloves after completing the task you put them on for, discard gloves and wash your hands.

Visit Documentation

It is your responsibility to submit a volunteer service report, preferably within 48 hours of making a visit. The report is made using a fillable, online form, and includes information such as:

- The client's initials (please use client initials ONLY throughout your report)
- Date and type of visit (in person or virtual)
- A brief summary of the visit
- Total hours of the visit (in quarter-hour increments)
- Travel time to and from the client (for in-person visits)
- Round trip mileage from your home to the visit location and back again
- Whether or not you would like to be reimbursed for your mileage

Please report your mileage even if you don't want to be reimbursed for it, as it is important for us to document the total number of miles our volunteers travel to do their important work.

Service reports can be accessed through our website (www.carepartnersofcookcounty.org.)

Timely reports are critical for our funder reporting and audits, program oversight, and effective volunteer, staff, and client communication. We'll go over the online reporting process in more detail at the volunteer one-on-one meeting.

If you become aware of any of the following circumstances during your visit with a client, please contact the Care Partners office as soon as possible and speak with the client's Care Coordinator or other Care Partner staff. Outside of office hours, please leave a message on the Care Coordinator's voicemail.

Please do not rely only on your visit narrative to inform us of the following situations:

- Your client has recently experienced a fall, even if it did not require a visit to the doctor or ER

- Temporary or permanent relocation of your client, such as an extended out-of-town visit with a friend or family member, seasonal move, or admission to the care center or hospital
- The death of a client or caregiver
- *Any* significant changes you become aware of, or concerns you may have about a client or caregiver

Mileage Reimbursement

If you choose to be reimbursed for mileage, you can indicate on your volunteer report to whom the check should be issued. You also have the option to update your contact information if needed. The current mileage reimbursement rate is .60 per mile. Reimbursement checks are typically mailed out during the second week of each month for the previous month's work. If a single month's reimbursement amount is quite small - for example, less than \$5 - we may wait for additional reimbursement requests from you before issuing a check. If you have any questions or concerns, please let us know.

Emergency Procedures

There are certain emergency situations that may be encountered while with a client. The client may:

- Become suddenly confused or disoriented
- Lose consciousness
- Exhibit signs of a stroke:
 - Slurred speech
 - Inability to move an extremity
 - Facial droop (smile drooped)
- Exhibit signs of a heart attack:
 - Pain in the chest, arm (usually left arm), jaw, or upper back
 - Crushing feeling in chest
 - Fearfulness

Once you are aware of an emergency, **call 911 immediately**. If the situation is not life-threatening, you can request that the ambulance uses no lights or sirens. As soon as the situation is under control, call Care Partners at 218-387-3788 and speak with any available staff person or leave a message briefly describing the situation. Complete a Volunteer Incident/Accident Report (downloadable from the Care Partner's website Volunteer Portal) and return it within 24 hours to the Care Partners office. **A copy of this report form** is also attached.

It will be helpful to have a copy of the client's intake form with you whenever you visit, especially if you are alone with the client. In this way you will have valuable information such as the name of the client's physician, emergency contacts, known drug allergies, etc.

Companion Role & Boundaries

Role

Care Partners Companion volunteers offer support and connection through friendly visits and caring presence. They often report a sense of satisfaction knowing that they are making a real difference for their client. Their lives are often enriched through the stories and wisdom their clients share. Over time, they may experience a real sense of caring, warmth, and affection for their client. Clients often return these feelings.

It is important, however, to keep in mind that the relationship between a companion and client differs from a social friendship. We choose our friends, with whom we often share common experiences, interests, or values. We typically expect friends to share in the work of the relationship, to match our level of effort and commitment. We do our best to “be there” for our friends when they need us, and we expect our friends to support us as much as they can.

Companions agree to spend a specific amount of time with clients, however they are not “on call” for their client as a social friend would be. Sometimes clients and companions have a lot in common, but sometimes they are quite different in their worldviews. Companions are there to help their clients – clients are not obligated to support their companions.

Being caring and helpful must be balanced by knowing your limits and remaining within your role as a companion. This will help your client feel more comfortable with you and will help you protect the energy you need for the sometimes emotionally strenuous work of being mindfully present with your client.

