The Center for Volunteer Caregiving is a private, nonprofit, faith-based organization formed in 1992. Our mission is to engage the community in providing volunteer services to improve the lives of seniors, family caregivers, and adults with disabilities.

Handbook Revised August 2017
The Center for Volunteer Caregiving Welcomes YOU!

Thank you for attending this orientation session with The Center for Volunteer Caregiving. We are very excited and grateful that you want to share your time and talents with our agency and with the people we exist to serve.

The Center is dedicated to meeting the needs of seniors, adults with disabilities and their family caregivers in Wake County through a “neighbor helping neighbor” approach to caregiving. Our goal is to provide volunteer services to help our friends and neighbors live as independently as possible for as long as possible, while maintaining their dignity and quality of life.

Because the services we offer to our Care Receivers are provided through Volunteers, you are important to us. We are committed to working with you to ensure that your volunteer experience is both positive and meaningful.

The policies and procedures in this Volunteer Handbook were developed for the benefit of our Care Receivers, Volunteers, and The Center’s Board and staff. Please keep this handbook nearby for reference when you have questions, and please do not hesitate to contact us with any additional questions, concerns, or suggestions.

Staff Directory:

Main office: 919-460-0567  Fax: 919-466-8029
Email: caregiving@ctrvolcare.org
Executive Director: 919-460-0567, ext 1
Program Manager: 919-460-0567, ext 2
Caregiver Support Coordinator: 919-460-0567, ext 3
Services Coordinator: 919-460-0567, ext 4
Transportation Coordinator: 919-460-0567, ext 5
Financial Coordinator: 919-460-0567, ext 6
Community Engagement Coordinator: 919-460-0567, ext 227
Table of Contents
The Center for Volunteer Caregiving
Volunteer Handbook

Cover page
Welcome
Table of Contents

Section 1: Basic Information about The Center
Mission and Vision
History of The Center
Overview of The Center and Its Services
How We Make the Match

Section 2: Basic Information for Volunteers
General Volunteer Policies and Guidelines
Volunteer’s Rights and Responsibilities
Scope/Limits of Volunteer Responsibilities
Setting Boundaries
Confidentiality
What to Do in an Emergency

Section 3: Transportation Services

Section 4: Friendly Visiting/TeleCare Services

Section 5: Light Housekeeping Services
Light Housekeeping vs. General House Cleaning Chart
Home Safety Checklist

Section 6: Paperwork/Light Yard Work Services

Section 7: Shopping/Running Errands for Care Receivers
Shopping Log
Section 8: Respite/Caregiver Support Services
Talking with People with Memory Disorders
Designing Activities
Resource List for Caregivers

Section 9: Reporting Requirements
Reporting Mistreatment/Common Indicators
Accident/Incident Reports
Personal Site User Guide and FAQ

Section 10: Appendix
Typical Aging-Related Changes
10 Warning Signs of Alzheimer’s Disease
Communicating with Care Receivers
Active Listening
How to Assist Care Receivers: General Guidelines
Community Resources
Section 1:
Basic Information about The Center

"The Center is an absolute life-saver to me. It is the best service in Raleigh. The volunteers are the greatest."

BS, Care Receiver
The Center for Volunteer Caregiving

**Mission**
The Center for Volunteer Caregiving’s mission is to engage the community in providing volunteer services to improve the lives of seniors, caregivers, and adults with disabilities.

**Vision**
The vision for The Center for Volunteer Caregiving is a community where people of all ages are connected, valued, and cared for.

**Values**
In everything we do, we will conduct ourselves with integrity, caring, and compassion.

---

Formal Service Providers ➔ The Center ➔ Informal Caregiving

↓ ↓
Wake County Seniors

Family Caregivers

Adults with Disabilities

The Faith Community

Partner Organizations

Volunteers

A Link Between the Formal and the Informal
Organizational Profile

Background

While attending an AARP conference at the age of 85, John Meares, Sr., a member of the First United Methodist Church of Cary heard about a Faith in Action program and brought the idea back to his community. Local churches organized, wrote a grant and were awarded a $25,000 grant from the Robert Wood Johnson Foundation. **Wake Interfaith Volunteer Caregivers** was established in 1992 with a goal to unite the faith community and other volunteers in a concerted effort to offer neighborly assistance to older adults, adults with disabilities and family caregivers.

In 2000, the name was officially changed to **The Center for Volunteer Caregiving**. The Center will celebrate its 25th anniversary in 2017 and has a proud history of consistency to its mission. From its inception, the organization has provided volunteer service to provide escorted transportation for basic needs, help with chores around the house and respite for caregivers. The original program model, still relevant, focused on a systematic approach to volunteer service that included training and support for volunteers, coordinators to help organize efforts, established process and procedures with professional guidance and liability insurance coverage. This approach bridged the formal and informal systems of caring and has been a vital solution to helping people remain at home as long as possible in the Wake County community.

The Center for Volunteer Caregiving is governed by a Board of Directors with fourteen members and an Honorary Board. Board composition includes representation from the geographic areas served with corporate and community members representing legal, human resources, financial, information technology and social services. Funding is diversified and includes federal, state, local grants, foundation funding, and the faith community and individual donors.

Staff includes an Executive Director, Administrative/Financial Coordinator, Program Manager, Community Engagement Coordinator and three Services Coordinators. Client referrals come from the medical community, other nonprofit organizations and self-referral. Priority is given to those of greatest social and economic need without the support of family and friends. Direct service clients average approximately 500 with significant more reached through educational workshops and phone support.
Active volunteers typically number from 400-600 and vary in time commitment from 2-4 hours weekly to a few hours a month. Volunteers are recruited from the faith community and community at large with increasingly more finding The Center through an internet search. Staff capacity and number of volunteers serving is at a historical high.

The Center for Volunteer Caregiving is now affiliated with the National Volunteer Caregiving Network, is a Certified Community Impact Partner with United Way of the Greater Triangle, a member of the NC Center for Nonprofits and a 2013 GSK Community Impact Award winner. No longer simply a grassroots organization, but a fully aligned partner with the nonprofit community serving older adults and adults with disabilities in Wake County.
Basic Overview of The Center and Its Services

The Center for Volunteer Caregiving provides the following volunteer services to help Wake County seniors, family caregivers, and adults with disabilities maintain their independence, dignity, and quality of life:

- Transportation
- Shopping/Running Errands for Care Receivers
- Respite/Family Caregiver Support
- Light Housekeeping
- Friendly Visiting
- TeleCare
- Light Yard Work
- Help with Paperwork

Who Is Eligible for Services?
- Resident of Wake County, living at home, not in a long term care facility.
- Age 60 or above with economic or social needs that put them at risk of compromised health or institutional placement
- Age between 18 and 60 with a disability or chronic health issue that put them at risk of compromised health or institutional placement

Honoring the intentions of The Center’s founders and consistent with the guidelines in the Older Americans Act, and depending on the geographic availability of Volunteers, priority for services is given to:

- Care Receivers with the greatest economic need
- Care Receivers with the greatest social need
- Care Receivers at risk of institutional placement

Direct services are provided through Volunteers, so services are dependent on their availability. Volunteers determine what tasks they are willing to do, where they will go, and when they are available.
There are no fees for services and no income eligibility requirements, although Care Receivers are given the opportunity to make a contribution to The Center. Making a contribution is absolutely voluntary and in no way impacts whether a service is provided, the quality of the service, or the volunteer assignment.

How Do We Find Care Receivers/How Do They Find Us?
- Family and friends
- Referrals from hospitals, home health agencies, social service agencies (both public and private), congregations, and health care providers
- Referrals from Resources for Seniors (Wake County’s Council on Aging), AARP, The Triangle J Area Agency on Aging, and other agencies which support older adults and adults with disabilities
- Individuals who refer themselves
- Health fairs or other community events in which The Center participates

Our Structure
The Center includes a small core of paid Staff who mobilize Volunteers to perform specific services for qualified Care Receivers. Services are coordinated through The Center’s Staff and through Volunteer Coordinators within our Partner Organizations.

[*Active Care Receivers who move from any independent living situation to a facility providing care (e.g., assisted living, nursing home) may continue to receive friendly visiting or TeleCare services in the spirit of maintaining an existing relationship with a Volunteer and in keeping with our mission. However, a new Volunteer will not be assigned.]
How We Make the Match
The Basic Process for Matching Volunteers with Individual Care Receivers

Initial Care Receiver (CR) Inquiry
↓
Staff gathers necessary CR information by phone
↓
Info entered into database and assessment is scheduled
↓
CR assessment completed
↓
“Job” is set up in database for selection by volunteers
↓
Staff calls to insure match is still appropriate
↓
YES
↓
CR is informed of match
→ YES →

Initial Volunteer Inquiry
↓
Volunteer registers for Volunteer Orientation
↓
Volunteers attend orientation/interview, and background/reference checks are completed
↓
Potential CR matches are identified from Personal Site
↓
CR search continues until suitable match found
↓
Volunteer/CR match process begins over again, with priority status for both.
↓
Volunteer is informed of match and given contact and emergency information for CR. Volunteer contacts CR to begin services.
Section 2:
Basic Information for Volunteers

“Volunteering has changed my life and my values. Serving through The Center for Volunteer Caregiving has been a far bigger blessing to me than I could ever repay. It’s fun, it feels good and it’s taught me a lot about life.”

Anonymous
General Volunteer Policies and Guidelines

Who Can Be a Volunteer Caregiver?
The Center’s Volunteers who provide direct services for Care Receivers must be 18 years old and are required to:

- Complete a Volunteer Application.
- Complete Volunteer Orientation
  - Via online with an interview with staff
  - Via in-person group session.
- Provide 2 personal, non-family references that support eligibility.
- Undergo a criminal background search.
- Provide a copy of a valid NC driver’s license (or other valid NC ID if not transporting a Care Receiver). Members of the military or Triangle area college students may serve with a valid driver’s license/ID from another state.
- Provide proof of automobile liability insurance.
- Sign the “Volunteer Acknowledgment and Agreement” form.

What Is the Role of Friends and Family Members?
Only those who attend the Volunteer Orientation and complete the process outlined above are authorized to provide services to Care Receivers on behalf of The Center. These responsibilities cannot be transferred to any other person, such as a family member, co-worker, or employee.

After notifying The Center and with permission of the Care Receiver, a trained Volunteer may be accompanied by an adult friend or family member when providing a service. The Center will not be responsible/held liable for anyone other than the trained Volunteer.

How Can Children and Teenagers Be Involved?
Before allowing children or teens to participate in a visit or any other volunteer caregiving activity, the adult Volunteer must have made at least one visit or contact with the Care Receiver. The Volunteer must also discuss whether or not a visit by children would be welcome or appropriate. Volunteers should be aware that some older adults and adults with disabilities many not have been around young children for quite some
time. Adult Volunteers are responsible for the behavior of the children during the visit. They may want to bring an activity that the child can share with the Care Receiver. Adult Volunteers should prepare the children for the visit by discussing any special needs of the Care Receiver.

**Who Can Be an Office Volunteer?**
Office Volunteers must be at least 15 years old and complete a screening process, which includes the following:
- Telephone interview with a supervising staff member
- Volunteer application
- Personal reference checks that support eligibility
- A criminal background search
- Signed “Volunteer Acknowledgment and Agreement” form

Office Volunteers must adhere to the established policies and procedures of The Center.

Individuals seeking to volunteer for **court-ordered community service hours** may only serve as office volunteers, at the discretion of The Center staff.

