



# **Broadway House For Continuing Care**

*Providing the highest quality of care in a sub-acute environment with dedication and compassion.*

## ***History***

For more than a decade, New Jersey has been among the states suffering the greatest toll from the AIDS epidemic. Newark quickly became the flash point, with the highest concentration of AIDS cases in the state. In 1987, the New Jersey Department of Health recognized that the traditional acute care-focused delivery system was not adequate to meet the myriad of needs of New Jersey's AIDS patients, and it conducted a study to explore alternatives in care.

As a result of this study, a consortium was formed in 1988 under the leadership of UMDNJ. The Newark AIDS Consortium proposed the development of a sub-acute care facility in Newark that would function as a component of a comprehensive care management system for persons with AIDS. It took eight years before Broadway House would open.

The 66-bed Broadway House for Continuing Care is an all-important first step in the establishment of a caring, cost-effective delivery system. Licensed as a long term facility, it is designed to meet the post acute care needs of persons with AIDS through multiple modalities, including medical and nursing care, social services, recreation, physical rehabilitation, nutritional counseling, substance abuse counseling, and pastoral care.

## ***Mission and Philosophy***

As New Jersey's only specialized HIV/AIDS nursing care facility designed to meet the post-acute needs of people living with AIDS, the mission of Broadway House for Continuing Care is to provide first class residential health care and rehabilitative services to people living with HIV/AIDS. We do this with compassion, commitment, and pride. Our primary objective is to assure that every resident realizes his/her greatest potential in an environment that fosters dignity and respect.

The Staff of Broadway House and The University of Medicine Dentistry of New Jersey are proud to be a part of this important development in the ongoing war against AIDS, but recognize that more must be done as this disease goes on to destroy entire communities.



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## ***Mission and Philosophy of the Volunteer Program***

The volunteer program at Broadway House is dedicated to enhancing the quality of services provided to our residents through volunteer support. Volunteers are needed to assist the residents in the area of socialization by playing games, tutoring, and making room visits to simply talk and spend quality time with the residents.

Volunteers are important members of the organizational team and are carefully placed in assignments that best match their interests, skills, past experiences, and availability. Volunteer responsibilities are clearly defined and the appropriate orientation, training, and staff supervision provided. Similarly, volunteers are expected to carry out their responsibilities in a professional manner and to comply with the goals, values, policies, procedures, and standards established by Broadway House.

Broadway House seeks to ensure and provide equal opportunity to all persons seeking volunteer services without regard to race, age, color, religion, sex, marital status, sexual orientation, veteran's status, national origin or disability.

## ***Volunteer Classification***

For the purpose of program organization and insurance coverage, Broadway House defines a volunteer as a person who makes an **ongoing** contribution of time and service to an established program or project, without receiving financial compensation. Individuals who are involved in an internship program are also classified as volunteers.

## **Volunteer Job Description**

Volunteer positions require a minimum of a 2 hour a week commitment unless otherwise specified. Use this sheet as a guide for targeting your area of interest. Please be aware that available openings may change on a regular basis. Volunteer Services staff will work closely with you to find a placement that will match your interests to Broadway House for Continuing Care's needs.

### **Activities Volunteer**

- Assist residents with a range of therapeutic activities (i.e., arts and crafts, painting, bingo) in a professional manner
- Actively participate in developing, maintaining, distributing, and communicating monthly activity schedule
- Maintain confidentiality of all resident care information
- Conduct in-room visits which involve one-on-one activities with a resident

### **Seasonal Volunteer**

- Organize clothing donations
- Wrap Christmas gifts

### **General Office Volunteer**

- Computer data entry
- Filing, answering phones, faxing, copying

## **Important Contact Information**

### **Programs & Special Events Coordinator, Stacey Norris**

973-268-9797, ext 1034

E-mail: [norrisst@umdnj.edu](mailto:norrisst@umdnj.edu)

Fax: 973-268-2828

### **Director of Activities & Volunteers, Nicole Lalumiere**

973-268-9797, ext 1035

### **Activities Supervisor, Jennifer Stephens**

973-268-9797, ext 2214

### **Website**

[www.broadwayhouse.org](http://www.broadwayhouse.org)