Please remember to:

- Be aware of your role and its limitations. Always seek assistance or refer a client or family member to a professional whenever necessary. Don't hesitate to talk over any concerns with a Care Partners Care Coordinator.
- Avoid perfumes or scented products when visiting with clients.
- Respect client and family belief systems.
- Arrive on time for your visits and notify clients if you are unable to fulfill a volunteer obligation.
- Observe all applicable protocols when visiting a client in the hospital or care center.
- Let Care Partners know if:
 - You must miss two or more consecutive visits with your client.
 - There is a temporary or permanent change in your location or health status.
- Be a positive ambassador for Care Partners in the community.
- Bring any worries, problems, or grievances to the attention of Care Partners staff.

In our small community, you may already have a relationship with your client. In this case make sure you and your client are aware of which ‘hat’ you are wearing when you make your visits. Anything you learn or do while a Care Partners volunteer is subject to our policies, including our Confidentiality & Security policy.

Boundaries

Boundaries are those limits that separate or clarify our role from a friendship or social role. They serve as protection for both the volunteer and client, decrease the risk of burn-out, and reduce liabilities.

As a volunteer companion you are not obligated to:

- Provide your client with your personal contact information, such as your physical address, mailing address or email address. You may, however, share this information if you choose. It may be helpful to give your phone number so your client may reach you if they need to cancel a visit at the last minute, but you don't have to share all your phone numbers.
- Accept a friend invitation from your client on social media.
- Provide a service for your client that was not part of your original agreement (such as running errands, meal prep, housekeeping, etc.) If you choose to provide a service, remember to report it as a visit.
- Share personal information about yourself that you would prefer not to disclose.
- Give advice to your client or tell them what they "should" do – even if you are asked for your opinion.
- Increase the number of visits or amount of time per visit, above what was originally agreed to. If you do make a change to your visit time or frequency, please contact Care Partners.
- Accept a hug or other physical sign of affection from a client if you are not comfortable doing so. Remember also to never give a hug without asking permission first.
- Allow a client to treat you disrespectfully. (Note that at times a person with dementia may say jarring or inappropriate things. For example, they may begin using "salty" language, or blurt out an opinion or observation. If this becomes very uncomfortable for you, please reach out to a Care Coordinator.)

We know that schedules and life circumstances can change, or it may become apparent that a client and volunteer are no longer a good "fit." If for any reason it is difficult to continue meeting with your client, or if you need to change the frequency or timing of your visits, please do not hesitate to contact a Care Partners Care Coordinator!

Most volunteers tell us that although they begin their Companion journey with a true desire to help older adults, it doesn't take long for them to realize just how much their own lives are enriched by their clients. We hope you find satisfaction and joy in connecting with our amazing Cook County senior friends and neighbors!

Care Partners of Cook County

CONFIDENTIALITY AND SECURITY POLICY

No personal information obtained from an individual in conjunction with the project shall be disclosed in a form, which identifies an individual without the written, and informed consent of the individual concerned. Care Partners of Cook County paid staff and volunteers must read and sign their acknowledgement of the following statement.

The protection of Care Partner's confidential information including the privacy and integrity of the information listed below is vital to the continued success of our organization. This information includes but is not limited to the following examples:

- Patient information or personal affairs.
- All information seen or heard regarding patients, directly or indirectly.
- The physical security of our office
- The security of all technology that may hold client information

Paid staff and volunteers of Care Partners shall be accountable to the following:

- Avoid accessing all information for which you do not have a need to know. Access only information as it relates to the essential functions of your job.
- Avoid discussing client information or sensitive business matters outside the circle of Care Partner's meetings even with family or other employees or volunteers who are not involved with the client's care.
- Keep any written documentation concerning patients secure.

Failure to recognize the importance of confidentiality is a breach of Care Partner's ethics and may be grounds for disciplinary action, including possible dismissal, but may also involve you in unwanted legal proceedings.

VOLUNTEER/STAFF ACKNOWLEDGMENT

I have read the above information and understand the importance of organizational security and confidentiality. I agree not to disclose or use the information I am entrusted with inappropriately.

VOLUNTEER/STAFF SIGNATURE

DATE

NAME (PRINTED)

8/2019

Adult Protection

1. **Contact a Care Partners staff person** to report suspected abuse or neglect - 387-3788.
2. **MN Adult Abuse Reporting Center (MAARC) -- 844-880-1574**
Cook County Public Health and Human Services Office -- 387-3620
is also willing to help you make the report (ask for the intake worker).
3. **If the situation is life endangering, call 911.**

According to the Minnesota Elder Justice Center, "in general, elder abuse is any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a risk of harm to an older adult." Although abuse may be perpetrated by a stranger, there is usually an ongoing relationship, with an expectation of trust.

