Neighbors Serving Neighbors

Since 1967

TABITHA

Meals on Wheels

Volunteer Handbook

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Tabitha's Purpose

ABOUT US

Nonprofit Tabitha is Nebraska's Answer for industry-leading, award-winning ***Care*** for older adults. Supporting families across Nebraska since 1886, Tabitha offers a full range of services, from results-driven rehabilitation, accessible at-home health care, innovative living communities and compassionate hospice services.

OUR PURPOSE

Tabitha empowers people to ***live joyfully, age gratefully***.

WHERE WE'RE LOCATED

Tabitha serves many counties throughout Nebraska.

Our main campus, Tabitha Nursing & Rehabilitation Center, is in the heart of Lincoln, Nebraska, with community campuses: Tabitha at Williamsburg in Lincoln's Williamsburg neighborhood; Tabitha in Crete and Tabitha: The Gardens in Crete; and Tabitha at Prairie Commons in Grand Island.

Tabitha also has regional offices in Grand Island and York, and a home office in Omaha for Tabitha Home Health Care and Hospice | A Collaboration with Immanuel.


LIVE 2 CARE
Love your job
Invite optimism
Vision success
Embrace the mission
Core values
Accountability
Relationships matter
Exceed expectations
TABITHA
Culture Matters

Tabitha's

CORE VALUES

As a member of the Tabitha Team, we . . .

CARE
…extend unwavering Christian compassion

CONNECT
…build relationships rooted in love, because love matters

CUSTOMER CENTRIC
…identify, clarify and anticipate needs to exceed expectations

COLLABORATE
…create an atmosphere of teamwork

CULTIVATE
…nurture an environment of innovation and growth

COURAGE
…demonstrate confidence, boldness and determination

COMMIT
…devote our time, talent and treasures

CELEBRATE
…recognize and encourage all accomplishments big and small

TABITHA

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Why is Tabitha *Nebraska's Answer?*

Tabitha provides the most complete ***Continuum of Care*** for older adults in Nebraska.

Focusing on enhancing the dignity, independence and well-being of older adults, Tabitha's continuum ranges from personalized at-home assistance and exceptional rehabilitation to advanced health care services and compassionate hospice support.

Volunteer Relationship

Thank you for the personal investment you make in Tabitha and its PURPOSE. We strive to provide support, supervision and recognition to our Volunteers.

AS A VOLUNTEER, YOU HAVE THE RIGHT TO:

1. Be assigned appropriate tasks according to ability, skill, interests, availability and training
2. Receive training and supervision for the tasks accepted
3. Receive a job description for your assignment, when appropriate
4. Be treated as a fellow TEAMember who contributes to Tabitha's goals through your volunteer work, and thus, be given appropriate expressions of appreciation and recognition
5. Make suggestions about the Tabitha Volunteer program or your assignment, and be acknowledged by Tabitha staff when doing so
6. If necessary, be trusted with confidential information to help carry out assignments
7. Be treated with a spirit of friendliness and cooperation so that Tabitha will continue to be known as a "world-class experience" to Residents, Clients and families
8. A safe and inviting work environment that is free of harassment and discrimination

TABITHA EXPECTS VOLUNTEERS TO:

1. Know your duties and stay on task
2. Cooperate with TEAMembers and Volunteers while maintaining a team attitude
3. Track your volunteer hours each time you finish a work assignment
4. Be on time for scheduled volunteer hours
5. Honor your ***Commitment*** and come when scheduled
6. Treat all Clients, TEAMembers and other Volunteers with respect

NEED A DIFFERENT ASSIGNMENT?

Contact Tabitha's Volunteer department for reassignment or to explore other volunteering opportunities.

Safety Issues

TORNADO WATCHES AND WARNINGS

WATCH indicates that the weather conditions may lead to the creation of a tornado. Pay close attention to your radio for weather updates.

WARNING indicates that a tornado has been spotted. If you are still delivering a route, temporarily stop and locate a safe place to take shelter. Take your route sheet with you. You may need to call those on your route sheet to let them know their meal will be delayed until the tornado warning passes.