**What About Volunteer Groups?**
The Center recommends that a trained Volunteer accompany and supervise any group providing services as a team. If it is not possible or feasible for any team member to attend orientation, a group may provide team services with the consent of the Care Receiver and with the understanding of the following:
- Care Receivers may or may not have had an in-home assessment
- Volunteers may or may not have attended orientation
- Youth groups MUST be accompanied and supervised by adults
- The Center will not be held liable for any incidents.

**What About Volunteer Liability?**
In North Carolina, a volunteer who in good faith performs reasonable services for a charitable organization is not liable in civil damages for acts or omissions resulting in injury, death, or loss arising from the services rendered, UNLESS the acts or omission of the volunteer amount to gross negligence, wanton conduct or intentional wrongdoing or the acts of
omission occurred while the volunteer was operating a motor vehicle. A volunteer is deemed to have waived immunity to the extent that he/she has liability insurance. (N.C. Gen. Stat. §1539.10, Charitable Volunteers).

The Center for Volunteer Caregiving has a non-owned auto insurance policy that acts as secondary coverage for Volunteers. In the event of an accident that occurs while the Volunteer is providing services for a Care Receiver, the Volunteer’s insurance policy is primary and is at risk up to the coverage limits. If the damages or judgment exceed the Volunteer’s policy limits, then the agency’s policy may provide additional coverage.

Volunteers performing reasonable services for The Center must be acting within the scope of their volunteer roles and abiding by The Center’s policies and procedures. Volunteers who render any unauthorized services are solely liable for any consequences that arise out of such prohibited activities. See “Scope/Limits of Volunteer Responsibilities” in this section of the Volunteer Handbook for clarification of the volunteer role.

**Gifts/Tips/Solicitations**
Volunteers are not permitted to accept money or personal gifts of any significant value from Care Receivers or their families. If Care Receivers or their families want to give a gift, the Volunteer should suggest that they make a contribution to The Center for Volunteer Caregiving.

Volunteers may not promote or solicit for their own business, charity, or political agenda while volunteering with Care Receivers.

**Complaint/Grievance Policy**
Volunteers are encouraged to bring any and all questions, concerns and suggestions for improvement to their Coordinators and/or The Center’s Staff. Every effort will be made to ensure that each Volunteer has a positive experience of service. Partner Coordinators and The Center’s Staff are available to assist Volunteers with problem solving and decision-making and to help both Volunteers and Care Receivers understand the parameters of the program as well as appropriate roles and boundaries.
Any Volunteers who have concerns about their volunteer assignment should first discuss the situation/concern with their Coordinator. Their Coordinator may be the Volunteer Coordinator at one of The Center’s partner organizations, or the Services Coordinator, Transportation Coordinator, or Caregiver Support Coordinator employed by The Center.

If the problem or concern remains unsolved after contact with their Coordinator, or if Volunteers have concerns about their Coordinator, Center staff, and/or programs, they should contact the **Program Manager** at **919-460-0567** or caregiving@ctrvolcare.org. Volunteers may also request the Program Manager’s confidential voice mail if he/she is not available.

If the problem remains unresolved after contact with the Program Manager, or if the Volunteers want to appeal any decision(s) made, they should contact the **Executive Director** at **919-460-0567**, and he/she will direct them about the next steps that may be taken.

**Reasons for Disqualification or Dismissal of Volunteers**

All Volunteers are expected to conduct their duties in full compliance with the law and in an honest, fair, and courteous manner. Although The Center acknowledges there must be flexibility in dealing with Volunteers, occasionally Volunteers may be disqualified or dismissed for, but not limited to, the following reasons:

- Persistent disregard for the policies and procedures established by The Center
- Any impairment of a caregiving team effort
- Unreliability with activities concerning the Care Receiver or his/her family
- Conduct that brings discredit to The Center or interferes with service provision
- Disqualifying Factors as stated in the Town of Cary, Policy Statement 154, Volunteer Background Investigations, updated 12/13/2012
Procedures for Dismissal

Defined procedures will be followed in the dismissal of a Volunteer. However, with the approval of the Program Manager or Executive Director, a Volunteer may be released without advance notice or without any opportunity to appeal the decision or be reinstated as a Volunteer in the future.

Unacceptable behavior which does not lead to immediate dismissal will be dealt with in the following manner:

- Reminder via best method of communication (phone, e-mail, etc.)
- Written warning
- Telephone counseling session with appropriate Center Staff
- Termination
Volunteer Rights and Responsibilities

Volunteer Rights (What Volunteers Can Expect from The Center)

- To be assigned a job that is meaningful, worthwhile and challenging.
- To receive an orientation and the training/supervision necessary to do the job.
- To be trusted with confidential information necessary to carry out your assignment.
- To know to whom you are responsible and who will answer your questions.
- To work in situations which are not hazardous to your well-being.
- To have your volunteer role thoroughly explained and to know what is expected of you prior to starting your volunteer assignments.
- To feel that your efforts have a real purpose and contribute to the organization’s mission.
- To receive feedback on the work that you perform.
- To be treated with respect at all levels of the organization.
- To be kept informed about relevant matters within the organization.
- To expect that your time will be used wisely through the organization’s best efforts at planning and coordination.
- To determine the number of hours you can work and the services you will offer.
- To refuse any assignment or request a reassignment.

Volunteer Responsibilities (What The Center Expects from Volunteers)

- To be punctual and dependable in assignments.
- To notify your Coordinator as soon as possible if unable to fulfill an assignment.
- To follow The Center’s policies and procedures as outlined in this Handbook.
- To honor the confidentiality guidelines.
- To report promptly any unusual or unexpected incidents related to assignment and to report mistreatment of older and other adults with disabilities.
- To respect people of different backgrounds, family situations, values and spiritual beliefs and understand that the Volunteer role does not include witnessing or proselytizing.
- To honor the importance of communication with your Coordinator and Center staff by promptly returning e-mail messages and phone calls and by providing The Center with updated contact information.
- To let your Coordinator know about any problems or concerns.
- To report service on your Personal Site.
- To update The Center with current information each time your NC driver’s license or auto liability insurance is renewed.
- To show the same respect for your Care Receiver that you would for a close friend or family member.
- To end well. If you need to end your Volunteer assignment for any reason, please notify your Care Receiver and your Coordinator to let them know.
Scope/Limits of Volunteer Responsibilities

- Volunteers should perform only assigned duties. Requests for additional services for a Care Receiver are to be made through The Center for Volunteer Caregiving office.
- The Center for Volunteer Caregiving will not share the phone number of any Volunteer with the Care Receiver and recommends that Volunteers not share their phone numbers.
- Volunteers should not take sides in the personal problems of a Care Receiver, especially those involving the Care Receiver’s family.
- Volunteers are not to give Care Receivers advice on legal, medical, financial, investment, insurance, banking, or personal issues.
- Volunteers are not permitted to sign checks or legal documents of any kind on behalf of the Care Receiver.
- Volunteers must not be named on any type of bank account, insurance policy or other document as a co-signer or beneficiary of funds.
- Volunteers may not be given any form of power of attorney or permission to act on behalf of the Care Receiver.
- Volunteers are not permitted to lift or transport wheelchairs, although they may push Care Receivers in wheelchairs.
- Volunteers are not permitted to provide any personal care services for Care Receivers, including bathing, toileting, and dressing. The Center is not a licensed home health agency.
- Volunteers should not handle hazardous waste.
- Volunteers are not permitted to count out or administer medications, either prescription or over-the-counter, to Care Receivers. Volunteers may remind Care Receivers to take their medication.
- Volunteers must respect the spiritual and religious practices of the Care Receiver, the primary caregiver, and the family. The Center offers services to Care Receivers from many faith traditions, as well as those who have no faith tradition. Volunteers must never use their relationships with Care Receivers to witness or proselytize for a particular religion.
• Volunteers may not promote or solicit Care Receivers for their own business, charity, or political agenda.
• Volunteers should not expose Care Receivers, caregivers or other family members living in the household to a contagious disease. If you develop a cold, flu, fever, etc. or become exposed to a contagious disease, notify The Center immediately so that other arrangements can be made to cover your assignment until you are well.
• Volunteers should never loan money to Care Receivers and should never accept money for services provided. If Care Receivers or their families want to give a gift, the Volunteer should suggest that they make a contribution to The Center for Volunteer Caregiving.
• Volunteers are not permitted to drive a Care Receiver’s vehicle.
• Volunteers are not permitted to use ladders (other than a stepladder with 2 to 3 steps) or chain saws.
• If in doubt about whether to do something a Care Receiver requests, don’t do it! Contact The Center or your Coordinator.
Setting Boundaries

Boundaries are the healthy limits in adult relationships that allow us to expend energy in our interactions with others while maintaining the energy we need to care for ourselves. Boundaries allow us to say no when the expectations of others go beyond the scope of what we can give.

(From Faith in Action for Cass County, MN)

What Happens When You Cross Your Boundaries

- When helping, you will inevitably create a personal emotional investment in your Care Receiver/s. If you are helping in areas where “you don’t really want to,” you may feel as though the Care Receiver is ungrateful for all that you are doing. This can lead to anger at the Care Receiver.

- By crossing boundaries, you “enable” the Care Receiver. You may cause them to rely on you rather than make decisions for themselves, take action to help themselves, or enlist the help of family members, who could be encouraged to take more responsibility for their care.

- Giving Care Receivers more time than you previously agreed to can cause them to demand services and time above that of your Volunteer service commitment. This may cause burnout and eventually take the joy out of being a Volunteer.

- It may confuse the relationship if you cross the boundaries that have been set and then try to return to original boundaries. Care Receivers may wonder why you stayed or performed a certain task before and will not do it now. They may feel as though you are rejecting the relationship, rather than the task. It is vital to communicate what you are there to do and how long you can commit at the beginning of the relationship.

Boundary Tips for Volunteers

- DO NOT give Care Receivers your phone number. (Dial *67 first.)

- Inform the Care Receiver up front what you can do and how long you can stay.
• It’s OK to make statements about what you are willing to do and not do.

• It’s OK to turn down a request from a Care Receiver. You can offer to refer needs you can’t meet to The Center.

• It’s OK to say no and even to say it again if it isn’t heard the first time. It isn’t necessary to offer excuses or justifications for saying no.

• **Please** say no if a Care Receiver requests you to do something you are not comfortable with doing, if you do not have time to do something you are asked to do, if you feel incapable or inadequate to do something you are asked to do, or if you are being asked to do something outside of the scope of your role as a Center Volunteer.
Confidentiality

Confidentiality relates directly to the bond of trust between The Center for Volunteer Caregiving and the Care Receivers who request our assistance. The Center and its Volunteers have an obligation to our Care Receivers both to maintain their confidentiality and respect their privacy.

The Center requires that Volunteers keep confidential at all times, both during and after their involvement with Care Receivers, any personal information they learn about their Care Receivers and their situations. Volunteer should express concerns about their assignment with their Care Receivers only with their Coordinators or The Center’s staff.

At times, Volunteers may find themselves in situations in which they see and hear things that are meant to be kept confidential but are important not to ignore for the health and safety of the Care Receiver. Please note that it is not a violation of The Center’s Confidentiality Policy to report suspected mistreatment to Adult Protective Services. (See “Reporting Mistreatment” in Section 9).

Volunteers may share information about resources (see “Community Resources” in the Appendix), with their Care Receivers, but they should always discuss the situation with their Coordinator or The Center’s staff and get permission from the Care Receiver before making referrals to other agencies.