Cook County aims to help vulnerable adults live safely. To accomplish this, the County investigates reports of maltreatment and self-neglect. The County will also arrange services for vulnerable adults that help assure their safety.

Who is a Vulnerable Adult?

Persons living in Cook County who sometimes need adult protection services are 18 years or older and:

- Depend on institutional services (such as a nursing home, group home, foster care, or home health care.)
OR
- Have a mental or physical infirmity or disability that impairs their ability to care for and protect themselves.

Types of Maltreatment

Abuse

- Physical or emotional: conduct, intended or not, that produces physical or emotional injury or pain.
- Verbal: words or gestures that threaten, harass, degrade or humiliate.
- Sexual: criminal sexual conduct, violation of prostitution statutes, or sexual activity between a staff person and a client or resident of a facility.
- Personal exploitation: forcing a vulnerable adult to perform services for the advantage of another.

Neglect

- Failure of a caregiver to provide necessary food, clothing, shelter, health care or supervision.

Self-Neglect

- Absence of necessary food, clothing, shelter, health care, or supervision.

Financial Exploitation

- A person with legal authority making unauthorized use of the vulnerable adult's resources, resulting in a detriment to the vulnerable adult.
- A person without authority using the financial resources of a vulnerable adult, regardless of detriment.

Maltreatment and Self-Neglect

Examples of abuse, neglect, and exploitation which may lead to intervention include:

- An elderly person with Alzheimer's disease is about to have their electricity shut off because they forgot to pay the bill.
- A confused and physically disabled person refuses critical medical care despite urging from friends and relatives.
- Children "borrow" money from an elderly parent, who then lives in a cold house to save money.
- A caregiver steals an elderly person's medications to feed his or her own addiction.

How to Report

1. If the situation is life threatening, call 911.
2. **If not, contact Care Partners staff first to discuss your concerns.** If staff is unavailable, leave a message.
3. Reports should be made within 24 hours. If you do not hear back from Care Partners within that time, call the MN Adult Abuse Reporting Center (MAARC) **844-880-1574**.
4. Questions you may be asked when calling in a report:
 - What happened or is happening?
 - To whom did it happen?
 - When did it happen?
 - Where did it happen?
 - Who is responsible for the abuse, exploitation, or neglect?

If You Aren't Sure

When making a report, you don't have to be certain that someone is a vulnerable adult, or that maltreatment has legally occurred. If in doubt, report. You are responsible only for sharing your observations and concerns. Reports are sent to Cook County Public Health & Human Services, and *they* will determine how best to use the reported information to protect and support the older adult.

Care Partners staff or any of the following agencies can help you work through the decision to report:

- Cook County Public Health and Human Services: 218-387-3620
- Minnesota Elder Justice Center: 651-440-9312
- Violence Prevention Center: 218-387-1262

The Minnesota Vulnerable Adults Act provides immunity from civil and criminal liability when a report is submitted in good faith. Remember, the identity of the reporter is **always** kept confidential.

Aging Awareness & Best Practice

Our clients are all over the age of 60 and many are 80-90 years old. Understanding the changes that occur with age can help us better assist and communicate with the older members of our community.

VISION IMPAIRMENTS

We will not know if a client is bothered by common age-related vision problems. Assume that our clients have had to adapt to some sort of vision changes.

Pupil reaction time. As we age the muscles of the iris lose strength. The pupils become smaller and their reaction to light and dark becomes slower. Example—going from indoors to sunny outdoors.

Cataracts. Symptoms include blurry vision, faded colors, double vision, and difficulty seeing at night. According to the Mayo Clinic, about half of all 65-year-old Americans have some degree of cataract formation in their eyes.

Macular degeneration. Macular degeneration symptoms include a gradual loss of central vision needed to perform everyday tasks like driving or reading, and a reduced ability to see small visual details like fine print or patterns. Macular degeneration can make it very difficult to read or recognize faces, but peripheral vision remains unharmed.

When Assisting Clients

In Person:

- Always ask.
- If the client asks for your assistance let them know exactly how you will assist. (i.e., “I am going to take your right arm with my left arm.”)
- Never grab the person or move something without announcing what you are doing.
- Remember, a vision-impaired person has sight problems, not a hearing loss.
- Speak directly to the vision-impaired person and address him/her by name. Do not hesitate to use such words as see or look; persons with vision impairments use these terms.
- When walking with a visually impaired person, allow him/her to take your arm just above the elbow. Walk at a normal manner and pace.
- If you are writing something, use a dark marker with large print.

