ARBOR RIDGE

Volunteer Orientation Program

Nursing Care | Assisted Living | Memory Care

OUR MISSION

The volunteer program at Arbor Ridge exists to enrich the daily lives of our residents by bringing the presence, compassion, and energy of the broader community into our care settings. Our volunteers are essential partners in fulfilling our commitment to person-centered care — offering companionship, meaningful activity, and the simple but powerful gift of time.

Program Purpose

This orientation prepares volunteers to serve residents safely, respectfully, and effectively across all three care settings. Completion of all modules is required before beginning independent volunteer activity.

Program Format

In-person orientation session

Introductory accompanied first visit following orientation completion

Ongoing supervision and support through the Volunteer Coordinator

ADMINISTRATIVE REQUIREMENTS

Scheduling & Reporting

Two responsibilities apply to all volunteers throughout their service:

- **Sign-Up:** Sign-Up Genius: Register in advance for all volunteer activities. Do not arrive without having signed up. This allows staff to plan appropriately and ensures adequate coverage.
- **Monthly Report:** Monthly Visit Report: Submit to your Volunteer Coordinator by the 3rd of each month. Include total visits made and, for the one-to-one group, number of individual residents seen.

Reporting Problems & Concerns

Volunteers are an important extra set of eyes and ears for the care team. If you observe anything concerning — however minor — follow this protocol:

- Changes in a resident's condition or appearance
- Resident complaints or distress
- Safety hazards, incidents, or falls you witness
- Any situation that feels uncertain or wrong

> *Step 1: Report immediately to nursing staff on duty in your area.Step 2: Follow up by notifying your Volunteer Coordinator the same day or at the earliest opportunity.When in doubt — report. It is always better to mention something minor than to leave a concern unaddressed.*

MODULE 1

Welcome & Key Staff Introductions

At the start of orientation, volunteers will be introduced to key staff members as available:

- Resident Volunteer Services Coordinators
- Director / Assistant Director of Activities
- Assistant Directors of Nursing Home and Assisted Living
- Nursing representative
- Support Staff

> *Volunteers are encouraged to introduce themselves to nursing staff at the beginning of each visit and to let staff know when they are leaving.*

MODULE 2

The Three-Part Volunteer Program

1 — One-to-One Visitation

One-to-one visitation involves a volunteer spending individual time with a single resident. This is the heart of the volunteer program and the most impactful way to address resident loneliness.

- Activities: conversation, reading aloud, reminiscing, photo albums, cards or simple games, music
- Residents are matched based on interests, personality, and availability
- Typical visits: 20–45 minutes; follow the resident's cues regarding length
- If a resident is unavailable or receiving care, check with staff — do not attempt to wake or interrupt
- All visits must be signed up through Sign-Up Genius

2 — Group Participation

Volunteers play a vital supporting role in group activities — music, trivia, bingo, crafts, holiday events, cooking demonstrations, and intergenerational programs.

- Engage quieter participants, assist with materials, help with setup and cleanup
- Adapt to varying cognitive and physical abilities — move at the resident's pace
- If a resident becomes distressed, notify Activities staff rather than managing independently
- Confirm participation in advance via Sign-Up Genius

3 — Pet Visitation

Therapy animals or approved personal pets visit residents. This program requires additional preparation.

- All animals must have current vaccination records, vetted by the Resident Volunteer Coordinator
- Wash or sanitize hands before and after all animal contact; do not enter rooms with infection precaution signage
- Confirm with Activities staff before approaching a resident — not all residents are appropriate for pet visits
- Animals must stay under handler supervision; volunteers are responsible for all cleanup
- Any animal showing stress or aggression must be removed from the area immediately

MODULE 3

Facility Tour

The following areas will be covered on the walking tour. Refer to the facility map distributed at orientation.

All Settings — Common Areas

- Main entrance, reception, and visitor sign-in procedures
- Restrooms
- Emergency exits and posted evacuation route maps — note the nearest exit to your regular area

Nursing Home (Skilled Nursing Unit)

- Nursing stations — location of charge nurse on duty
- Resident rooms — always knock and wait before entering; introduce yourself clearly

- Dining room — mealtime schedule and visitor policy; confirm with staff before entering during meal service
- Therapy gym — do not enter during active treatment sessions
- Chapel and meditation room

Assisted Living

- Apartment-style rooms — greater privacy expectations; always follow the resident's lead
- Common dining areas, living rooms, and outdoor spaces
- Resident activity board and programming calendar location

Memory Unit (Secured)

- Access protocol: keypad or badge entry — you will be shown how to enter and exit safely
- Environmental features: wayfinding cues, safe walking paths, and sensory spaces
- For first several visits you may be accompanied by Activities staff
- Quiet room / de-escalation space location