FIRE ALARMS

If delivering to buildings in which the fire alarms are sounding, do not enter the building. Tenants should be evacuating, so either remain nearby to deliver the meal once given the all-clear to enter, or locate the tenant outside to deliver their meal to them.

EQUIPMENT

Help prevent injuries. If you have not been trained to operate, do not use or play with equipment.

INFECTION CONTROL

- Wash your hands with soap and water for 20 seconds when you arrive and leave
- As you deliver each meal, use antibacterial gel, especially when entering a Client's home or when hands become soiled.
- If you are sick, do not report to Tabitha to deliver your route.
    - Call/email the Tabitha Meals on Wheels office to notify them of your sickness so they can get your route covered.
- Cough and sneeze into your sleeve

CLIENT SAFETY AND WELL-BEING

If you find a Client who has fallen and can't get up, DO NOT touch them. Instead, offer a chair, walker or other assistive device to see if the person can get up on their own.

If they are unable to do so, call 911 for assistance. Remain with the Client until medical personnel arrive and take over. Call and notify the Tabitha Meals on Wheels office and complete an incident report.

If you find a Client who is struggling to breathe or is unconscious, immediately call 911 for assistance. Remain with the Client until medical personnel arrive and take over. Please note, if you are CPR/FA certified, you are assuming a personal risk of exposure to infectious diseases if you render first aid without using protective equipment.

OLDER ADULT ABUSE IDENTIFICATION AND PREVENTION

Tabitha Volunteers will report all concerns related to alleged or suspected abuse, neglect or exploitation, as is regulatory requirement and agency policy/procedure.

Tabitha will not tolerate abuse, neglect or exploitation.

Tabitha will proactively train all Tabitha Meals on Wheels Volunteers on how to recognize and report potential and/or suspected abuse.

Identifying and Reporting Abuse (If you suspect a Client may be being abused)

1. Tabitha Meals on Wheels Volunteers will report all incidents of alleged violations involving mistreatment, neglect, exploitation or abuse, including injuries to unknown source and misappropriation of Client property
    a. Report immediately to the Tabitha Meals on Wheels Manager and to other officials in accordance with state law through established procedures.
2. The Manager will take the following action:
    a. Assist the Volunteer in assessing the situation. In cases where there is suspected or known sexual assault/abuse, or in incidents where there is serious physical injury or incidents of theft, law enforcement will be notified immediately. Evidence will not be handled until law enforcement has arrived.

b. Eliminate any immediate risk, including rendering assistance and/or putting TEAMember(s)/Volunteer(s) on leave
c. Coordinate a thorough physical assessment of the Client as warranted by the incident, including a photo of the injury
d. Notify the administrator as soon as possible following receipt of the report
e. If the administrator is unavailable, utilize the following chain of command: Assistant Administrator or designee
f. Complete an Incident Report
g. Direct the immediate acquisition of formal, written, signed and dated documentation immediately by:
    i. The individual bringing the allegations forward
    ii. Any eye-witnesses to the incident
    iii. The alleged abuser(s), if possible
    iv. The alleged victim(s), if possible
    v. The investigating supervisor's report, including physical assessment, if warranted

3. The administrator and/or their designee(s) will take the following action:
    a. Notify local law enforcement of any bodily injury within two hours if there is a suspicion of a crime
    b. Notify Adult Protective Services of the allegation of abuse and initiation of investigation via telephone within two hours of receipt of report
    c. Convene an investigation team to conduct interviews and gather information necessary to make a determination of abuse
    d. Facilitate a determination by the investigation team
    e. Report determination and action to all appropriate parties
    f. File a written report of the incident of alleged or suspected abuse or neglect, and request an extension, within five business days of receipt of report, to the Nebraska Department of Health and Human Services, Division of Investigations, and, if appropriate, law enforcement. The report should include the following information to the extent possible:
        i. Alleged abused or neglected person's name, social security number, address, telephone number, date of birth, sex, mental/physical condition, ability to be interviewed and reaction to incident, if able to obtain