By Phone:

- Don't be surprised if the client has trouble reading print that you are able to see quite clearly
- Do your best to describe things that the client cannot clearly see

HEARING IMPAIRMENTS

There is no known single cause of age-related hearing loss. Most commonly, it is caused by changes in the inner ear that occur as we grow older. Our genes and past exposure to loud noise (such as from rock concerts or music headphones) may play a large role.

Hearing impairment is a broad term that refers to hearing losses of varying degrees from hard-of-hearing to total deafness. Hearing-impaired persons vary widely in their communication skills.

When Assisting Clients

In Person:

- You may not be aware that a client is hearing-impaired or deaf. Note if they are wearing a hearing aid, if you have to repeat yourself, or if you must speak louder than normal.
- Hearing impaired/deaf clients need to be able to see your face when you are speaking, so that they may read your lips. They also will be reading your expressions.
- Smile; this a warm and welcoming expression to clients.
- It is often more helpful to speak calmly, slowly, and clearly, than to raise your voice.
- If you are not certain how to assist your client, “just ask.”

By Phone:

- Always introduce yourself
- Speak slowly and clearly
- If in doubt, ask if the client is able to hear you well
- Try not to shout – consider making adjustments to phone placement or volume first

MUSCULAR AND SKELETAL CHANGES

Skeletal After the age of 30 our bones gradually deteriorate. The first few years after menopause, bone loss is especially rapid. Bone density decreases and bones become thinner and more fragile. Bones lose calcium and other minerals. Posture can become progressively hunched over as the spinal vertebrae and the discs between them become thinner and compressed due to loss of minerals and moisture. Joints may become inflamed and less flexible as fluid in joints decreases and cartilage erodes. This is especially common in knee and hip joints. Joints can become stiff due to mineral deposits (bone calcification), common in the shoulders. Movement slows down and may become limited and unstable. Risk of injury increases due to a combination of instability and brittle bones.

MUSCULAR AND SKELETAL CHANGES (cont.)

Muscles Our skeletal muscles lose about 20% of their mass by age 50 and by age 80 they can shrink by about 50%. Loss of muscle results in loss of mobility, agility, and flexibility, resulting in such problems as:

- General weakness
- Tendency to move at a slower pace
- Movement becomes stiffer and less flexible
- Hand grip strength decreases, making it harder to turn handles, open jars, or hold a rail
- Increased chance of losing balance
- More prone to developing arthritis
- Increased risk of injuries

Aging Skin The rate at which our skin ages, is determined both genetically and by external factors. Signs of aging are:

- Thin and transparent skin
- Loss of underlying fat, leading to hollowed cheeks and eye sockets
- Dry skin
- Uneven skin tone
- Insufficient sweating to cool the skin

When Assisting Clients

In Person:

- Communicate what you are doing, and move slowly
- Offer the bend in your elbow to lift and support clients, rather than grab their hands, wrists, or arms
- Spread your stance – feet shoulder width apart, knees slightly bent
- Have clients bear their own weight
- If applicable, make sure clients use their assistive devices, such as walkers or canes
- Avoid bumping clients' skin
- Pay attention to air temperature and client's comfort level —offer a blanket or fan

By Phone:

- Do not be in a hurry – let the client set the pace
- Be considerate of the extra time it may take for them to answer a question or do something (such as answer the phone.)

COGNITIVE IMPAIRMENTS

Although dementia and mild cognitive impairment are more common in older adults, even those who do not experience these conditions may experience subtle cognitive changes associated with aging. Because conceptual reasoning, memory, and processing speed decline gradually over time, clients may experience some reduced ability to process information or articulate their thoughts.

When Assisting Clients

- Always introduce yourself
- Give them plenty of time to respond to your questions and think things through.
- If you find they are struggling for words you can ask them if they would like you to help them with words.
- It also helps to be very concrete in descriptions, use simple sentences and address decisions one at a time.

STRESS/ANXIETY

Natural stress response has an effect on almost every organ and system in the body. Stress responses: our pupils dilate, sweat glands accelerate, heart beat accelerates, breathing becomes rapid, and adrenalin is released to give us energy. It is no wonder as we age we may not be able to handle as much stress, as actually our bodies are aging in that area also.

When Assisting Clients

- Move and speak calmly
- Do not hurry – let the client set the pace
- Be considerate of the extra time it may take clients to answer a question or do something
- Smile (a smile can even be heard over the phone!)
- Affirm and reassure
- Just ask, “How can I assist you?”