Volunteers must agree that:

- They will not disclose the identity of any Care Receiver to anyone outside of the Volunteer team or The Center for Volunteer Caregiving staff. Care Receivers have a right to expect confidentiality.
- They will not disclose personal information that they are privy to through their Volunteer caregiving role to anyone outside of the Volunteer team or The Center’s staff.
- They will disclose to the Coordinator or The Center staff information about situations that may be potentially harmful to their Care Receivers or that may jeopardize The Center or its programs.
What to Do in an Emergency

Emergency situations, although rare, can occur whenever Volunteers are on assignment with Care Receivers. The Center’s Volunteers should remain calm, focus on the person in need, and immediately notify the proper authorities for emergency assistance. **Volunteers should not try to handle emergency situations on their own and should never take responsibility for transporting ill or injured Care Receivers.**

Volunteers who are matched one-on-one with a Care Receiver should always have the name and phone number of an emergency contact for the Care Receiver. The Center or its partners will make every effort to see that you are provided this information at the time of a match, but please insist on it if for some reason we fail to provide it for you. Keep this information with you so that you can access it in an emergency.

Volunteers who are providing occasional transportation for a variety of different Care Receivers will not have emergency contact information for their Care Receivers ahead of time, but the Care Receivers should have that information with them when being transported. Special emergency procedures for TeleCare Volunteers are included with the information about TeleCare services in Section 7.

**What do you do if you arrive at the Care Receiver’s home for a pre-arranged visit or appointment and no one comes to the door?**

1. If you have your cell phone with you, call the Care Receiver.
   - However, if you see anything suspicious or alarming (broken glass, windows or doors that appear to have been forced open, smell of gas, etc.), you should **GO TO A SAFE PLACE AND CALL 911 immediately.** Then try to call the Care Receiver and The Center who will notify the Care Receiver’s emergency contact.
   - When calling the Care Receiver, please let the phone ring at least 10 times prior to hanging up. If the Care Receiver does not answer, hang up and try again in a few minutes. Please make 2-3 attempts to telephone the Care Receiver. There are several non-emergency reasons that may prevent...
the Care Receiver from answering the door or phone immediately, such as having lost track of time, walking slowly to the door or telephone, or using the bathroom.

2. If you cannot reach the Care Receiver by phone, check the front and back yards and look through the doors and windows, if possible. Make sure that you have knocked and rung the doorbell. **DO NOT ENTER THE HOUSE ON YOUR OWN.**

3. If you still cannot reach the Care Receiver, call The Center and let staff know that the Care Receiver did not answer the door when you arrived for your scheduled appointment. The Center’s staff will try to reach the emergency contact or any other contact on record. This person may have additional information about the Care Receiver’s whereabouts or situation. If the emergency contact cannot provide any information or is not available to check on the Care Receiver, then staff will call 911 and ask the police or sheriff’s department to check on the welfare of the Care Receiver. If it is **outside of business hours**, call 911.

4. Please stay near the scene until the emergency contact or emergency personnel arrive. The Volunteer’s responsibility for the Care Receiver ends when the emergency contact or emergency personnel arrive.

**What do you do if your Care Receiver falls or there are other emergencies?**

1. Call 911.

2. Keep the Care Receiver comfortable and be as reassuring as possible.

3. Call The Center who will try to reach the emergency contact or any other contact on record.

4. Stay with the Care Receiver until the emergency contact or emergency personnel arrive.

5. The Volunteer’s responsibility for the Care Receiver ends when the emergency contact or emergency personnel arrive.

6. Report the situation to your Coordinator or The Center as soon as possible after emergency personnel have the situation under control.
What do you do if your Care Receiver doesn’t answer the phone or door for an unscheduled call or visit?
This is tricky since there are many non-emergency reasons a Care Receiver might not be available; however, once you have established a relationship with your Care Receiver and know his/her patterns, concern may be warranted.

1. Try to call the Care Receiver at least 3 times at 10 minute intervals, letting the phone ring at least 10 times prior to hanging up. Many of the Care Receivers walk slowly and may take a while to reach the telephone.

2. If after at least 3 unsuccessful attempts to reach the Care Receiver, call The Center for Volunteer Caregiving.

3. The Center’s staff will try to reach the emergency contact or any other contacts on record. This person may have additional information about the Care Receiver’s whereabouts or situation. If the emergency contact cannot provide any information or is not available to check on the Care Receiver, then staff will call 911 and ask the police or sheriff’s department to check on the welfare of the Care Receiver.

4. If this situation arises during the evening or on a weekend when the office is not open, call 911 and ask the police or sheriff’s department to check on the welfare of the Care Receiver. You can leave your number for a call back if you wish.

5. Please call The Center for Volunteer Caregiving to inform staff of the situation if you have not already done so.
Section 3:
Transportation Services

“The people who drive me to my appointments or when I need a ride could not be any nicer. The caregivers are my friends. Thank you for all your help. Thank you very, very, very much.”

BO, Care Receiver
Transportation

The Center offers two kinds of transportation services for Care Receivers.

1. Requests for rides for medical/dental appointments and other basic needs of an occasional nature, such as trips to a food pantry or government office, are called in to the office by Care Receivers on an as-needed basis and coordinated through The Center. When there are still ride requests that have not been matched, volunteers who have agreed to provide this transportation receive emails which describe the requests and reminding them to log into their personal sites and sign up for a ride if they are available to assist with a particular request. Most rides are for appointments in Wake County, although Volunteers may be asked to transport Care Receivers to major medical centers such as Duke or UNC on occasion, when appropriate resources are available.

2. For regular transportation for grocery shopping or other essential errands, such as trips to the bank, pharmacy, or discount stores (e.g. Target, Wal-Mart), Volunteers are assigned an ongoing match with a specific Care Receiver. Typically these rides are provided for Care Receivers 1 to 2 times per month. Transportation for social or religious activities will be coordinated by partner organizations.

General Transportation Policies

The policies below apply to both occasional and regular transportation services provided by Volunteers of The Center. Standards specific to each transportation service follow these general policies.

- Volunteers who transport Care Receivers must be at least 18 years of age and have a clean driving record for at least 2 years.
- Volunteers who provide transportation services must have a vehicle in proper working condition that is duly licensed and insured. Volunteers who transport Care Receivers must have a valid North Carolina driver’s license.
(Exceptions will be made for members of the military or Triangle-area college students from out of state who have valid licenses from other states.) Copies of the driver’s license and proof of automobile liability insurance coverage must be provided to The Center.

- Volunteers transport Care Receivers in the Volunteer’s vehicle. The Center is happy to provide an individual record of miles driven by Volunteers for tax purposes, based on the Volunteer’s submitted time sheets.
- When funding allows, gas cards are distributed by The Center to those Volunteers providing extraordinary service as drivers.
- Seat belts must be used by the driver and all passengers.
- Care Receivers should have their medication/emergency contact list with them when they are being transported by Center Volunteers. Volunteer drivers should remind Care Receivers of this requirement and ask where the information can be found (wallet, purse, etc.) in an emergency.
- The Center requires that Care Receiver be able to get into and out of a car independently or with minimal assistance. Volunteers may assist Care Receivers, but they are not permitted to lift or carry them. Volunteers may transport canes and walkers, but they may not lift or transport wheelchairs. Care Receivers who use wheelchairs are advised that Volunteers may push them to the car, but they must be able to get out of the chair and into the car seat on their own. Care Receivers must make sure that a wheelchair (or scooter or whatever is needed) is available for them at the other end of the ride.
- Volunteers may only transport Care Receivers. Volunteers may transport another family member only if that family member is also a Care Receiver. Volunteers may not transport the minor children of Care Receivers or the hired aides of Care Receivers.
- Volunteers should never take responsibility for transporting an ill or injured Care Receiver in their own cars. In those emergency situations, the Volunteer should call 911 for an ambulance and stay with the Care Receiver until it arrives. If an emergency occurs en route, the Volunteer should pull over to a safe place and call 911.
- Volunteers are not permitted to drive the Care Receiver’s vehicle.
- Since the safety of Care Receivers is the highest priority, Volunteers are encouraged to have cell phones in their vehicles for emergency situations, but are asked not to use them while driving.
- Volunteers should always have available the Care Receiver’s phone number in order to call if the Care Receiver does not come to the door.
- Volunteers are to obey all traffic laws, regulations, and speed limits. Volunteers are expected to be safe and courteous drivers.
- Volunteer drivers should be aware of the physical limitations of the Care Receiver in terms of climbing steps or walking distances. Volunteers should drop the Care Receiver as close to the door as possible. Volunteers should not park in handicap parking unless proper identification is displayed in the car. Some Care Receivers may have an approved parking pass to display.
- If pavement is wet or icy, Volunteers should ask Care Receivers to wait for them to allow them to assist to prevent falls. Volunteers should generally offer their arm in the manner of escorting a person. Volunteers should not cling to or hold anything other than the Care Receiver’s arm—anything more could throw them off balance.
- If weather is inclement and poses a safety hazard, or if Volunteers are uncomfortable providing transportation because of road conditions, they should call The Center and the Care Receiver as soon as possible to let them know about the cancellation of the ride.
- In the event of an accident, the Volunteer’s auto insurance policy provides the primary coverage and is at risk up to the coverage limits. The Center also carries a non-owned automobile liability policy that acts as secondary insurance. If the damages or judgment exceed the Volunteer’s policy limits, then the agency’s policy may provide additional coverage.

**Mileage:**

- The Center attempts to make Mileage Reimbursement available through special grant funding. As long as these funds are available reimbursement
will be made for any miles driven to medical appointments while the Care Receiver is in the vehicle.

- Reimbursements are not taxable income. If reimbursement is received, the volunteer cannot claim the charitable driving deduction when filing taxes. Volunteers who receive mileage reimbursement might be able to claim miles driven to and from the Care Receiver’s home other than those in which the Care Receiver was in the vehicle. (Confirm with your tax advisor.)
- Please submit a completed Reimbursement Request by the 5th of each month. Reimbursement is checks will be cut on a quarterly basis the last week of the quarter- October, January, April and July, so long as funds exist.
- All volunteer, regardless of whether or not they send in mileage reimbursement forms, are expected to report their hours on their personal sites. Hours for completed rides should be reported in the month in which they are performed. By reporting hours through your personal sites we can report back to you hours and mileage for tax purposes and also provide requested information from our funders. (See Section 9)

**Standards for Medical Transportation/Other Occasional Ride Requests**

Requests for medical/dental appointments and other basic needs of an occasional nature, such as trips to a food pantry or government office, are called in by Care Receivers and coordinated through The Center. The Center asks that Care Receivers request rides at least 7 days in advance of their appointments. For an enrolled Care Receiver, The Center staff will try to find a Volunteer driver for an urgent (not emergency) appointment with less than 7-days-notice (e.g., a follow-up medical appointment or re-check).

**Reviewing Ride Requests**

- The Center’s Transportation Coordinator will give Volunteers the name and address of the Care Receiver, the appointment time, and
the location and phone number for the destination, along with information about any special arrangements.

- Medical and other occasional ride requests are generally for round-trip services, although one-way trips may also be provided. Rides for appointments that will be 2 hours or longer may be split into 2 one-way ride requests: one driver taking someone TO the destination, and a different Volunteer picking someone up FROM the destination.
- A Volunteer should allow a minimum of 2 hours to complete a round-trip ride assignment. The Volunteer should also have some flexibility to allow for unanticipated delays. Volunteers should allow extra time for traffic, weather or other unforeseen circumstance in transporting Care Receivers to appointments.
- The Center’s Transportation Coordinator will inform Volunteers of any changes in their assignments.

**Calling the Care Receiver**

Each time you call let the phone ring 10 times or longer. It can take our Care Receivers longer to reach the phone. If they don’t answer, you can try again immediately.

Dial *67 before dialing the Care Receiver’s number. This will block your phone number and give you control over your contact with the Care Receiver.