ii. Description of the problem: when and where did the abuse/neglect occur; what is the frequency of the problem; if there are bruises, where are they located and what color are they; if there is an injury, when was the person injured and how did it occur; is the injury visible; and has the person received medical attention. If someone has threatened harm, when did it happen; what exactly did the alleged abuser say; and did anyone else witness the injury, verbal abuse, neglect, etc.
iii. Alleged perpetrators name(s), home address(es), date of birth(s), social security number(s), home telephone number(s) and relationship(s) to the alleged abused/neglected adult
iv. Other individuals who might have information: names, addresses and home phone numbers of family, friends, doctor, staff or others
v. Copies of written statements and pertinent nurses' notes for the alleged victim(s)
vi. What action has been taken by the organization, including a follow up to ensure Clients/TEAMembers are free from retaliation
vii. Reporting person's name, address, home telephone number and relationship to the alleged abused/neglected person.

g. Any person making a report of alleged abuse/neglect of a vulnerable Client is protected and immune from criminal or civil liability, except for malicious or intentional false statements
    i. The name of the reporter is kept confidential according to state statutes

Conduct

Tabitha is an at-will agency and has the right to terminate a Volunteer without cause, but will always consider the cause leading to the termination. Although it is not possible to list all the forms of behavior or conduct that are considered unacceptable in the workplace, the following are examples of infractions or conduct that may result in the limitation or termination of the volunteer relationship:

- Theft
- Use of drugs/alcohol
- Violence, abuse or mistreatment of Clients, Volunteers or Tabitha TEAMembers
- Releasing confidential information; violating HIPAA policy
- Failure to comply with teams' requests
- Failure to comply with policies and procedures
- Violation of safety and health rules or professional boundaries
- Sexual or other unlawful harassment or discrimination

Policies

DRESS CODE

- ***Dress neatly.*** You may wear nice shorts (no shorter than 5" above the knee), skirts or nice jeans or slacks. No holes or frayed edges on jeans or shorts
- ***Wear comfortable shoes that look neat and clean.*** You may be entering properties/porches that are not well-maintained, so safe shoes are a must. Tennis shoes are recommended. Avoid wearing open-toed shoes, if possible
- ***Shirts need to have a sleeve.*** A cap-sleeve shirt is fine. Avoid t-shirts with offensive wording or pictures (suggestive slogans, swear words, etc.). Crop tops are not permitted
- ***Practice basic hygiene*** and control body odor

LANGUAGE

Unacceptable language includes any words or expressions that are suggestive in nature or are considered swear words. Use of such language is not acceptable and will not be tolerated.

CELL PHONES

You may need to use a cell phone while delivering your route. Some find it helpful to use your cell phone's navigation to locate Client addresses, and some Clients require a phone call prior to delivering the meal. Please keep in mind your safety when driving such that you aren't distracted with your cell phone. Do not take photographs or videos of Clients, due to HIPAA privacy laws.

TOBACCO AND ALCOHOL

Tabitha is a non-smoking, tobacco-free campus, so please do not smoke or vape on the property nor while having food in your vehicle. Volunteers are not allowed to consume alcoholic beverages while delivering.

DISCRIMINATION AND HARASSMENT

Tabitha has a no-tolerance policy regarding any form of discrimination or harassment (verbal, emotional, physical, etc.) based on age, gender, race, ethnicity, religion, sexual orientation or any other characteristic.

NO-CALL, NO-SHOW POLICY

We expect Volunteers to be reliable and honor their ***Commitments*** to deliver their route when scheduled. However, if you are sick or unable to come in at your assigned time, please call or email the Tabitha Meals on Wheels office at 402.486.8589 as soon as possible so a replacement Volunteer can be assigned.

If you call out of delivering a route too frequently, we may reassign your route to lessen the impact of your absence.

If you have two no-call, no-shows, Tabitha will terminate the relationship.