## **Policies and Procedures**

### **Age requirements**

The minimum age for individual volunteers applying for service in direct client contact is 18 years of age. Individuals who are 16 and 17 years of age may be eligible to participate at the discretion of the Programs & Special Events Coordinator. Such individuals may participate in pre-approved assignments and special events such as fund-raisers, if volunteering with a family member or with parental consent. **No one under the age of 16 is allowed to participate in the Volunteer program due to safety and liability issues.**

### **Application Procedures**

All prospective volunteers seeking an ongoing assignment must complete the Broadway House Volunteer Application form and submit it on site to the Volunteer Coordinator or the Director of Activities & Volunteers. Volunteers under the age of 18 must secure parental approval on a designated form. The Statement of Confidentiality must also be signed before volunteer work can commence. In addition, all prospective volunteers must sign the waiver indicating that they have read and understand the volunteer manual.

### **Interviews**

The goal of the interview is to arrange a volunteer placement that is meaningful to both the individual and the organization. An interview is mandatory prior to beginning the volunteer work. All applications and interview related information and materials are to be treated confidentially.

### **Reference Checks/Background Verification**

All applications for volunteer involvement with Broadway House must provide one personal reference (non-family) at the time of the commencement of volunteer services. Reference checks will focus on the appropriateness of the applicant for the specific assignment under consideration. In addition to personal references, all volunteers must fill-out a background verification form.

### **Orientation**

An orientation session will be conducted for volunteers to provide the information necessary to help them understand and feel a part of the organization and the volunteer program.

### **Training**

A supervisor or a staff member designated by the supervisor will train volunteers in their assigned program or area.

## **Supervision**

The Programs & Events Coordinator is responsible for all supervision and corrective action regarding the Volunteer Program. The Activities Supervisor assists in conjunction with the coordinator, or in his/her absence assume the responsibility.

## **Recognition**

A volunteer recognition ceremony and celebration is scheduled every year.

## **Attendance**

Volunteers serve in a professional environment; therefore, maintaining the schedule agreed upon at the time of interview is imperative. Volunteers are required to maintain a minimum of one volunteer visit per month to be kept on the volunteer roster.

When a volunteer is unable to report to Broadway House, the Coordinator or Director must receive a call 2 hours before their expected arrival time. Excessive or unreported absences may result in the discontinuation of services.

## **Resignation**

If a volunteer must discontinue their services, the program coordinator should be contacted directly in writing.

## **Discontinuation of Services**

The Coordinator and volunteer should make every attempt to resolve any concerns or conflicts that arise. If the situation cannot be resolved, the Director of Activities & Volunteers may intervene. In addition, Broadway House reserves the right to discontinue the services of any volunteer for unsatisfactory performance.

## **Sign-In/Out Procedures**

All volunteers must sign-in/out when reporting for their assigned time. The sign-in/out system allows the organization to know who is volunteering at any given time, which is essential for insurance coverage. It also enables Broadway House to maintain an on going record of the hours and length of service contributed by each volunteer for recognition, service awards and management reports. The volunteer sign-in/out book is located at the security desk.

## **Badge Procedures**

An identification badge must be worn at all times so that both Broadway House staff and residents can easily identify volunteers. Prior to reporting to an assigned area, you must

pick up your badge from the security desk. Also, before departing Broadway House, you must drop off your badge at the security desk. Volunteer badges are not to leave Broadway House premises.

### **Drug/Alcohol Policy**

In conformity with State and Federal laws, Broadway House prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance and/or alcohol on the grounds or in the building of Broadway House. Any volunteer who violates this prohibition will be subject to immediate discontinuation of volunteer services and possible prosecution.

This policy may also deny volunteer placement to persons with a history of criminal activity, including the illegal use, possession or distribution of drugs.

### **Change of Personal Data**

Volunteers should promptly notify the Volunteer Coordinator of any change of name, address or telephone number.

### **Health Requirements**

Broadway House does not require a physical or physician's clearance of volunteers. However, volunteers are required to complete a 2-step Mantoux test before beginning service. Broadway House will provide this test free of charge. Volunteers are also expected to be physically, emotionally, and mentally able to handle their specific assignments. Furthermore, volunteers working in direct patient contact are urged to take the Hepatitis B vaccine at no cost.

### **Insurance Coverage**

Volunteers are covered for personal injury during the time they are volunteering for Broadway House. In order to be covered, volunteers must be participating in their assigned, authorized and approved assignment.

### **Loss of Personal Possessions**

Broadway House cannot be responsible for money or personal possessions that are lost or stolen.