- **Call #1:** Once you receive a confirmation email that you are the assigned driver, you are expected to call the Care Receiver as soon as possible to introduce yourself, confirm their address and determine pick up time. If this is a first-time trip for a Volunteer with a Care Receiver, the Volunteer should describe his/her appearance and the vehicle for the Care Receiver for recognition purposes.
- **Call #2:** Volunteers should call the Care Receiver 1 to 2 days before to confirm the ride again. The purpose of this call is to insure that the
ride is still on (no illness or cancelation), preventing an unnecessary trip, and to clarify any other aspects of the ride.

- **Call #3:** The final call should be made to the Care Receiver just before leaving to pick them up. This insures that they are expecting you and are ready. Again, preventing an unnecessary trip.

### Providing the Ride

- Center Volunteers most often provide escorted door-to-door transportation for medical appointments. When Volunteers arrive at the Care Receiver’s home, they should go to the door and identify themselves by name and as Center Volunteers. Volunteers should be prepared to escort the Care Receiver into the office, although some Care Receivers may choose just to be dropped off at the curb.

### At the Destination

- When arriving at an appointment, the Volunteer should assist the Care Receiver with checking in at the reception desk if needed. The Volunteer should also inquire about the length of the appointment and make arrangements with the Care Receiver either to wait during the appointment or to return at a specific time.
- Volunteers may leave their cell phone numbers with the receptionist (not the Care Receiver) so that they can be called when the Care Receiver is ready to be picked up.
- If the Volunteer leaves during the appointment time, he/she should make clear arrangements to meet the Care Receiver at a specific place (e.g., inside waiting room, pick-up area, sheltered bench).
- Volunteers are not permitted to accompany Care Receivers to the treatment or examination rooms or to provide any assistance with dressing and undressing.
- Volunteers should always make sure that medical personnel do not mistake them for family members. Since Volunteers are not family
members, they should not be informed about personal health information or act as surrogate family members.

- Volunteers should not transport Care Receivers from the doctor’s office to a hospital emergency room. If medical personnel at the doctor’s office recommend that the Care Receiver be immediately taken to the emergency room, an ambulance should be called for that transport.
- Volunteers may not sign out for a Care Receiver or agree to any kind of obligation other than transporting and escorting a Care Receiver into his/her home.
- The Center will not be held liable for a Volunteer who takes medical responsibility for a Care Receiver. It is the Care Receiver’s responsibility to know what type of care will be needed following a medical procedure and to make appropriate arrangements.

**The Ride Home**

- The Volunteer has sole discretion about adding any other stops to a medical or other occasional ride. Sometimes a Care Receiver will ask to stop to pick up a prescription or shop for groceries on the way home. Additional stops should be only for essential needs. Volunteers should not hesitate to turn down any request for additional stops.

**Standards for Transportation for Grocery Shopping/Essential Errands**

Volunteers are assigned an ongoing match with a specific Care Receiver for regular transportation for grocery shopping/other essential errands such as trips to the bank, pharmacy, or discount stores. Typically these rides are provided to Care Receivers 1 to 2 times per month. This service is coordinated through The Center or through one of The Center’s partners.

- If possible, it is best to schedule a regular day and time for transportation for grocery shopping and other essential errands.
 Volunteers are not expected to be “on call” transportation for Care Receivers.  

- Volunteers should call their Care Receivers the day or evening before a scheduled trip to confirm plans, as well as again right before leaving for the Care Receiver’s home for the appointment.  
- The Volunteer and the Care Receiver should agree ahead of time where they will be shopping. The Volunteer should also let the Care Receiver know the length of time the Volunteer has available for the shopping trip.  
- The Volunteer should suggest that a shopping list be prepared by the Care Receiver prior to the trip. If assistance is needed in preparing the list, the Volunteer can help.  
- Before leaving the Care Receiver’s home, the Volunteer should ask if the Care Receiver has everything needed (shopping list, money, checks, credit cards, coupons, prescriptions, ID cards, etc.) for the shopping trip.  
- Before each trip with a Care Receiver, the Volunteer should ask the Care Receiver how much assistance is needed. Some Care Receivers need someone to accompany them into the store (to help with reading labels or reaching high or low items on the shelves, for example), while others may prefer to be dropped off in front of the store and picked up at an agreed upon time. Care Receivers with mobility issues may need the Volunteer to go into the store and bring the store’s wheelchair or motorized scooter back out to the car.  
- The Volunteer should assist with carrying packages to the car and then into the house for the Care Receiver and assist with unpacking as needed. If assisting, the Volunteer should ensure that refrigerated or frozen items are stored properly.  
- Before leaving, the Volunteer should make or confirm arrangements with the Care Receiver for the next shopping trip.  
- Remember that the Volunteer is free to decline any last-minute requests for add-on trips.
“One visit a week from a (Volunteer Caregiver) can prevent an elderly person from having to move out of their home.”

CB, Social Worker, Rex Home Health Services
Friendly Visiting

Friendly visiting Volunteers provide friendship and companionship for older adults and adults with disabilities who may be lonely and socially isolated. Typically, friendly visiting Volunteers are matched with Care Receivers who live alone or who are alone during the day. Every effort is made to match Volunteers with Care Receivers according to interests, availability, geographic location, or by similarities between the Care Receiver and the Volunteer.

Volunteer matches for friendly visits are coordinated through the Services Coordinator at The Center or through the Coordinator at one of The Center’s Partners.

Friendly visiting Volunteers usually commit to one - two hours per visit-- either weekly, every other week or monthly--depending on the Volunteer’s availability and the Care Receiver’s needs. Friendly visits include activities such as visiting and talking in the Care Receiver’s home, watching TV or a movie together, playing games, and enjoying hobbies together, depending on the Care Receiver’s interests and abilities. Some Care Receivers enjoy going for a walk, going out for a meal or to a movie, or even accompanying a Volunteer while the Volunteer is engaged in other activities, such as delivering Meals on Wheels or visiting another Care Receiver.

**Standards for Friendly Visiting**

- Within a few days of being assigned, Volunteers should contact their Care Receivers, identify themselves by name and as a Volunteer through The Center, and arrange a time for the first visit.
- When arriving for the first visit, Volunteers should introduce themselves again, addressing the Care Receiver by his/her proper name (e.g., Mrs. Smith, Mr. Jones) until asked to be more informal. If other family members are present at the time of your visit, chat with them enough to make them comfortable with you.
• State the purpose of the visit and the length of time you will be able to stay. Talk to the Care Receiver about their interests and what kinds of activities they might enjoy during your time together.

• Friendly visiting Volunteers should be familiar with active listening techniques and other communication tips described in the Appendix of this handbook.

• Volunteers should look for signs that their Care Receiver may be tiring, not feeling well, or ready to end the visit before the allotted time for some other reason.

• Before leaving, Volunteers should set the time for the next visit. Always call ahead a day or two before the next visit, and again before you leave for the Care Receiver’s home, to confirm the appointment.

• Friendly visiting Volunteers who transport Care Receivers are expected to follow the Transportation Guidelines in Section 3 of this Volunteer Handbook.
TeleCare

TeleCare services are provided by both The Center’s staff and Volunteers and are coordinated with Volunteers by the Services Coordinator at The Center. There are two different types of TeleCare calls:

1. **Telephone Support/Reassurance** is designed to be a five-minute (or less) phone call placed every day (or every weekday) at a given time to check on senior adults or adults with disabilities who live alone in order to reassure them and ensure their safety.

2. **Friendly Telephone Visits** are usually longer telephone calls that take place once or twice a week and are intended to reduce social isolation by connecting the senior adult or adult with disabilities to another person in the community. These may begin as short calls and then become longer as the Volunteer and the Care Receiver get better acquainted, sometimes stretching to 20 minutes or more.

**Standards for TeleCare Services**

**General Guidelines**

- When you receive your TeleCare assignment from The Center, it will include the Care Receiver’s name, address, and telephone number, and the name and phone number of an emergency contact person.
- We ask that you contact your Care Receiver as soon as possible, introducing yourself as a TeleCare Volunteer through The Center for Volunteer Caregiving. Set up a telephoning schedule with your Care Receiver the first time you contact them.
- We will also let the Care Receiver know to expect a call from you and give them the number of the Services Coordinator at The Center as their contact person.
- **In order to protect your own time, privacy, and degree of involvement, please do not give the Care Receiver your telephone number.** If there is any change in their schedules, Care Receivers are asked to let The Center know so that Center staff can contact Volunteers.
- Please do give your Care Receiver and the Services Coordinator at The Center notice if you plan to be out of town. Ask the Care Receiver if they...
would like for The Center to arrange for a substitute caller for the daily reassurance calls.

- **If you and your Care Receiver decide that you would like to meet in person for a friendly visit, please contact the Services Coordinator at The Center.** Care Receivers must receive an in-home assessment before Volunteers can visit in their homes.

**The Actual Call**

- It is understood that you, as the TeleCare Volunteer, need to be polite, kind and a good listener. A good way to begin would be to say, “Hello, Mrs. Jones, this is Susie Smith, your TeleCare Volunteer from The Center for Volunteer Caregiving. I am just calling to see how you are doing today.” It is important that this be time that you “give” to the Care Receiver and that you do not take this opportunity to give advice or take over the conversation with your own concerns.

- **It is** very appropriate for you to guide the conversation to a pleasant and positive topic of conversation, especially if the Care Receiver seems to be getting off on a negative track. Just be sure not to dismiss any legitimate concerns that Care Receivers may have about their health or emotional well-being. While you do not want to get caught up in a Care Receiver’s complaints about a family member, physician, home health aide, or other Volunteer, please do **not** discount what may be a real cry for help or an indication that the Care Receiver may be a victim of mistreatment such as abuse, neglect, or exploitation. See “Reporting Mistreatment” in Section 9 of this Volunteer Handbook for more information.

**Ending the Call**

- Please keep in mind the need to respect your individual Care Receiver’s physical endurance/stamina. Remember your purpose, either as daily telephone support or a once-or twice-a-week Friendly Telephone Visitor. Keep in mind the typical length of such calls: 5 minutes for support/reassurance checks and up to 20 minutes or so for friendly phone visits. Within your time limits, let the Care Receivers be the gauge for the length of the call. Listen for cues that they may be tiring, especially if it is becoming a longer phone call. If you hear these cues, ask if they would like
to end the call, stating that you will be calling again at a given date and time settled on between the two of you.

- Some Care Receivers may want to continue talking beyond the time you have available for the call. If you run into this situation, let them know that you have other obligations/responsibilities and need to end the call. Let them know that you will be calling again at the agreed upon date and time, and end the conversation. Repeat this several times if needed, then let the Care Receiver know that you will be hanging up.

**What to Do When You Cannot Reach the Care Receiver**

- When you call the Care Receiver for a scheduled reassurance call or phone visit, please let the phone ring at least 10 times prior to hanging up. Many of the Care Receivers walk slowly and may take a while to reach the telephone. If you cannot reach the Care Receiver on the first try, hang up and try again in ten minutes. If after at least 3 unsuccessful attempts made at ten-minute intervals you still have not reached the Care Receiver, call the staff at The Center for Volunteer Caregiving. It is possible the Care Receiver may have called The Center to let them know of a change in their situation or schedule. Remember that the Care Receiver will not have your personal telephone number but will have been given the telephone number of The Center staff as their contact.

- Staff will telephone the emergency contact. This person may have additional information about the Care Receiver’s whereabouts or situation. If the emergency contact cannot provide any information or is not available to check on the Care Receiver, then staff will telephone 911 and ask the police or sheriff’s department to check on the welfare of the Care Receiver.