Grievance Process

Tabitha thoroughly investigates all Client concerns and provides resolution to the extent possible. At times, Clients may voice concerns to you as you deliver the meal. Tabitha Clients are free to voice concerns to the community or other agencies without fear of coercion, discrimination, reprisal or retaliation. Tabitha will make prompt efforts to resolve grievances.

1. If a Client brings a concern regarding any aspect of Tabitha and meal delivery, please take the time to listen to their concern and take note so the concern can be passed along to the Tabitha Meals on Wheels Manager. Be sure to indicate

the name, phone number and address of the Client on your route who expressed the concern so the Manager can follow-up and investigate.

2. The Tabitha Meals on Wheels Manager will follow up on all grievances and will investigate to problem solve a resolution.
3. Volunteers may also express a concern or file a Grievance in person, via phone or in writing. These concerns will be investigated and followed up upon by the Tabitha Meals on Wheels Manager. If you do not feel your concern is resolved, you have the right to have the concern reviewed by the designated Tabitha grievance officer.
    a. The grievance officer will be notified of your concern
    b. The grievance officer will notify the Tabitha Administrator and other appropriate personnel about the grievance
    c. A thorough investigation of your concern will take place to determine root cause, and a plan of action will be implemented
4. Expect a resolution to your concern within five business days
5. You have the right to ask for written resolution to your concerns

Your grievance officer is:
Kara Warnke
Director, Social Services
402.484.9689
Kara.Warnke@Tabitha.org

Client Confidentiality, HIPAA and PHI

Tabitha recognizes the importance of protecting confidential information. Keep Resident information in the strictest confidence.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

A federal law imposed on all health care organizations, including hospitals, physician offices, home health agencies, nursing homes and other providers, as well as health plans and clearinghouses regarding PHI.

HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)

A federal law that created a mandated change to privacy and security laws to strengthen HIPAA. Applies to covered entities and business associates. HITECH created the possibility of nationwide electronic health records and increased penalties for privacy and security violations.

PROTECTED HEALTH INFORMATION (PHI)

PHI is any information about a Client written on paper, saved on a computer or spoken. This includes:

- Name, Address, Phone Number or the fact that a person is a Tabitha Client
- Medical record, social security number (You will not have access to this information as a Tabitha Meals on Wheels Volunteer)

Volunteers should only have access to and look at the information NECESSARY to perform their job. As route sheets contains PHI, ensure your route sheet is secured while delivering meals and make sure to return it upon completion of your route.

RESPECTING PRIVACY

Unless it directly pertains to your Volunteer duties, please do not:

- Take pictures or videos of Clients
- Look up information on Clients, friends or relatives in any systems
- Confirm or deny any information you may hear “on the street”
- Schedule visits or appointments with Clients outside of your delivery tasks

HIPAA AND CELL PHONE USAGE

No PHI should be texted from personal cell phones. Do not take photographs or videos of Clients or their home.

HIPAA AND EMAIL USAGE

When sending emails to the Tabitha Meals on Wheels office, do not include PHI in the subject line. Tabitha’s email system is such that external emails arrive “Encrypted” so you may email PHI information to the office.

Do not share with others what you hear, see or read related to Tabitha Meals on Wheels Clients, and return your route sheet after you complete your route.

PRIVACY OFFICER

If a breach occurs or is suspected, contact the privacy officer immediately:

Brian Shanks
Ext. 3545, 402.486.8545 or 402.417.5721
PrivacyOfficer@Tabitha.org
Privacy Line: 402.484.9996; Integrity Hotline: 1.877.282.2484

Tabitha Meals on Wheels
Volunteer Handbook Signature Form

I have been educated regarding the grievance process and know who the grievance officers are for Tabitha.