### **Personal Appearance**

Volunteers are asked to maintain a professional appearance, as they represent Broadway House and may serve as role models for the residents. Clothing and hairstyles should be clean, neat and appropriate to their assignment. No shorts, mini-skirts, sweatpants, tank

tops, clothing with images of drugs or drug paraphernalia may be worn. Volunteers who have questions regarding specific clothing should speak to the Coordinator.

### **Smoking**

In the interest of the health and welfare of our residents, employees and volunteers, smoking is not permitted anywhere in the building of Broadway House. Smoking is only permitted outside on the front porch.

### **Acceptance of Gifts**

Solicitation or acceptance of gifts from residents, resident family members, or visitors is strictly prohibited. In the event that gifts are offered, they should be courteously declined and where appropriate reported to Social Services.

### **Tax Deduction**

Volunteers may not deduct the value of their volunteer time or services from their Federal Income Tax. However, volunteers may deduct out-of-pocket expenses directly related to their volunteer service.

Deductible expenditures include:

1. Automobile mileage and expenses for gas and oil. Expenses may be deducted at a standard rate per mile or on the actual expense basis. General repair and maintenance expenses may not be deducted.
2. Public transportation expenses.
3. Parking costs and toll fees.
4. Supplies purchased to perform volunteer duties.
5. Telephone calls to Broadway House in reference to volunteer work.
6. Dues, fees, or assessments made to qualified organizations.
7. Non-cash contributions (i.e., clothes, books, household items, equipment)

More detailed information can be obtained from the Internal Revenue Service. Please call 1(800)-424-FORM and request Publication #526, Charitable Contributions.

### **Transportation**

Each volunteer is responsible for his or her own transportation to and from Broadway House.

### **Unauthorized Services**

Volunteers may not provide services or handle tasks that are not defined on their approved assignment or for which they have not been trained. This includes, but is not limited to cutting hair, shopping for residents, ordering or bringing food, and lending money.

## **Do's and Don'ts of Broadway House**

### ***DO's***

- Follow Universal Precautions, which refers to infection control measures that all health care workers follow with the goal of protecting themselves and the residents from disease-producing organisms. The concept requires workers to treat all blood and various other bodily fluids as if infected with HIV, hepatitis B virus, and other blood-borne pathogens. Several precautions include frequent hand washing and using sterile gloves when deemed necessary.
- Wear gloves when handling food
- Refer to calendar for scheduled activities
- Clean up area following any activities
- Interact with residents
- Keep valuables in the Activities Office
- When visiting residents, knock on resident's door prior to entering room and introduce yourself
- Report inappropriate behavior in activities room to Activities Assistants and Director of Activities
- Sign in and pick up volunteer badge prior to the start of your day
- Return badge to security desk at the end of the day
- Volunteer between the hours of 9AM – 8PM, 7 days of the week
- Ask questions

### ***DON'Ts***

- Verbally, mentally or physically abuse residents
- Give residents money
- Accept gifts from residents
- Run personal errands for residents, i.e., do not go to the store for residents
- Distribute cigarettes or handle activities' cash box
- Smoke in the resident's smoke room
- Give out medications of any kind
- Attempt to perform any duty you have not been taught to do
- Bring unapproved volunteers into the building



## Frequently Asked Questions about HIV/AIDS

### General questions

#### ***What is AIDS?***

AIDS stands for acquired immune deficiency syndrome. It is caused by infection of the virus called human immunodeficiency virus, or HIV.

#### ***What is HIV?***

HIV is a blood-borne virus that is transmitted by sexual contact (intercourse, oral sex, anal sex) and blood-to-blood contact. In addition, infected pregnant women can transmit HIV to their babies during pregnancy or delivery, as well as through breast feeding. The virus destroys an individual's immune system so that their body is more susceptible to a wide range of infections and cancers.

Individuals with HIV are diagnosed as having an HIV infection. The majority of these persons will develop AIDS as a result of their HIV infection.