- If your scheduled call is during the evening or on a weekend when the office is not open, call 911 and ask the police or sheriff’s department to check on the welfare of the Care Receiver. You can leave your number for a call back if you wish.

- TeleCare Volunteers should **not** go to the Care Receiver’s home if they are not able to reach them. Usually the problem is simply a telephone left off the hook, the Care Receiver stepped outside, forgot the scheduled call, or something else that is easily explainable.

- The emergency procedures outlined above apply only when you are unable to reach the Care Receiver for a scheduled reassurance call or phone visit.
"The Center is a blessing to me. I live alone and the volunteers take extra care of me on the stairs and getting me into the car and the doctor's office. God bless them."

EW, Care Receiver
Light Housekeeping

The Center recognizes that housekeeping chores which are essential for cleanliness, health and safety can be very difficult and burdensome for some older adults and other adults with disabilities. The Center’s Volunteers provide light housekeeping services for Care Receivers up to twice monthly in order to help them maintain a clean and safe living environment. The Center’s light housekeeping services include cleaning the 2 to 4 rooms most frequented by the Care Receiver.

The Center defines light housekeeping as:

- Light furniture dusting
- Vacuuming or sweeping floors
- Light kitchen clean-up: Wipe counters, stove top, sink. Wash dishes (or put in dishwasher). Sweep and lightly damp-mop floor. Take out trash.
- Light bathroom clean-up: Wash counters and sink. Sweep and lightly damp-mop floor. Clean tub or shower.
- Laundry: Change bed and bath linens and put in washer/dryer if requested. Wash, dry, and fold laundry.
- Upon request, Volunteers will change light bulbs and batteries in smoke and carbon monoxide detectors, if they can be reached from a 2- to 3-step ladder. (The ladder should be provided by the Care Receiver.)

Standards for Light Housekeeping

- After being matched with a Care Receiver for housekeeping services, the Volunteer should call the Care Receiver to arrange a day and time for housekeeping. The Volunteer and Care Receiver should also discuss the extent of the work to be done and the Care Receiver’s housekeeping needs.
priorities (within the parameters described above) so that the Volunteer can schedule adequate time.

- Volunteers typically spend an hour to an hour and a half per light housekeeping visit.
- Volunteers should do only light housekeeping. Volunteers are not expected to do heavy cleaning such as moving furniture or washing walls.
- The Center recommends that Volunteers wear protective gloves when cleaning, especially in kitchens and bathrooms, to avoid transmission of disease.
- Volunteers should not be exposed to and are not expected to deal with hazardous waste, including bodily fluids; syringes, lancets and other sharp items; soiled bandages; disposable sheets; adult diapers; or used medical gloves. Volunteers should notify The Center if there are any concerns with regard to hazardous waste.
- Volunteers should use caution when using step ladders, and those ladders should have a maximum of 3 steps. Volunteers should never use a chair or stand on furniture to reach high places.
- The Care Receiver should provide all cleaning products and supplies. The Volunteer is responsible for reading all instructions for each cleaning product to be used and for using it appropriately.
- Volunteers may choose to bring their own bucket, rags, sponge, paper towels or other items that they prefer to use when cleaning.
- The Volunteer should be sure that trash is properly bagged and in the proper place for trash collection.
- Volunteers are not expected to change cat litter; clean bird cages, dog kennels or aquariums; or to do any cleaning related to care for other pets.
- The Volunteer should let the Care Receiver know when cleaning supplies are running low so that more can be purchased.
- Before leaving, the Volunteer should schedule a day and time for the next visit.
The table below clarifies the distinction between light housekeeping and general house cleaning. Also included on the following pages is a Home Safety Checklist from the 2017 Directory of Resources published by Resources for Seniors.

<table>
<thead>
<tr>
<th>Light Housekeeping (what Volunteers can do)</th>
<th>General House Cleaning (what Volunteers should NOT do)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas: 2-4 rooms most frequented by Care Receiver</td>
<td>Areas: entire house or specified rooms</td>
</tr>
<tr>
<td>Light furniture dusting and vacuuming or sweeping floors</td>
<td>General dusting: accessible woodwork, ceiling fans, knick-knacks, blinds</td>
</tr>
<tr>
<td>Light bedroom clean-up: Make bed, hang up clothes, or put in hamper.</td>
<td>Living area and bedrooms: vacuum carpet and wood floors and stairways, and damp-mop vinyl floors. Dust all furniture, picture frames, window sills/ledges, blinds, ceiling fan, lampshades, and bookshelves. Remove cobwebs. Polish mirrors. Empty trash. Dust large knick-knack items.</td>
</tr>
<tr>
<td>Laundry: change bed and bath linens and put in washer/dryer if requested. Wash, dry, and fold laundry.</td>
<td></td>
</tr>
</tbody>
</table>
HOME SAFETY CHECKLIST

ALL AREAS OF THE HOME

CORDS
YES __ NO__ Are lamp, extension, and telephone cords placed out of the flow of traffic?
YES __ NO__ Are cords out from beneath furniture and rugs or carpeting?
   (For safety, correct answer is no.)
YES __ NO__ Are electrical cords in good condition, not frayed or cracked?
YES __ NO__ Do extension cords carry no more than their proper load, as indicated by the ratings
   labeled on the cord and the appliance?

RUGS, RUNNERS AND MATS
YES __ NO__ Are all small rugs and runners slip-resistant?

TELEPHONES
YES __ NO__ Are emergency numbers posted on or near the telephones?
YES __ NO__ Do you have access to a telephone if you fall (or experience some other emergency
   which prevents you from standing and reaching a wall phone)?

SMOKE DETECTORS
YES __ NO__ Are smoke detectors properly located?
YES __ NO__ Do you have properly working smoke detectors? Are batteries changed regularly?

ELECTRICAL OUTLETS AND SWITCHES
YES __ NO__ Are any outlets and switches unusually warm or hot to the touch?
   (For safety, correct answer is no.)
YES __ NO__ Do all outlets and switches have cover plates, so that no wiring is exposed?
YES __ NO__ Are light bulbs the appropriate size and type for the lamp or fixture?

SPACE HEATERS
YES __ NO__ Are heaters which come with a 3-prong plug being used in a 3-hole outlet or with a
   properly attached adapter?
YES __ NO__ Are small stoves and heaters placed where they cannot be knocked over, and away from
   furnishings and flammable materials, such as curtains or rugs?
YES __ NO__ If your home has space heating equipment, such as a kerosene heater, a gas heater
   or an LP gas heater, do you understand the installation and operating instructions
   thoroughly?

WOODBURNING HEATING EQUIPMENT
YES __ NO__ Is wood-burning equipment installed properly?
HOME SAFETY CHECKLIST

KITCHEN
THE RANGE AREA
YES ___ NO ___ Are towels, curtains, and other things that might catch fire located away from the range?
YES ___ NO ___ Do you wear clothing with short or close-fitting sleeves while you are cooking?
YES ___ NO ___ Are kitchen ventilation systems or range exhausts functioning properly and are they in use while you are cooking?
YES ___ NO ___ Are all extension cords and appliance cords located away from the sink or range areas?
YES ___ NO ___ Does good, even lighting exist over the stove, sink, and countertop work areas, especially where food is sliced or cut?
YES ___ NO ___ Do you have a step stool which is stable and in good repair?

LIVING ROOM/FAMILY ROOM
YES ___ NO ___ Are chimneys clear from accumulations of leaves, and other debris that can clog them?
YES ___ NO ___ Has the chimney been cleaned within the past year?

HALLWAYS
YES ___ NO ___ Are hallways, passageways between rooms, and other heavy traffic areas well lit?
YES ___ NO ___ Are exits and passageways kept clear?

STAIRS
YES ___ NO ___ Are stairs well lit?
YES ___ NO ___ Are light switches located at both the top and bottom of the stairs.
YES ___ NO ___ Are there handrails on all stairs?
YES ___ NO ___ Are handrails sturdy and securely attached?
YES ___ NO ___ Do the steps allow secure footing?
YES ___ NO ___ Are steps even and of the same size and height?
YES ___ NO ___ Are any rugs or other coverings on the steps in good condition?
YES ___ NO ___ Can you clearly see the edges of the steps? If not, consider marking with tape or paint.
YES ___ NO ___ Is anything stored on the stairway, even temporarily? (For safety, correct answer is no.)
BATHROOMS
BATHTUB AND SHOWER AREAS
YES ___ NO___ Are bathtubs and showers equipped with non-skid mats, abrasive strips, or surfaces that are not slippery?
YES ___ NO___ Do bathtubs and showers have at least one (preferably two) grab bars?
YES ___ NO___ Is the water temperature 120 degrees or lower?

LIGHTING
YES ___ NO___ Is a light switch located near the entrance to the bathroom?

SMALL ELECTRICAL APPLIANCES
YES ___ NO___ Are small electrical appliances such as hair dryers, shavers, curling irons, etc., unplugged when not in use?

MEDICATIONS
YES ___ NO___ Are all medicines stored in the containers that they came in, and are they clearly marked?

BEDROOMS
AREAS AROUND BEDS
YES ___ NO___ Are lamps or light switches within reach of each bed?
YES ___ NO___ Are ash trays, smoking materials, or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?
YES ___ NO___ Is anything covering your electric blanket when in use? (For safety, correct answer is no.)
YES ___ NO___ Do you avoid “tucking in” the sides or ends of your electric blanket?
YES ___ NO___ Do you ever go to sleep with a heating pad which is turned on? (For safety, correct answer is no.)
YES ___ NO___ Is there a telephone close to your bed?
BASEMENT/GARAGE/WORKSHOP/STORAGE AREAS

LIGHTING
YES ___ NO ___ Are work areas, especially areas where power tools are used, well lit?
YES ___ NO ___ Can you turn on the lights without first having to walk through a dark area?

FUSE BOX OR CIRCUIT BREAKERS
YES ___ NO ___ If fuses are used, are they the correct size for the circuit?

APPLIANCES AND POWER TOOLS
YES ___ NO ___ Are power tools equipped with a 3-prong plug or marked to show that they are double insulated?
YES ___ NO ___ Do power tools have guards in place?
YES ___ NO ___ Has the grounding feature on any 3-prong plug been defeated by removal of the grounding pin or by improperly using an adapter?
(For safety, correct answer is no.)

FLAMMABLE AND VOLATILE LIQUIDS
YES ___ NO ___ Are containers of volatile liquids tightly capped?
YES ___ NO ___ Are gasoline, paints, solvents, or other products that give off vapors or fumes stored away from ignition sources?

EMERGENCY EXIT PLAN
YES ___ NO ___ Do you have an emergency exit plan in case of a fire?

REMEMBER TO PERIODICALLY RE-CHECK YOUR HOME.
Section 6:
Paperwork/Light Yardwork Services

“Thank you so much for your sharing and caring enough to provide volunteer assistants. They are angels, magnificent, superb and nurturing. I am ever grateful.”

DY, Care Receiver
Paperwork

The Center’s Volunteers provide assistance for Care Receivers who need help with handling, sorting and organizing their mail and other paperwork. Typically Volunteers will offer this service once or twice per month on an ongoing basis, although there are also requests for short-term or occasional assistance.

The Center’s Volunteers provide assistance with paperwork by helping Care Receivers:

- Sort through mail to separate important items from junk
- Shred or cut up throw-away mail or other documents to prevent identity theft
- Organize papers, bills, mail, important documents
- File, or set up a filing system, so that important paperwork and documents can be retrieved easily if needed (e.g., Medicare and Social Security documents, medical bills, bank statements, wills, living wills, powers-of-attorney)
- Write letters or notes or assist with other correspondence
- Put important dates on the calendar (e.g., medical and other appointments, bill due dates)
- Fill out applications and other forms, except for forms related to money management, medical information, or legal issues. The Care Receiver must provide all responses needed to complete the permitted forms.