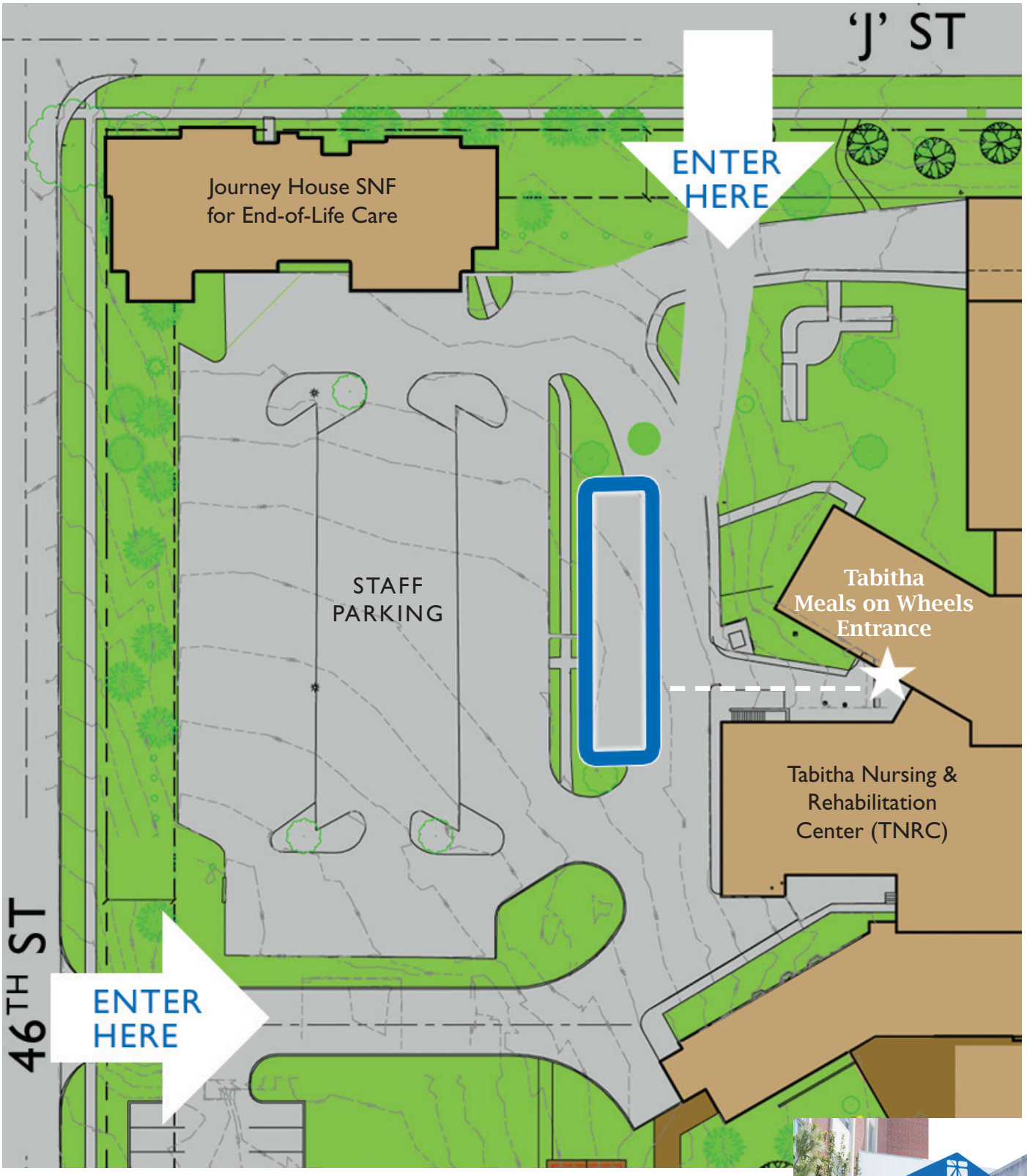
I have been educated regarding HIPAA, PHI and confidentiality.

I acknowledge I have received and reviewed the Tabitha Meals on Wheels Volunteer Handbook, and agree to adhere to all of the policies and procedures while serving at Tabitha.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____



Tabitha's main campus is located at 4720 Randolph St.

Tabitha Meals on Wheels entrance is on back, northwest side of building.

- Look for the BLUE Tabitha Meals on Wheels awning
- Designated Volunteer parking is right in front of the entrance

TABITHA MEALS ON WHEELS OFFICE | 402.486.8589