#### ***What body fluids transmit HIV?***

The following body fluids have been proven to spread HIV:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

Additional body fluids that may transmit the virus are as follows:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby

### ***What are the symptoms of HIV?***

The following **may be** warning signs of infection with HIV:

rapid weight loss  
dry cough  
recurring fever or profuse night sweats  
profound and unexplained fatigue  
swollen lymph glands in the armpits, groin, or neck  
diarrhea that lasts for more than a week  
white spots or unusual blemishes on the tongue, in the mouth, or in the throat  
pneumonia  
red, brown, pink, or purplish blotches on or under the skin or inside the mouth,  
nose, or eyelids

However, each of these symptoms may be related to other illnesses. Therefore, **the only way to determine whether you are infected is to be tested for HIV infection.**

### ***What does a person with HIV look like?***

A person with HIV may or may not look sick. People infected with the virus often look and feel healthy in the early stages of HIV infection. Actually, infected individuals can carry the virus for several years before they become sick. Keep in mind however, an infected person can pass the virus to others whether they look sick or not.

## **Transmission and Prevention**

### ***Can you get AIDS from sharing food and drinks?***

No. The amount of HIV present in saliva is insufficient to cause infection.

### ***Can you get AIDS from open-mouth kissing?***

Open-mouthed kissing is considered to be a very low risk activity for transmission of HIV. However, open sores or cuts within the mouth increase this risk.

***Can you get AIDS from casual contact (shaking hands, hugging, etc)?***

No. HIV is not transmitted by day-to-day social contact; it is not transmitted by shaking hands, using public toilets, or being around AIDS patients who sneeze or cough. HIV is not airborne, water-borne nor food-borne. In fact, HIV can not survive long outside the body.

***How effective are latex condoms in preventing HIV transmission?***

Studies have shown that latex condoms are highly effective in preventing the transmission of HIV when used consistently and properly. Latex condoms have been shown to be 99% effective in preventing HIV transmission.

***What techniques are used by healthcare personnel to prevent HIV transmission?***

- Routine use of barriers, such as sterile gloves, when in contact with blood or body fluids
- Thorough washing of hands and other skin surfaces directly following contact with blood or body fluids
- Careful handling and disposal of sharp instruments, such as needle sticks, during and after use

## **AIDS-Related Websites**

### **Broadway House for Continuing Care – [www.broadwayhouse.org](http://www.broadwayhouse.org)**

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### **Hyacinth – [www.hyacinth.org](http://www.hyacinth.org)**

Hyacinth is a non-profit organization that offers a variety of services ranging from HIV education to advocating political and social policies for the HIV community in New Jersey.

### **Gay Men's Health Crisis – [www.gmhc.org](http://www.gmhc.org)**

Gay Men's Health Crisis is dedicated to educating the community about HIV and AIDS, as well as promoting the importance of HIV prevention and treatment.

### **New Jersey Community Research Initiative – [www.njcri.org](http://www.njcri.org)**

NJCRI is a non-profit corporation committed to discovering a cure for HIV by performing various clinical trials. NJCRI is also dedicated to increasing public awareness of HIV/AIDS.

### **New Jersey Women and AIDS Network – [www.njwan.org](http://www.njwan.org)**

NJWAN offers various programs and services intended to decrease the spread of HIV infection in women, improve access to quality care and treatment of women with HIV, and educate the community about HIV/AIDS.

### **New Jersey Division of Disability Determination Services – [www.wnjin.state.nj.us/services/ddd.html](http://www.wnjin.state.nj.us/services/ddd.html)**

The Division of Disability Determination Services of New Jersey provides benefits and monthly payments for individuals with a medically determinable impairment, such as HIV.

### **Centers for Disease Control and Prevention – [www.cdc.gov](http://www.cdc.gov)**

CDC is a federal agency committed to protecting the health and safety of people, promoting health, and providing information to enhance health decisions. The Division of HIV/AIDS Prevention provides various services, including general information on HIV and AIDS, as well as statistics about HIV and AIDS.



## The Importance of Hand Washing



All members of the Broadway House Staff, including volunteers, must work together in controlling the spread of infection. Infection can be spread via 3 main routes:

- patient to patient
- patients to personnel (including volunteers)
- personnel to patients

According to the Centers for Disease Control (CDC), as of December 2001, occupational exposure to HIV has resulted in 57 healthcare personnel becoming infected with HIV. Due to this, efforts have been developed to prevent the transmission of HIV and other infectious diseases to healthcare personnel in the workplace.

Practicing good hand washing techniques has proven to minimize the spread of infection; hand washing is the most crucial element of infection control. Hands should be washed at least 15 seconds with liquid soap and water, and then dried thoroughly. A paper towel should also be used to turn off the faucet to prevent recontamination.