Standards for Paperwork

- The Center distinguishes between paperwork services and money management services. Volunteers are permitted to assist Care Receivers with managing their paperwork as described above, but they are not permitted to assist with money management, bill paying, or to provide any other type of financial assistance.
➢ Volunteers are not permitted to offer advice regarding investments, insurance, choice of banks, or related financial matters.
➢ Volunteers are not permitted to write checks or balance bank statements for Care Receivers.
➢ Volunteers are not permitted to sign checks or other legal documents of any kind for the Care Receiver or be named on any bank account, insurance policy or other document as a co-signer or beneficiary of funds.
➢ Volunteers may not be given any form of power of attorney or permission to act on behalf of the Care Receiver.

• When Volunteers are matched with Care Receivers for paperwork services, they should call their Care Receivers to arrange a day and time for the service. The Volunteer and the Care Receiver should also discuss the extent of the work to be done and the Care Receiver’s priorities for assistance, within the parameters described above.
• Volunteers typically spend an hour to an hour and a half per visit.
• Before leaving, the Volunteer should schedule a day and time for the next visit.
**Light Yard Work**

The Center’s Volunteers provide light yard work services for Care Receivers who live in their own homes. These services focus on essential yard safety. These services are usually seasonal and often provided on an “as needed” basis.

The Center defines light yard work services as:

- Raking leaves in the spring and fall
- Trimming bushes and shrubs around walkways and beside the house
- Raking, picking up, and bagging small debris
- Removing vines
- Trimming small, low tree branches that present a safety hazard
- Snow shoveling in situations of medical necessity

The use of ladders and chain saws is not permitted.

**Standards for Light Yard Work**

- After being assigned to a Care Receiver for yard work services, the Volunteer should call the Care Receiver to arrange the day and time for the service. The Volunteer and Care Receiver should also discuss the extent of the work to be done and the Care Receiver’s priorities for yard work (within the parameters described above) so the Volunteer knows how much time to schedule.
- Yard work Volunteers may need to provide their own equipment (such as rakes, hedge clippers, handsaws, etc.), if the Care Receiver does not have these tools in usable and safe condition or if Volunteers prefer to use their own equipment.
• Volunteers should wear appropriate clothing and protective gear for the task to be accomplished.
• Volunteers are responsible for being familiar with the equipment they are using and using it appropriately.
• Volunteers should discuss removal of yard debris with the Care Receiver. If the materials need to be bagged or bundled for removal by the trash collector, the Volunteer should do this and place the materials in the appropriate place for pick-up. If the trash collector does not accept yard waste, the Care Receiver is responsible for arrangements and fees to remove the debris. Care Receivers are responsible for providing the appropriate bags for leaves and other yard debris.
• If work remains to be done after the initial visit, the Volunteer should schedule the next appointment with the Care Receiver before leaving.
"The Center is my life-line. That sums it up. The volunteers are just wonderful. Kind, patient, caring."

FC, Care Receiver
Shopping/Running Errands for Care Receivers

Whenever possible, The Center strongly encourages Volunteers to transport and shop “with” rather than “for” Care Receivers so that they can participate actively in their own shopping and errand-running. This kind of activity can reduce social isolation and enhance memory skills for the Care Receivers, and many stores now have motorized carts or scooters for those who previously might have been unable to shop for themselves because of mobility concerns.

The Center also recognizes that there are Care Receivers who are not able to be out of their homes, either temporarily or on a more permanent basis, or who cannot be transported by Center Volunteers. These Care Receivers need others to run errands and shop for them. The Center and or one of its partners matches Volunteers with Care Receivers for this service, and many Volunteers provide this service as they do their own shopping and errands. Care Receivers are aware that they need to pay for their own purchases.

Standards for Shopping/Running Errands for Care Receivers

- Volunteers should encourage a specific day for shopping. Volunteers are not expected to “be on call” for a Care Receiver’s shopping needs.
- Volunteers should call the Care Receiver the day before their scheduled appointment to confirm plans, as well as again right before leaving for the Care Receiver’s home for the appointment.
- The Volunteer and the Care Receiver should agree ahead of time on where the Volunteer will shop. It is recommended that Volunteers offer to shop only at one store, two at the most, if there is also a need for shopping at a pharmacy.
- The Volunteer should make sure that the Care Receiver makes a shopping list which includes brand names, sizes, and quantities of products. The Care Receiver may or may not need the Volunteer’s assistance in making the list.
Volunteers should review the list carefully, anticipate problems, and ask any questions they may have before leaving the Care Receiver’s home for the store.

- The Volunteer should ask the Care Receiver what he/she prefers if an item on the list is not in stock. Should another brand be purchased, or should the item be omitted?
- The Volunteer should ask the Care Receiver if the cost of the item is important or if the brand is more important. Can a less expensive brand be substituted for the one listed?
- The Volunteer should check with the Care Receiver about the availability of coupons for any items on the list.
- The Care Receiver should provide the Volunteer with the method of payment for the purchases the Volunteer will be making. Acceptable methods include:
  - checks made out to the store and signed by the Care Receiver
  - EBT cards (Food Stamps) with PIN ‘s,
  - cash
  - store gift cards
Bank debit cards and credit cards are not acceptable.

- In order to make sure that Volunteers are not shortchanged, The Center recommends that Care Receivers provide Volunteers with payment before the shopping trip rather than have Volunteers spend their own money when shopping and then get reimbursed by Care Receivers upon delivery of goods. It is important for Volunteers to understand that The Center cannot assume any liability if the Care Receiver’s reimbursement falls short of what a Volunteer actually spent.

- In some established relationships, the Volunteer will get the shopping list from the Care Receiver over the phone, shop for the Care Receiver, pay for the items him/herself, then bring the items and the store receipt to the Care Receiver. The Care Receiver will then reimburse the Volunteer either by check or in cash. As noted above, The Center recommends that Care Receivers provide Volunteers with payment before the shopping trip and
cannot assume any liability if the Care Receiver’s reimbursement falls short of what the Volunteer actually spent.

- For the protection of Care Receivers, Volunteers and the agency, The Center requests that Volunteers and Care Receivers sign a log for cash, EBT cards, store gift cards, or checks received from Care Receivers prior to shopping. Upon return to the Care Receiver's home, the Volunteer should give the Care Receiver the store receipt, any change, and the EBT card or store gift card, if one was used. The log should also be signed at that time. (Volunteers who receive reimbursement after the shopping trip and their Care Receivers should also use this log to record the transaction.)

- Volunteers will keep the log sheets between visits. Volunteers are asked to submit these logs to The Center at the end of every month, with their time sheets. Log sheets will be provided to all shopping Volunteers at the time of their assignment to a Care Receiver. A sample log sheet is included in this section of the Volunteer Handbook.

- Upon return from the store, the Volunteer should explain to the Care Receiver why any items on the list were not purchased.

- The Volunteer should offer to assist with unpacking items and be sure that refrigerated or frozen items are stored properly.

- Before leaving, the Volunteer should set the day and time for the next shopping trip.
The Center for Volunteer Caregiving

Shopping Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount Received</th>
<th>For</th>
<th>Signatures</th>
<th>Amount Spent</th>
<th>Change Returned</th>
<th>Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip 1</td>
<td>$______ in cash</td>
<td>Check to ______</td>
<td>CR___________</td>
<td>$______ in cash</td>
<td>$______ in cash</td>
<td>CR___________</td>
</tr>
<tr>
<td></td>
<td>Check to ______</td>
<td>EBT card</td>
<td>Vol_________</td>
<td>$______ or N/A</td>
<td>$______ or N/A</td>
<td>Vol_________</td>
</tr>
<tr>
<td></td>
<td>Store gift card</td>
<td></td>
<td></td>
<td>$______ left on card</td>
<td>$______ left on card</td>
<td></td>
</tr>
<tr>
<td>Trip 2</td>
<td>$______ in cash</td>
<td>Check to ______</td>
<td>CR___________</td>
<td>$______ in cash</td>
<td>$______ in cash</td>
<td>CR___________</td>
</tr>
<tr>
<td></td>
<td>Check to ______</td>
<td>EBT card</td>
<td>Vol_________</td>
<td>$______ or N/A</td>
<td>$______ or N/A</td>
<td>Vol_________</td>
</tr>
<tr>
<td></td>
<td>Store gift card</td>
<td></td>
<td></td>
<td>$______ left on card</td>
<td>$______ left on card</td>
<td></td>
</tr>
<tr>
<td>Trip 3</td>
<td>$______ in cash</td>
<td>Check to ______</td>
<td>CR___________</td>
<td>$______ in cash</td>
<td>$______ in cash</td>
<td>CR___________</td>
</tr>
<tr>
<td></td>
<td>Check to ______</td>
<td>EBT card</td>
<td>Vol_________</td>
<td>$______ of N/A</td>
<td>$______ of N/A</td>
<td>Vol_________</td>
</tr>
<tr>
<td></td>
<td>Store gift card</td>
<td></td>
<td></td>
<td>$______ left on card</td>
<td>$______ left on card</td>
<td></td>
</tr>
<tr>
<td>Trip 4</td>
<td>$______ in cash</td>
<td>Check to ______</td>
<td>CR___________</td>
<td>$______ in cash</td>
<td>$______ in cash</td>
<td>CR___________</td>
</tr>
<tr>
<td></td>
<td>Check to ______</td>
<td>EBT card</td>
<td>Vol_________</td>
<td>$______ or N/A</td>
<td>$______ or N/A</td>
<td>Vol_________</td>
</tr>
<tr>
<td></td>
<td>Store gift card</td>
<td></td>
<td></td>
<td>$______ left on card</td>
<td>$______ left on card</td>
<td></td>
</tr>
</tbody>
</table>

Please note that this form allows you to record 4 separate transactions.
Section 8:
Respite/Caregiver Support Services

“Having a volunteer come 2 hours a week gives me 2 hours of free time to keep my sanity. When you’re shut in 24 hours a day, you need an outlet, whether it is to go get ice cream by yourself or visit a friend.”

FK, Family Caregiver
Respite/Family Caregiver Support

A respite Volunteer acts as a companion for a Care Receiver so that Family Caregivers can have respite, or temporary relief from their caregiving responsibilities. Family Caregivers often dedicate all their energy to meeting the needs of their relative and jeopardize their own health or emotional well-being in the process. Respite allows a spouse or adult child to take a well-deserved break so that they can tend to their own needs (e.g., go to the doctor), run errands unhurried, or simply do something fun. Thus, respite benefits two people at one time--the Care Receiver and the primary Family Caregiver.

Respite services are coordinated by The Center’s Caregiver Support staff and are provided for Family Caregivers of adults who should not be left alone. For example, Care Receivers may:

- Have dementia due to Alzheimer’s, Parkinson’s, stroke or other illness
- Be confined to a wheelchair or bed
- Be too frail to call 911.

Respite Volunteers typically spend 2 to 4 hours per visit in the home on a weekly, every other week, or monthly basis. Some Volunteers provide 4 to 5 hours of respite in one block of time once a month. Research has shown that Family Caregivers receive more therapeutic benefit when respite lasts 3 hours or more; therefore, The Center encourages Volunteers to offer 3 hours at a time whenever
possible. However, the personal care needs of some Care Receivers or the Volunteer’s availability may not allow for that length of time.

Many Family Caregivers want to socialize with Volunteers at the beginning or end of the respite time because they desire to build friendships as well. Volunteers may want to take that into account when they propose their time frame. For example, Volunteers may offer 3 hours of respite, realizing they will chat for 15 more minutes at the start and end with the Family Caregiver, thus planning to volunteer for 3.5 hours total.