MODULE 4

Nursing Home: Setting-Specific Protocols

- Some residents are short-term rehab patients, others are long-term; staff will advise which residents are appropriate for visitation
- Never assist with transfers, repositioning, or mobility — always call for staff
- Call light protocol: if a resident activates their call light, notify staff immediately and stay with the resident
- Meal assistance: social companionship only; feeding assistance requires separate documented clinical training
- Do not touch, move, or adjust IV lines, oxygen, feeding tubes, catheters, wound dressings, or any medical device

MODULE 5

Assisted Living: Setting-Specific Protocols

- Residents retain significant independence — respect their right to privacy, self-direction, and personal schedule
- Never enter a resident's apartment without being invited; if the door is closed, knock and wait
- Volunteers must never handle, remind about, or assist with medications in any form
- Be sensitive to established social dynamics; avoid taking sides in interpersonal matters
- If a resident appears physically unwell or unusually confused, contact on-duty staff

MODULE 6

Memory Unit: Setting-Specific Protocols

Cognitive impairment affects memory, language, reasoning, and behavior — but emotional experience often remains deeply intact.

- Do not correct or argue with a resident about their perceptions, memories, or beliefs
- If a resident is confused about your identity, gently reintroduce yourself each time
- Sundowning: many residents experience increased agitation in the late afternoon — be especially calm and patient
- Elopement risk: always ensure the unit door is fully secured; if a resident is near the exit, do not restrain — calmly redirect and notify staff immediately
- Always approach from the front, make eye contact before speaking, and introduce yourself calmly

MODULE 6A

Communicating with Cognitively Impaired Residents

Understanding the Resident's World

- A resident may not remember your name or last visit, but they will feel the warmth and calm you bring
- Short-term memory is usually more impaired than long-term — conversations about childhood, family, music, or career are often more accessible
- Residents may experience a reality that differs from yours; this is genuine experience, not confusion to be corrected

Communication Techniques

- Always approach from the front; make eye contact before speaking
- Introduce yourself every time: 'Hi [name], I'm [your name], one of the volunteers here'
- Use simple, short sentences and avoid multiple choices — instead of offering three options, suggest one
- Speak in a calm, natural tone; avoid raising your voice unless there is a documented hearing impairment
- Pause after asking a question and allow extra time for responses
- Nonverbal communication is powerful — a warm smile, relaxed posture, and unhurried manner all communicate safety
- Appropriate touch (light hand on hand or forearm) can be reassuring — withdraw immediately at any sign of discomfort

The Validation Approach

Rather than correcting a confused resident, acknowledge the emotion and respond with empathy:

> *If a resident says 'I need to go home and make dinner for my children,' do not say 'You live here now.' Instead try: 'It sounds like you love taking care of your family. Tell me about your children.'If a resident says 'My husband is picking me up at 4 o'clock,' acknowledge the feeling: 'You must be looking forward to seeing him' — then gently redirect to a pleasant activity.*

Redirection

When a resident becomes agitated or distressed, gentle redirection is often effective:

- Introduce a familiar object, photograph, or piece of music
- Shift conversation to a preferred topic — pets, former career, a favorite season or holiday
- Suggest a simple, familiar activity: folding napkins, looking at a magazine, a short walk if permitted
- Your composure is itself a regulatory tool — a calm, unhurried presence helps settle an agitated resident

Behavior Reference

Behavior	What It May Mean	Volunteer Response
Repetitive questions	Anxiety, memory loss, unmet need	Answer calmly each time; do not show frustration
Refusing to engage	Fatigue, overstimulation	Acknowledge kindly; say 'I'll check back' — notify staff if unusual
Calling out or crying	Discomfort, fear, pain	Do not manage independently — notify staff immediately
Mistaking your identity	Memory/visual processing changes	Gently reintroduce yourself; do not play along with distressing identity
Sudden agitation or anger	Overstimulation, fear, pain	Stay calm, lower voice, give space — notify staff if escalates
Wandering toward exit	Elopement risk	Redirect calmly; walk away from door; notify staff immediately

What Volunteers Must Never Do With Cognitively Impaired Residents

- Never argue, correct, or insist on factual accuracy when a resident is in an altered reality
- Never express frustration, impatience, or amusement at confused statements — even subtle reactions can cause distress
- Never make promises about future visits — this can create repeated anxiety when the promise is not recalled
- Never attempt to forcibly orient a resident ('No, it is 2025, you are in Arbor Ridge') — this is ineffective and distressing
- Never assume a non-verbal resident is unaware of your presence, tone, or behavior

A Note for Volunteers: Working with cognitively impaired residents is deeply meaningful but can also be emotionally challenging. If you find visits emotionally difficult, talk with your Volunteer Coordinator. Your wellbeing matters, and support is available.