Hand washing should be done:

- After arriving to work—this removes any germs brought in from the outside
- Before leaving work to avoid taking germs home
- Before and after performing any personal body functions such as eating, blowing or wiping your nose, and using the bathroom
- Before and after any personal contact with patients—this prevents the spread of germs between patients
- After handling any materials (linens, food trays, etc.) used by patients

## **Hepatitis and Tuberculosis— How do they affect HIV?**

### **Hepatitis**

Hepatitis is an inflammation of the liver, usually caused by viral infections, toxic agents, and drugs. It is characterized by “flu-like” symptoms, such as abdominal pain, loss of appetite, nausea, fatigue, as well as jaundice (a distinct yellowing of the skin and eyes) and liver enlargement. Hepatitis can also lead to liver failure, cirrhosis, and liver cancer.

Viral hepatitis is caused by one of five viruses, hepatitis A, B, C, D, and E; the most severe causative agent being the hepatitis B virus. Hepatitis B virus (HBV) is the only type causing chronic hepatitis. There is no cure for hepatitis B, however a vaccine is available.

It is estimated that as many as 18,000 healthcare workers are infected each year due to work-related exposure to HBV, resulting in 200-300 deaths. HBV is easily transmitted through contaminated needle stick injuries and contact with infectious blood via open cuts or mucous membranes. It can take up to six months for symptoms to appear after exposure to HBV, therefore, it is imperative that those who sustain significant exposure to blood and body fluids receive the vaccination immediately to prevent infection. Due to this, promptly report an exposure to your supervisor.

- **HBV Infection and HIV**

Hepatitis B has been shown to be a more debilitating disease in HIV-positive persons than in HIV-negative persons. In addition, the degree of protection from the vaccine seems to be less in HIV-positive individuals. Nonetheless, the vaccine is given to provide some protection from a more severe or detrimental stage of disease.

### **Tuberculosis**

Tuberculosis is a disease caused by the bacillus *Mycobacterium tuberculosis*, which commonly infects the lung. Tuberculosis can be characterized by a persistent cough, fatigue, weight loss, fever, loss of appetite, and night sweats.

The prevalence of tuberculosis has increased steadily since the 1980's due to the emergence of AIDS. Individuals infected with HIV suffer from several opportunistic infections, including tuberculosis, as a consequence of their compromised immune systems. Of these opportunistic infections, tuberculosis is not only the most prevalent, but it also the most common cause of death in patients with AIDS.

## Coping with Grief

Grief can be defined as a source of deep mental anguish that an individual faces following a significant loss. It is not a state, but a process—a process that is a vital component of healing.

Several stages of grief have been identified, however, it is important to realize that there is not a script to follow when coping with grief; each person's response to a loss is unique. In addition, a person may have successfully worked through a stage, but that stage may resurface again following a comment by others, a specific situation, or any number of circumstances.

### 5 stages of grief

- **Denial & Isolation (This isn't *happening* to me!)**  
Initially, the grieving person may deny that the loss has taken place, and may possibly withdraw from usual social contacts. This stage may last a few minutes or even months. Similar to all of the stages of grief, one may return to this stage at different times throughout the healing process.
- **Anger (Why is this *happening* to *me*?)**  
The reasons and targets of anger during grief are unique. Grieving persons may be angry at themselves, at the world for “letting it happen”, or at someone who said or did something hurtful shortly after the death. Whatever the circumstances may be, it is important that the anger is recognized, and handled appropriately.
- **Bargaining (I promise I'll be a better person *if*...)**  
When times get rough and the pain becomes overwhelming, grieving individuals consciously or unconsciously enter into some form of negotiation. Bargaining is an attempt to postpone the expected and includes a promise of good behavior if a specific wish is granted.
- **Depression (I don't *care* anymore!)**  
Depression symbolizes the breakdown of defenses in times of grief. Several symptoms of depression include sadness, hopelessness, loss of appetite, inability to enjoy anything, and preoccupation with thoughts of suicide. Similar to other stages of grief, there is not a set time frame for depression; it may last as short as several days, or as long as several months. Depression may also reoccur when memories are stimulated by song, sight, etc.
- **Acceptance (*I'm ready* for whatever comes)**  
After the anger and sadness subsides, the grieving person can accept the reality of the loss. Slowly, individuals become more effective at work and home, and are capable of making decisions and handling problems more easily. These individuals will learn to accept the death and will see options and possibilities for the future.