Sometimes Family Caregivers request Volunteers in the hope of providing activities, social stimulation and friendship to a Care Receiver whose social network and abilities are changing. The Caregiver Support Coordinator and family will identify activities that the Volunteer and Care Receiver can enjoy together.

Possible activities may include the following:

- Socializing
- Eating lunch together
- Watching TV, listening to music
- Playing cards or games
- Going on outings, going for a walk
- Accompanying a Volunteer as he/she delivers Meals on Wheels, etc.
- Listening to the Volunteer read or watching the Volunteer knit, if Care Receiver is quite frail
Standards for Respite Care

- The Caregiver Support staff may invite the Volunteer to accompany them for the assessment or can personally introduce the Volunteer to the family before the first respite visit.
- The Volunteer will be informed of the Care Receiver’s abilities and needs and will be provided with some biographical information and emergency contact numbers before the first visit.
- Volunteers and families will decide together the best days and times for respite. Routine scheduled visits are more successful than if a Volunteer says, “call me if you need me”.
- Volunteers should call the day before the scheduled visit to confirm.
- Volunteers should carry with them the emergency contact numbers provided to them by The Center and/or the family.
- Volunteers should ask the family to show them where they keep the current list of medications, in case a Volunteer needed to show that to emergency personnel.
- Volunteers should contact the family IMMEDIATELY if they are unable to keep a scheduled visit. Please inform The Center of absences when the family may benefit from a substitute respite Volunteer.
- Families are told that Center Volunteers do not give out their personal phone numbers. However, after 3 to 4 visits, if a respite Volunteer feels comfortable sharing his/her phone number, that is permissible. If you prefer not to share your phone number, please tell the family that The Center discourages it and do not feel guilty.
- Volunteers provide quality interaction, companionship and safe supervision. The respite Volunteer’s responsibilities include supervising the Care Receiver so that he/she does not wander or do anything unsafe. While respite Volunteers may not provide any assistance with personal care or count out or administer medications, they may remind their Care Receivers when it is time to eat, take self-administered medications, or toilet.
• Respite Volunteers who transport Care Receivers are expected to follow the Transportation Guidelines in the Transportation section.
• If a Volunteer ever has a concern, recognizes a need for more care than he/she can render, or feels dissatisfied with the assignment, please contact the Caregiver Support Coordinator.

The Center offers **Group Respite** at predetermined times for up to 12 Care Receivers. This is supervised by staff but Volunteers are needed to provide adequate, meaningful interaction. Many of the above standards apply to the group setting but a special training is required to assist with this service. If you are interested in this type of opportunity, please let the Caregiver Support Coordinator know.

**Workshops** are held by The Center for Volunteer Caregiving to educate Volunteers about Alzheimer’s and other dementia-related diseases. These workshops help prepare Volunteers to communicate more effectively and interact appropriately to bring out the remaining strengths in the Care Receiver. Family Caregivers are invited to participate in the workshops as well. These workshops are recommended for Volunteers who provide respite services. If you would like to be informed of upcoming workshop dates, please ask the Caregiver Support Coordinator to add your name to the workshop invitation list.
TALKING WITH PEOPLE WITH MEMORY DISORDERS

Strategies for Communicating with Your Relative

- **Speak slowly, simply and concisely**, always being mindful of the tone of your voice. Use concrete, familiar words. Do not use baby talk.
- **Give one direction or ask one question at a time.** “Are you finished?” or “Here is the toilet.”
- **Don’t offer too many choices** that may make it hard for the person to make a decision. Say, “Mary, would you like to wear the red dress or the green dress?”
- Don’t avoid talking with the person who is having difficulty. **Supply him/her with the right word or names** and other information if you think you know what he is trying to say.
- **Avoid instructions the person may take literally** such as “run down the hall,” or “hop into bed.” Use direct statements to initiate action or activity, i.e. “It is time for supper. Let’s go to the dining room.”
- **Don’t assume the person did not hear you if there is no response.** It may take a while to process what you said and then form an answer.

Non-verbal Communication: When Words Fail

When language becomes more difficult for the person with memory loss, you can help him or her with simple techniques that offer reassurance and encouragement. **A smile, eye contact, and attentive listening** help support and prompt the individual’s efforts to communicate.

- **Begin by eliminating distractions** such as noise from a radio or TV that make it harder for the person to concentrate on what you are saying.
- **Let the person see you on his/her level.** If he is sitting, sit facing him. Use touch to get her attention. Holding hands or gently touching the individual’s arm or shoulder may elicit trust and cooperation. However, be sensitive and respectful of the person who doesn’t like to be touched.
- **Learn to “read” the individual’s behavior.** The person with Alzheimer’s disease may have a flat mood. He may show little expression or emotion. She may also misinterpret situations or the intent of others. Extreme or quick gestures may be seen as threatening. Move slowly and calmly.
Tips for Designing Activities for Enjoyment and Success for People with Dementia or Memory Loss

• Remember “universal” strengths
  ➢ The five senses
  ➢ Gross motor skills
  ➢ Social skills and etiquette
  ➢ Old memories and favorite stories
  ➢ Skills which have been practiced over and over
  ➢ Sense of humor
  ➢ Music
  ➢ Feelings

• Keep it simple
• Keep the context adult
• Base it on prior interests
• Base it on strengths
• Plan for success
• Plan for small chunks of time strung together
• Repeat!
Resource List for Caregivers

Alzheimer’s Association, Eastern North Carolina Chapter
www.alz.org/nc • (800) 272-3900 24 hr. helpline
Information about Alzheimer’s and related diseases
For list of suggested activities, www.alz.org/living_with_alzheimers_101_activities.asp

Alzheimers North Carolina, Inc.
www.alzn.org • (919) 832-3732 • (800) 228-8738
Support Groups, Education and Family Support; Book/DVD loan library

Duke Family Support
Duke University Medical Center
www.dukefamilysupport.org • (919) 660-7510 • (800) 646-2028
Free newsletter, support groups, Project Care

Eldercare Locator
www.elderca.gov • (800) 677-1116
Agency on Aging Resources for older adults in any US community

Resources for Seniors (Wake County Council on Aging)
www.resourcesforseniors.com • (919) 872-7933
Information Specialists, Resource Directory, Adult Day Centers

United Way Infolink
www.NC211.org • Dial “211”
Multiple community services/agencies

AARP
www.aarp.org/home-family/caregiving/

Family Caregiver Alliance
www.caregiver.org
Includes detailed fact sheets on specific diseases

Caregiver Action Network
www.caregiveraction.org
Resources for family caregivers across the lifespan, online forum for caregivers

Music and Memory
www.musicandmemory.org
Initiative to utilize music that was meaningful in the past to enhance the current life of the person with dementia
Section 9:
Reporting Requirements

“I’m calling to express my gratitude and appreciation for to The Center for Volunteer Caregiving and for all the courteous ways I’ve been treated and for the wonderful drivers who take care of someone like myself. I just want you to know I am ever, ever so grateful; I do not have enough praise for all the work you have done. Thank you very, very much.”

MP, Care Receiver
Reporting Mistreatment

North Carolina law requires that county departments of social services provide protective services for adults with disabilities, including older adults with disabilities, who have been abused, neglected or exploited and are in need of protective services. The law specifically addresses the need of the community to protect vulnerable adults with disabilities who cannot provide or secure protection and essential services for themselves and who have no other person to provide that protection.

As a volunteer for The Center for Volunteer Caregiving who will be working with older and other adults with disabilities, you are required to report mistreatment, including exploitation, abuse, caretaker neglect, or self-neglect. You will be responsible for reporting suspected incidents of mistreatment to The Center for Volunteer Caregiving and to Adult Protective Services at Wake County Human Services. Adult Protective Services can be reached at 919-212-7264 Monday through Friday during business hours. Call 911 after hours, and on holidays and weekends.

Adult Protective Services will evaluate the situation and determine the need for protective services. If all criteria are met, Adult Protective Services can authorize and pay for services that otherwise would not be provided, including in-home aides, transportation, and adult day care.

Adult Protective Services keeps the reporter’s name confidential, and reporters are protected from civil and criminal liability for reports made in good faith. If you have reason to believe that mistreatment is occurring, you can face criminal penalties for not reporting.

Typically the abuser is someone known and trusted by the victim, not a stranger. Usually the mistreatment takes place within the context of an ongoing relationship.
**Definitions of Mistreatment**
- **Exploitation** is the illegal or improper use of the adult or his/her resources for another person’s profit or advantage. This includes taking advantage of or stealing the person’s money or possessions.
- **Abuse** is the willful infliction of physical pain, injury, mental anguish, unreasonable confinement or *willful* deprivation by the caregiver of services that are necessary to maintain mental/physical health.
- **Caretaker Neglect** is failure of the caregiver to provide services to maintain the mental/physical health of the adult.
- **Self-neglect** involves an adult with a disability who lives alone or has no caregiver and is not able to provide necessary services to maintain his/her mental or physical health.

**Common Behavioral Indicators of Mistreatment**
- Avoidance of eye contact
- Depression
- Confusion
- Suspicious or paranoid behavior
- Hostile behavior toward a caregiver
- Radical change in behavior
- Hesitance to talk openly
- Withdrawal from friends and activities
- Anxiety around a caregiver or a certain area of the home

For more specific indicators of mistreatment, see “Common Indicators of Abuse, Neglect and Exploitation” in this section.

**Some Factors to Consider in Reporting**
- Ask yourself the question, “Do I have reasonable cause to believe that mistreatment has occurred?” State law requires reporting not only actual mistreatment, but also reasonable suspicions of mistreatment. Our recommendation is to interpret “reasonable cause” very broadly. It is better to err on the side of caution. Also remember that an abuser,
when confronted, will deny it. Any allegations must be treated seriously.

- If you are uncomfortable giving your name, consider discussing the case anonymously with a representative of Adult Protective Services. These representatives are often more than willing to discuss particular cases and evaluate whether a report should be filed. If you are advised that a report need not be filed, be sure to obtain the representative’s name and make a record of the call.

- Remember that reporting is both a moral and a legal obligation if you have reason to believe that mistreatment is occurring. *It is not a violation of the Center’s Confidentiality Policy to report suspected mistreatment.*

- Keep in mind that *reporting a situation to Adult Protective Services is not an act of disloyalty to a Care Receiver or their family.* It reflects caring and may lead to some badly needed services and supports.

- Remember that The Center’s staff will be available to discuss any concerns you may have about a Care Receiver’s situation or the decision to report those concerns to Adult Protective Services. If you would like direct support from The Center’s staff when you report, you may come to the office to make the call there.
Common Indicators of Abuse, Neglect and Exploitation

**Abuse**

- bed sores
- weight loss
- willful confinement in a dangerous environment
- inappropriate clothing for the weather
- fractures and dislocations
- lacerations and abrasions
- burns
- injuries to the head, scalp, face
- bruises (in various stages of healing) on the upper arms (from shaking), around ankles or wrists (from being tied down), in shapes similar to objects (ropes, belts, hands), inside of thighs or arms
- pain, itching, bleeding or bruising in the genital area
- low self-esteem
- overly anxious or withdrawn
- extreme changes in mood
- depression
- suicidal behavior
- confusion or disorientation

**Self-Neglect**

- unable to cook, shop for food, bathe, toilet, dress appropriately
- sudden weight loss
- dehydration
- signs of overmedication, undermedication, or misuse of medication
- forgetfulness that causes dangerous situation (leaving stove/gas on)
- aimless wandering/getting lost
- frequent accidents (falling, driving mishaps, starting fires)
• malnutrition or diet inconsistent with medical condition
• living in unsafe dwelling

_Caretaker Neglect_
• failure to manage resources to meet needs
• failure to provide for medical needs
• failure to provide adequate food, shelter, clothing
• failure to provide appropriate supervision
• failure to provide safe environment

_Exploitation_
• inappropriate sexual activity (exploitation of person)
• excessive payments for services
• unexplained withdrawal of money from bank accounts
• failure to pay for essential services
• transfer of assets through deceit or coercion
Accident/Incident Reports

Volunteers must report any unusual incident or on-the-job injury or accident involving themselves or their Care Receiver to their Coordinator or The Center immediately. If an accident should occur over the weekend, contact the Coordinator or The Center first thing Monday morning. The coordinator will report the accident to the Executive Director immediately. Volunteers are asked to complete the Incident Report Form and mail it to the Center within 72 hours of the reported incident.