MODULE 7

Do's and Don'ts

✓ DO	✗ DON'T

- Use Sign-Up Genius for every visit without exception
- Wear your volunteer identification badge prominently at all times
- Greet residents by their preferred name — confirm with staff
- Submit your monthly visit report to your Volunteer Coordinator by the 3rd of each month
- Report any concerns first to nursing staff on duty, then follow up with your Volunteer Coordinator
- Notify staff before leaving if a resident expressed anything concerning during your visit
- Maintain a calm, unhurried manner at all times
- Report any observed fall, injury, or sudden change to staff immediately — do not wait until end of visit
- Follow all posted infection control signage, including isolation precaution notices
- Respect each resident's cultural, religious, dietary, and personal preferences
- Knock and wait before entering any resident's room

- Share personal contact information — phone, address, email, or social media — with residents or families
- Accept gifts, money, or items of value from residents or families under any circumstances
- Make promises you cannot reliably keep, such as guaranteed weekly visits
- Discuss a resident's condition or personal circumstances with anyone outside the care team
- Use a cell phone in resident care areas — step outside or to a designated zone
- Bring outside food or beverages for residents without prior written authorization from nursing
- Photograph residents without explicit written consent
- Express personal opinions about a resident's care plan, medical decisions, or family relationships
- Engage with a resident who is receiving personal care — confirm with staff and return at a better time
- Attempt to physically assist with mobility, transfers, or personal care — always call for staff

MODULE 8

Safety & Emergency Procedures

General Safety

- Never lift, transfer, or physically support a resident — call for staff for all mobility needs
- If you sustain a personal injury, report it immediately to the charge nurse and Volunteer Coordinator
- Report any change in a resident's condition, behavior, or appearance to nursing staff immediately

Emergency Procedures

Emergency Type	Volunteer Role
Fire / Evacuation	Help ambulatory residents toward exits if directed. Do not move non-ambulatory residents without staff direction. Evacuate yourself once staff have the situation in hand.
Medical Emergency	Do not attempt CPR unless certified and directed by staff. Clear the area, stay calm, notify staff immediately.
Aggressive Behavior	Follow staff directions immediately. Do not physically intervene in any confrontation.
Any Crisis	Always follow staff direction. Your safety matters too.

Infection Control

- Hand hygiene: wash or sanitize hands before entering and after leaving every resident room — the single most important infection prevention measure
- Staff will direct you on PPE requirements; always follow posted isolation precaution signage
- If you are ill — any cold, flu, GI symptoms, fever, or active rash — do not come in; notify your Volunteer Coordinator
- Cover coughs and sneezes; sanitize hands after contact with potentially contaminated surfaces

Falls and Incidents

- If you witness a fall: do not attempt to catch or pick up the resident. Stay with them, call for staff, and do not move the resident
- All incidents — falls, injuries, behavioral events — must be reported to nursing staff immediately

MODULE 9

Confidentiality & HIPAA

Volunteers who access resident information — even informally through conversations — are considered part of the facility's workforce for purposes of HIPAA. This means you have legal and ethical obligations regarding resident privacy.

- All information about a resident — diagnosis, medications, family situation, personal history — is confidential
- Protected Health Information (PHI) includes any information that could identify a resident and connect them to their health status
- Social media: you may not post information about residents, their conditions, or facility observations on any platform
- If you inadvertently learn private information during a visit, treat it as confidential — do not share with other volunteers or family members
- Breaches of resident confidentiality may result in immediate termination of volunteer privileges and may have legal implications
- When in doubt about whether something is appropriate to share, ask your Volunteer Coordinator first

MODULE 10

Practical Scenarios & Q&A

The following scenarios will be discussed as a group during the orientation session. There are no single perfect answers — the goal is to practice applying the principles covered in this program.

Scenario 1 — Memory Unit

A resident insists that you are her late husband and becomes very warm and affectionate toward you. How do you respond while honoring her dignity?

Scenario 2 — One-to-One Visitation

During a visit, a resident tells you that staff are neglecting her and that she feels unsafe. What do you do, and what do you not do?

Scenario 3 — Hallway Encounter

A family member stops you and asks how their loved one has been doing and whether they seem happy. How do you respond?

Scenario 4 — Group Activity

During bingo, a resident begins crying and asks to be taken back to her room. The Activities staff member is on the other side of the room. What do you do?

Scenario 5 — Reporting

A usually talkative resident seems very lethargic and unresponsive near the end of your visit. What steps do you take?

> *Open Q&A: Use remaining orientation time to ask questions about any aspect of the program before completing your sign-off.*

MODULE 11

Sign-Off & Next Steps

Before You Leave Today

> *If there is anything you are unclear about — please ask! No question is too small.*

Your First Visit

Your first independent visit may be preceded by at least one accompanied visit with an Activities staff member. They will introduce you to residents and answer any final questions.

Ongoing Support

- Your Volunteer Coordinator is your primary resource for any questions, concerns, or scheduling matters
- Do not hesitate to ask for support — whether after a difficult resident interaction, an emotional experience, or simply not knowing what to do in a situation

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Thank you for your time, your compassion, and your commitment to our residents.

Welcome to the Arbor Ridge volunteer family.