### **Recovering from Grief**

People are often unprepared for grief, given that tragedy often strikes suddenly. It is very important that affected individuals share their grief with a support network of friends and family. Trained counselors may also be sought for additional support\*. Without help, a person may feel increasing discomfort, restlessness and anxiety.

**\* Trained counselors from the department of social services at Broadway House are available to provide support during, as well as after, the grieving process.**



# **Broadway House For Continuing Care**

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## **Resident Rights**

Each resident shall be entitled to the following rights:

1. To retain the services of a physician the resident chooses, at the resident's own expenses or through a health care plan;
2. To have a physician explain to the resident, in a language that the resident understands, his or her complete medical condition, treatment and expected results to the treatment\*, except when the physician deems it medically inadvisable to give such information to the resident and the record indicates the reason for such decision; \*\* (If this information would be detrimental to the resident's health and provides an explanation to his or her next of kin or guardian and documented in the resident's medical record);
3. To participate, to the fullest extent that the resident is able, in planning his or her own medical treatment and care;
4. To refuse medication and treatment, after the resident has been informed, in a language the resident understands, of the possible consequences of the decision. The resident may also refuse to participate in experimental research, including the investigation of new drugs and medical devices. The resident shall be included in experimental research only when he or she gives informed, written consent to such participation;
5. To be free from physical and mental abuse;
6. To be free from chemical and physical restraints, unless they are authorized by a physician for a limited period of time, to protect the resident or others from injury. Under no circumstances shall the resident be confined in a locked room or restrained for punishment, for the convenience of the nursing home staff, or with the use of excessive drug dosages;
7. To manage his or her own finances or to have the responsibility delegated to a family member, an assigned guardian, the nursing home administrator, or some other individual with power of attorney. The resident's authorization must be in writing, and must be witnessed in writing;
8. To receive a written statement of admission agreement, describing the services provided by the nursing home and the related charges. Such statement or admission agreement must be in compliance with all applicable State and Federal laws. This statement or agreement must also include the nursing home's policies for payment of fees, deposits, and refunds. The resident shall receive this statement or agreement prior to or at the time of admission, and afterward whenever there are changes;
9. To receive a quarterly written account of all resident's funds and itemized property that are deposited with the facility for the resident's use and safekeeping and of all financial transactions with the resident, next of kin, or guardian. This record must also show the amount of property in the account at the beginning and end of the accounting period, as well as a list of all deposits and withdrawals, substantiated by receipts given to the resident or his or her guardian;
10. To have daily access, during specified hours, to the money and property that the resident has deposited with the nursing home. The resident also may delegate, in writing, this right of access to his or her representative;
11. To live in safe, decent, and clean conditions in a nursing home that does not admit more residents than it can safely accommodate while providing adequate nursing care;
12. To be treated with courtesy, consideration, and respect for the resident's dignity and individuality;