*Respect their independence and dignity
Don't presume anything
No matter what their difficulties, treat them as intelligent, wise people*

Care Partners Communication Policies

Volunteers should bear in mind that in many instances their actions and activities will reflect on CPCC and the work of CPCC.

Media Policy

In all instances a client release (in writing) must be obtained prior to using stories, video, or photographs in which the client may be identified.

Social Media Policy

Social media includes personal blogs and other websites, including Facebook, LinkedIn, Twitter, YouTube or others. These guidelines apply whether employees, volunteers, or Board members are posting to their own sites or commenting on other sites:

- Confidential or proprietary information about CPCC may not be shared and client privacy must be maintained.
- Write in the first person and where a connection to CPCC is apparent, make it clear that you are speaking for yourself and not on behalf of CPCC. In those circumstances, include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of CPCC." Consider adding this language in an "About me" section of your blog or social media profile.
- If you identify your affiliation to CPCC, your social media activities should be consistent with CPCC's standards of professional conduct.
- If you communicate in the public internet about CPCC or CPCC related matters, you must disclose your connection and your role with CPCC.
- Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on CPCC, and may result in liability for you or CPCC. Be respectful and professional to fellow employees and clients.
- CPCC strongly discourages "friending" of clients on social media websites, except in unusual circumstances such as the situation where an in-person friendship pre-dates the client relationship.
- CPCC does not endorse people, products, services or organizations.
- Unless approved by CPCC, your social media name, handle and URL should not include CPCC's name or logo.

Getting to Know a Person

How can we get a conversation started with a new companion? Or what might we talk about after the first “getting to know you” visits? You may want to observe the room where you are meeting. Are there photos or objects that indicate a possible hobby, interest, or area of expertise? Books or magazines that tend toward a particular subject matter? Photo albums or scrapbooks can provide openings for reminiscence and discussion. Some of the following questions might also be helpful in getting to know your companion over time.

Tell me about your parents. . . . about your grandparents.

Do you know how they met?

Do you have pictures of them?

What are some of your favorite memories?

What did they do?

What were they like?

What values did you get from them?

When and where were you born?

Did you hear stories about it?

Were you named after anyone?

What are some of your earliest memories?

What were holidays like when you were growing up?

Do you remember the house you lived in as a child?

What were you like when you were a child?

What did your family do for fun?

What kind of chores did you do?

What was your first job? Other jobs?

How old were you when you got TV? Electric lights? A car? Rode in an airplane? Other firsts?

Who were influential people in your life? Influential experiences?

What things did you do that you are especially proud of?

Were there any special turning points in your life?

What were some of the rough times?

What did/do you like doing for fun?

What has stayed the same through life? What has changed? What would you do differently?

What advice would you have for me? How can I prepare for growing older?

What's best about growing old? What's hardest? What frightens you? Then? Now?

How do you feel about retirement?

Do you think about death? What do you think about?

Tips on Developing Relationships with Older People

- Be dependable. Plan a scheduled visit with the older person and call in advance if you are unable to keep an appointment.
- Be patient. You are likely to hear stories repeated. Listen with interest and responsiveness.
- Take time to build a caring, trusting, honest relationship.
- Use your normal volume and tone of voice unless you are asked to do otherwise. Don't talk too fast.
- Face older adults when speaking to them. Older people who have some loss of hearing often look for visual clues.
- Learn to be comfortable with silence. Older adults may want to take some time to contemplate the answer to a question or consider how to respond to you. Allow conversations to unfold at their own pace.
- Learn about the older person's interests and encourage them to talk. You might even ask them to teach you a life skill or hobby you know they enjoy.
- Be cheerful; your mood and attitude may have an impact on the senior.
- Remember that "older adult" is a very broad term that encompasses a potential 30- or 40-year age span. The experiences, circumstances, and challenges of someone in their 60's will differ from an 80-year-old. Respect the changes that you are likely to observe in an older adult over time.
- Don't discount what older people say, or assume they are forgetful.
- Do not take sides in arguments; be reassuring and help them think through alternatives.
- Consider "talking and doing." It may sometimes be easier to converse while working together in the garden, going for a walk, looking at a book, or playing a card or board game than while simply sitting and looking at one another.
- Try not to make assumptions about what an older person thinks or feels. Not all seniors share the same political perspectives, social views, or attitudes about aging.