Incident Report Form

Name of Volunteer: 
Name of Care Receiver: 
Date of the incident: 
Who was involved?

Description of the incident: 
- Fall 
- Animal Bite 
- Automobile accident 
- Other (please specify)

Where did it occur? 
- CR’s home 
- Volunteer’s vehicle 
- Doctor’s office 
- Grocery Store 
- Other (please specify)

What happened? (Be as specific as possible with the details of the incident. Attach an additional sheet if necessary.)

What was the outcome? 
- Was medical treatment necessary? 
- If yes, what was the treatment? 
- Date & Time: 
- Where:

Would you work with this Care Receiver again?

Signature of Volunteer____________________________ Date report written_______

Signature of Executive Director____________________ Date report received_______
Getting to know your Personal Site:

Welcome to YOUR Personal Site for The Center for Volunteer Caregiving.

FIRST THINGS FIRST — Bookmark your Personal Site link. This site is specific to you, so please make sure to save your Personal Site link to your favorites. Please note, you will want to add this to a personal computer, not a public computer.

Examples Below of Bookmarking Link Via Google Chrome and Internet Explorer:

![Bookmarking Link Via Google Chrome](image1.png)

![Bookmarking Link Via Internet Explorer](image2.png)
New Sign-Ups Continue Here:

**Volunteer Application Form:** Thank you for your interest in volunteering with The Center for Volunteer Caregiving. By filling out the Volunteer Sign-Up, your Personal Site has been created for you. Please fill out the Volunteer Application Form through your Personal Site and be sure to save the link to your favorites so you can access it again later. Fields you entered in the Volunteer Sign-Up will auto populate for you in the Volunteer Application Form.
**Volunteer Orientation:** As a new sign up, orientations are directly available through your Personal Site! The Center for Volunteer Caregiving offers two options to complete our Volunteer Orientation:

**A) Group Orientation**

**B) Online Orientation**

---

**A) Group Orientation:** Sessions are held at The Center and at various locations across Wake County.

Group orientation dates are listed on both the “Volunteer Jobs” and “Job Calendar” tabs.

To attend a group orientation, you will pick the orientation date and time that best suits you. When you click your preferred orientation, you will then click “sign up” to register for that particular orientation.

Once you have been cleared to become an active volunteer, you will have access to available jobs and shifts to start your volunteer experience.
B) ONLINE ORIENTATION: To attend the online orientation, you will:

1. Click “Online Orientation” on your Personal Site which directs you to The Center for Volunteer Caregiving CourseSites page

2. Click “Online Orientation for Volunteers”

3. Click “Self-Enroll” where you will create a login and complete the modules.

   When you finish the Online Orientation, it will prompt you to schedule an on-site interview.

   Online sessions should take you about an hour. You may also come back to the Online Orientation to review information at any time.

   Once you become an active volunteer, you will have access to available jobs and shifts to start your volunteer experience.
**Volunteer Jobs and Job Calendar Tabs:** After you become an **active** volunteer (meaning you have been approved and cleared to serve), jobs and shifts can be viewed and selected from either Volunteer Jobs or Job Calendar tabs. Please note: Until you are an active volunteer, you will only see group orientations under the Volunteer Jobs and Job Calendar tabs.

**Volunteer Jobs (Top Left)** displays a list of job opportunities. Job opportunities are displayed based on the type of job and are in alphabetical order. This view works best for **ongoing jobs**.

**Ongoing Jobs:** Jobs where the (or a) volunteer is matched with a care receiver and they determine their own schedule.

**Job Calendar (Top Right)** displays job opportunities in a **calendar view** based on time/date specific shifts. This view is for **one time jobs**.

**One Time Jobs:** Jobs where volunteer picks date and time specific shifts. These are primarily transportation jobs. If you see (full), that means a volunteer is already confirmed for that ride/shift.

Click the “Sign Up” link to Sign Up!
Under the View Your Information tab, you can track your progress. Here you can see how you rank among other volunteers, what upcoming time specific shifts you have signed up for, and your recent volunteer history. Keep us up-to-date with your current contact information by clicking the “Update” button.

Under the Report Hours tab you can report your service to The Center for Volunteer Caregiving. Pick from the list of jobs in the “Volunteer Job” drop down and report hours specifically for each job performed.

Types of Jobs:

A. **Ongoing Jobs** — Volunteer is matched with a care receiver and you decide your own schedule.

B. **One Time Jobs** — Volunteer picks date and time specific shifts. These are primarily Transportation Jobs.

**Ongoing Jobs ARE NOT time/date specific.** Report hours each time you volunteer or enter a total for the month, it’s flexible. Please wait no longer than a month to report time.

**One Time Jobs ARE time/date specific.** Pick your time specific job from the drop down (typically transportation jobs) and then pick the specific date/time from the “Volunteer Shift” drop down.
**APPLICATION FORM**

Under the Application Form tab, you can submit your information to The Center for Volunteer Caregiving to become a **NEW** volunteer.

Once you have submitted your application electronically, you may return to the Application Form tab at any time; however, you will not be able to make changes directly to the application.

If you need to modify your information, click on the View Your Information tab and click “Update” to make changes yourself. Please note, if you need to update your address or emergency contact information you must contact The Center at (919)460-0567 or email volunteer@ctrvolcare.org and someone at the office will update your record for you.
Section 10:

Appendix

“Thank you for all your help. Thank you for so much and all the caregivers that help me along all the time. They’re very wonderful, kind, very polite, very nice. I would like to thank them and ask God to bless them for all the help they have given me. I couldn’t do without them. They are a lot of help to me. I’m looking forward to them continuing to help me. Thank you so much.”

HM, Care Receiver
Typical Aging-Related Changes

Physical Changes

Vision
- Slight decrease in visual acuity
- Difficulty focusing close up due to loss of elasticity in lens
- Changes in color perception and sensitivity to contrasts, caused by the yellowing and thickening of the lens
- Need for brighter lighting, difficulty seeing at lower levels of illumination
- Increased difficulty in adjusting to sudden changes in lighting
- Decline in night vision, increased sensitivity to glare
- Difficulty with depth perception

Hearing
- Declines more quickly in men than in women
- Decrease in perception of high-pitched sounds
- Increased difficulty in understanding speech, especially when there is background noise

Taste and Smell
- Decrease in number of taste buds, beginning with sweetness and saltiness
- Decrease in ability to distinguish subtle smells

Musculoskeletal
- Bones more porous and brittle, more susceptible to fractures
- Decrease in bone and muscle mass, affecting strength
- Muscles, tissues and joints less elastic with age, resulting in decreased strength and coordination
- Changes in joints, resulting in more stiffness and less flexibility
- Slower reflexes and physical response time (may move more slowly and cautiously)
Skin
- Deceased moisture and elasticity
- Graying, thinning, loss of hair
- Diminished ability to sense pressure, temperature and pain
- Less capable of responding to changes in temperature and sensation; decreased perspiration makes it harder to regulate body temperature
- Decrease in subcutaneous fat decreases, causing feelings of coldness
- Nails more brittle, change in texture; toenails thicken

Gastrointestinal System
- Decreased saliva production, making swallowing more difficult
- Gag reflex less effective, increasing risk of choking
- More frequent stomach problems, heartburn and constipation as muscles of digestive system slow down

Cardiovascular System
- Thickening of heart wall
- Slight decrease in heart rate
- Arteries stiffen, become less flexible
- Slight increase in blood pressure
- Slower baroceptor reflex, causing dizziness when standing too quickly

Lungs
- Decreased capacity

Immune System
- Decreased ability to respond to germs and release antibodies to fight infection

Brain
- Decreased ability to name objects
- “Slow down” of information processing, decreased speed of retrieval
- More time needed for motor tasks
- Increase in balance and coordination problems
- Increase in sleeping problems
In the absence of neurological disease, intellectual performance is usually maintained until at least age 80. Alzheimer’s and other dementias are not part of the normal aging process. See “The 10 Warning Signs of Alzheimer’s Disease” in this Appendix.

**Psychosocial Changes**

**Retirement**
Retirement requires the substitution of new activities for old ones, and the development of new friends to replace the ones at work. Marital relationships may change as the retiree spends more time at home, and income may decrease. Retirement often leads to a change in housing.

**Loss of independence**
Driving, especially at night, may be more difficult because of vision and hearing changes and memory losses. The older person moves more slowly and gets tired more quickly. Steps, curbs and stairs, and getting in and out of vehicles may cause problems. All of these situations may decrease outside contact.

**Memory**
Older person may have difficulty remembering names (especially new ones) and appointments, as well as where they put things.

**Loss and death**
Loss of friends may occur through the inability to get out socially, as well as through death. Widowhood is a major source of loss. As friends and family die, older people may feel increasingly lonely for someone who loved them, knew them well, and admired them. They may move to a smaller place and have to give up treasured possessions. They may have fewer decisions to make, less income, and feel less needed.

(Major portions of this section are from the Volunteer Manual of the Interfaith Care Program of The Shepherd’s Center of Winston-Salem)
Ten Warning Signs of Alzheimer’s Disease

Has the person begun to show several of these symptoms?
How has their NORMAL functioning changed?

1. Recent memory loss that affects functioning
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor judgment or reasoning
6. Problems with abstract thinking (numbers)
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative
Communicating with Care Receivers

• Observe the environment. Is the TV playing too loudly? Can the TV be turned off? Is there another room to talk in?

• Face the person as you are speaking. Try to sit or stand 3 to 6 feet from the Care Receiver. Speak slowly and distinctly. Remember that short, simple sentences are easier to understand than complex ones. However, be careful not to “talk down to” the Care Receiver or appear patronizing.

• Maintain eye contact. Speak directly to the Care Receiver. Try to get on or close to their level so that you are face-to-face with each other.

• Be patient. Allow the Care Receiver to talk without interruption. All of us think more quickly than we speak, so do not try to rush them or finish their sentences for them. Allow time for them to process the information and prepare a response.

• Listen and pay attention. Show empathy.

• Use the Active Listening technique of rephrasing what the Care Receiver has said. You can also say something like, “What I hear you saying is...” or “I think I hear you telling me...”

• Acknowledge feelings and emotions. All persons have a right to their feelings of joy, sorrow, anger, etc. Respect the Care Receiver’s feelings and acknowledge that you have heard their expressions of those feelings. This lets the Care Receiver know that you care.

• Touching may be reassuring or comforting. If done without permission, touching can feel invasive or frightening. Always ask permission before hugging or putting your arm around your Care Receiver.

• Share yourself. Describe your world to your new friend. Please leave your own agenda on the doorstep.

• Smile! Consider your inner feelings prior to a visit. What we feel affects our ability to communicate effectively.

(From the Training Manual of the Interfaith Care Program of The Shepherd’s Center of Winston-Salem)