13. To refuse a transfer to another room within the facility unless there is a clinical reason for the transfer which has been documented by a physician's order or nursing assessment and to receive prior notification of any proposed change in room or roommate. The nursing home shall not move the resident to a different bed or room in the facility if the relocation is arbitrary and capricious. A transfer would not be considered arbitrary and capricious if a facility can document a clinical necessity for relocating the resident, such as a need for isolation or to address behavior management problems, or there is a hardship through a delay caused by inefficient distribution of beds by gender;
14. To wear his or her own clothes, unless this would be unsafe and impractical. All clothes provided by the nursing home must fit in a way that is not demeaning to the resident;
15. To keep and use his or her personal property, unless this would be unsafe, impractical or an infringement on the rights of other residents. The nursing home shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement;
16. To have physical privacy. The resident shall be allowed, for example, to maintain the privacy of his or her body during medical treatment and personal hygiene activities, such as bathing and using the toilet, unless the resident needs assistance for his or her own safety;
17. To have reasonable opportunities for private and intimate physical and social interaction with other people, including arrangements for privacy when the resident's spouse visits. If the resident and his or her spouse are both residents of the same nursing home, they shall be given the opportunity to share a room, unless this is medically inadvisable, as documented in their records by a physician;
18. To confidential treatment of information about the resident. Information in the resident's record shall not be released to anyone outside the nursing home without the resident's approval, unless the resident transfers to another health facility, or unless the release of information is required by law, a third-party payment contract, or the New Jersey State Department of Health;
19. To receive and send mail in unopened envelopes, unless the resident requests otherwise. The resident also has a right to request and receive assistance in reading and writing correspondence unless it is medically contraindicated, and documented in the record by a physician;
20. To have unaccompanied access to a telephone, at a reasonable hour to conduct private conversations, and, if technically feasible, to have a private telephone in his or her living quarters at the resident's own expense;
21. To stay out of bed as long as the resident desires and to be awakened for routine daily care no more than two hours before breakfast is served, unless a physician recommends otherwise and specifies the reason in the resident's medical record;
22. To receive assistance in awakening, getting dressed, and participating in the facility's activities, unless a physician specifies reasons in the resident's medical record;
23. To meet with any visitor of the resident's choice between 8:00am and 8:00pm daily. If the resident is critically ill, he or she may receive visits at any time from the next of kin or a guardian, unless a physician documents that this would be harmful to the resident's health;
24. To take part in nursing home activities, and to meet with and participate in the activities of any social, religious, and community group, as long as these activities do not disrupt the lives of other residents;
25. To leave the nursing home during the day with the approval of a physician and with the resident's whereabouts noted on a sign out record. Arrangements may also be made with the nursing home for an absence of overnight or longer;
26. To refuse to perform services for the nursing home;
27. To request visits at any time by representatives of the religion of the resident's choice and, upon the resident's request, to attend outside religious services at his or her own expense. No religious beliefs or practices shall be imposed on any resident;
28. To participate in meals, recreation, and social activities without being subjected to discrimination based on age, race, religion, sex, nationality, or disability. The resident's participation may be restricted or prohibited only upon the written recommendation of his or her physician;
29. To organize and participate in Resident Council that presents resident's concerns to the administrator of the facility. A resident's family has the right to meet in the facility with the families of other residents in the facility;

30. To discharge himself or herself from the nursing home by presenting a release signed by the resident. If the resident is an adjudicated mental incompetent, the release must be signed by his or her next of kin or guardian;
31. To be transferred or discharged only for one of more of the following reasons, with the transfer or discharge recorded in the resident's medical record:
  - i. In an emergency, with notification of the resident's physician and next of kin or guardian
  - ii. For medical reasons or to protect the resident's welfare or the welfare of others
  - iii. To comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act, as specified in N.J.A.C. 8:39-9,5 (d); or
  - iv. For nonpayment of fees, in situations not prohibited by law
32. To receive written notice at least 30 days in advance when the nursing home requests the resident's transfer or discharge, except in an emergency. Written notice shall include the name, address and telephone number of the New Jersey Office of the Ombudsman for the Institutionalized Elderly, and shall also be provided to the resident's next of kin or guardian 30 days in advance;
33. To be given a written statement of all resident rights as well as any additional regulations established by the nursing home involving resident rights and responsibilities. The nursing home shall require each resident or his or her guardian to sign a copy of this document. In addition, a copy shall be posted in a conspicuous, public place in the nursing home. The nursing home is responsible for developing and implementing policies to protect resident rights;
34. To retain and exercise all the constitutional, civil, and legal rights to which the resident is entitled by law. The nursing home shall encourage and help each resident to exercise these rights; and
35. To voice complaints without being threatened or punished. Each resident is entitled to complain and present his or her grievances to the nursing home administrator and staff, to government agencies, and to anyone else without fear of interference, discharge, or reprisal. The nursing home is required to provide each resident and his or her next of kin or guardian with the names, addresses, and telephone numbers of the government agencies to which a resident can complain and ask questions, including the New Jersey State Department of Health and the Office of the Ombudsman for the Institutionalized Elderly. These names, addresses, and telephone numbers shall also be posted in a conspicuous place near every public telephone and on all public bulletin boards in the nursing home.

Each resident, resident's next of kin, and resident's guardian shall be informed of the resident's rights enumerated in this subchapter, and each shall be explained to him or her. None of these rights shall be abridged or violated by the facility or any of its staff.

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## **Fire Safety Plan**

Fires can and do occur. Over the past few years, facilities have suffered the loss of lives and property. This does not mean that any one person was at fault. No one knows when a fire or other disaster will occur. Disasters of all types strike without notice. We cannot control what will happen, when it will happen, or to whom it will happen. However, we can be prepared for such disasters.