Volunteer Incident/Accident Report

If there is any sort of incident involving injury to yourself or your client, or an incident involving your vehicle or the client while you are transporting them, contact Senior Services Coordinator or Care Partners Program Director immediately at 387-3788.

Please fill out the form below and return it to Care Partners office within 24 hours.

Volunteer name _____

Date of incident _____ Time of incident _____

Location of incident (address, mile marker, cross-streets) _____

Name of client (if involved) _____

Name of injured party (if any) _____

Description (nature and extent) of injury _____

Witnesses to incident:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Were police or emergency services called? Yes No

If yes, name of the police official or emergency responder _____

Accident report number (if applicable) _____

Describe the incident in your own words with as much detail as possible. (Use separate sheet of paper if necessary.)

If the incident involved a vehicle, complete the other side of form.

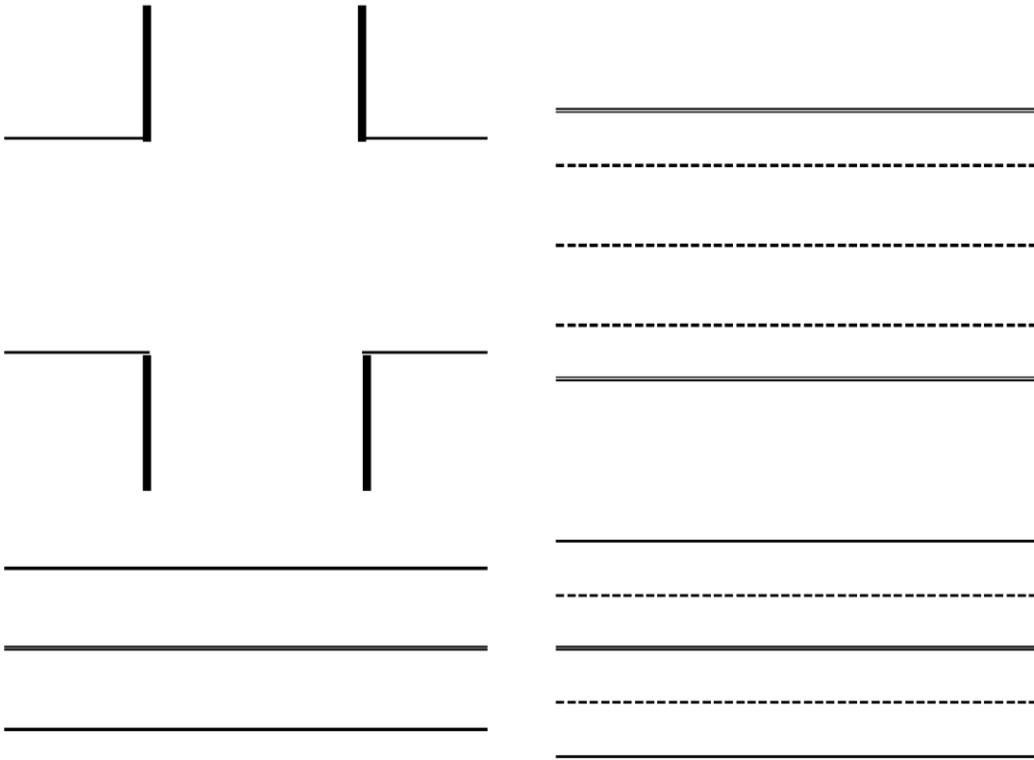
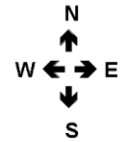
Volunteer Signature _____ Date _____

For incidents involving a vehicle

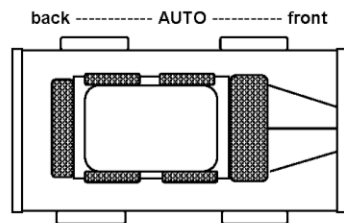
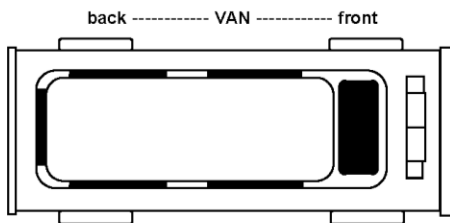
On the diagrams below, please draw the accident.
 (Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle (if any)
- V 3 ▶ Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.



If another vehicle was involved:

Name of other driver _____

Driver's address _____

Driver's phone _____

Driver's insurance company _____

Policy number _____

Damage to other vehicle _____