Broadway House, with the assistance of the Newark Fire Department, as well as other support agencies, has developed the following Fire Evacuation and Preparedness Plan to provide you with detailed instructions concerning proper emergency procedures during minor and major emergencies occurring at Broadway House. This plan has been tested for its adequacy and has been determined to effectively meet our needs.

It is imperative that you know exactly when to carry out emergency procedures, how to carry out the procedures, what your job function is during an emergency and where your job assignment will be. We will conduct fire drills, fire classes and in-service training programs to thoroughly familiarize you with its contents.

The greatest danger in times of emergencies is not the emergency itself, but the panic and confusion caused by the emergency. How you will handle yourself and others around you is extremely important. We must remember that not only must we provide for the safety of our residents, but for their security as well. A difficult task, but one that can be achieved if we follow the plans we have established.

If there are areas you do not understand, please do not hesitate to ask questions. We must function as a team. It is the only way this plan will be effective. Your complete understanding of all areas is a must.

Remember, you must remain calm during emergencies. Do no panic. Panic will only cause confusion and unnecessary injuries. Know this plan. Your life, as well as others, may depend on it.

## **General Fire Procedure**

The purpose of these procedures is to direct personnel in the safe evacuation of residents in the event of a fire. Specific guidelines for reporting fires and handling fires follow.

### **In Case of a Fire — R.A.C.E.**

Rescue people in immediate danger

Activate the alarm (pull fire alarm)

Contain fire by closing all doors

Extinguish (use good judgment when deciding to fight fire)

### **All Broadway House Employees**

- a. All Broadway House employees have the responsibility for the care and custody of residents as well as for the safety of employees and visitors while in the facility.
- b. The first sixty (60) seconds of any fire are the most critical. The room containing the fire must be evacuated and closed off within 3-4 minutes to avoid a rapid spread of the fire.
- c. When the interior fire alarm is sounded, it notifies all personnel that a fire emergency exists and that the fire procedure outlined in this manual will be in effect. Those with specific duties will proceed to carry them out. Others will remain where they are and await further instructions.
- d. Department Managers and/or supervisors will assume full responsibility of their area and take charge of all personnel who are in their area at the time of the fire emergency.

## Disaster Plan (Code Yellow)

Key: MOIC – Medical Officer in Charge  
NOIC – Nursing Officer in Charge  
AOIC – Administrative Officer in Charge

### **Purpose**

The purpose of the disaster plan shall be to define and coordinate the overall effort and response by the facility to the numerous victims presented in an effort to provide for them the highest quality of care.

Copies of the current disaster plan for evacuating residents will be sent to Municipal Emergency Management Officials.

There will be at least one disaster drill each year in which a larger number of residents is simulated. An actual emergency of this type shall be considered a drill.

### **Oral procedure for Activating the Disaster Plan:**

1. Announce Code Yellow after advised to do so by the AOIC.
2. After normal duty hours, call the home residencies of the following Department Managers and advise them each of the Code Yellow. All current home telephone numbers must be kept on the “Key Staff Call List” in the reception area and Nursing Office. Home residence telephone numbers will be kept updated by the Executive Secretary.

- a. Administrator
  - Director of Building Services
  - Director of Nursing
  - Supervisor of Building Services
  - Director of Resident Services
  - Director of Food Services
  - Director of Finance
  - Director of Human Resources

#### **b. The Nursing Supervisor shall:**

Confer with Administration to agree to activate a Code Yellow.

#### **c. Command Post**

The command post shall assist in securing the necessary manpower and resources to assist in performing efficiently. All personnel, unless otherwise directed should report to their departments. Once Code

Yellow is activated, the command post shall be the Administrator's Office, unless otherwise designated by the AOIC.

**d. Cancellation of Code Yellow**

After the AOIC decides to cancel the Code Yellow, the Reception Area will be advised to announce "All Clear" three times on the P.A. system.



## **Broadway House For Continuing Care**

*Providing the highest quality of care in a sub-acute environment with dedication and compassion.*

I acknowledge that I have received the Broadway House for Continuing Care Volunteer Manual and understand that it is my responsibility, as a Broadway House volunteer, to read and comply with the policies and procedures set forth within.

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[Signature of Volunteer]

[Date]

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[Signature of Programs & Special Events Coordinator]

[Date]