

## **PATHWAYS AT LIBERTY PARK POLICIES AND PROCEDURES**

### **Governing Body**

Pathways at Liberty Park is a respite ministry of The Church at Liberty Park, Vestavia Hills, Alabama, hereinafter referred to as "respite ministry" or "Pathways ministry" or "program."

### **Purpose**

Pathways ministry is designed to meet the social and emotional needs of adults with memory loss disorders and their caregivers. It provides activities and socialization opportunities outside the home in a safe and caring setting for older adults with mild to moderate memory loss disorders and their caregivers. It provides their caregiver with emotional support through a caregiver support group, information regarding available resources, and personal time away during the day in which to rest and address their own needs.

### **Services Offered**

For the Adult Participant:

The respite ministry provides a safe, loving environment for the well-being of each participant. A variety of activities includes, but is not limited to, social, creative, intellectual, spiritual, and recreational programming. All activities are designed to provide mental stimulation and social participation. Examples of activities include group singing, gardening, crafts, community services, reminiscing, exercise, adapted floor games, intergenerational programs, art therapy, pet therapy, and socialization activities.

For the Caregiver:

The respite ministry provides respite (an interval of rest or relief) for the caregiver. It supports the efforts of the family to keep the participant in the home environment, which will contribute to the quality of life of the participant as well as the family. The respite ministry offers a support group meeting once a month for the caregiver. Support groups offer comfort and reassurance, and can be a good source of information regarding available community resources, nursing home options, Alzheimer information, etc.

### **Hours, Days of Operation, Location**

Pathways at Liberty Park operates on Wednesdays from 10:00 A.M. until 2:00 P.M. The respite ministry will be closed on all legal holidays, i.e., New Year's Day, Martin Luther King's Day, Fourth of July, etc. Additional times of closure include, but not limited to, The Church at Liberty Park Vacation Bible School week, Christmas Holiday week(s) and Thanksgiving Holiday week. If Vestavia City Schools are closed for any purpose (inclement weather, etc.), Pathways ministry will also be closed. Advanced notification of closing will be communicated to participants and caregivers.

Pathways at Liberty Park is a ministry of The Church at Liberty Park located at 12001 Liberty Parkway, Vestavia Hills, Alabama 35242. Dropoff is at 10:00 A.M. and pickup is at 2:00 P.M. on Wednesdays in the front of the church unless the participant and the caregiver are notified otherwise.

### **Admission Criteria**

Participation in the program will be based on the applicant's ability to participate in the program and the initial interview with the director. Taken into consideration when evaluating whether an applicant is capable of participating in the program are the following:

- Medical stability – a participant may be frail and have physical problems, but must be medically stable
- Ability to ambulate independently with or without assistive devices without potential danger to self or others
- Ability to perform Activities of Daily Living independently – Activities of Daily Living include being able to manage their basic physical needs, including toileting, transferring or ambulating and feeding themselves
- Continence Policy – participants must be able to manage their own restroom needs and manage their personal continence supplies. Volunteers may guide and escort participants to the restroom during the day but are not allowed to enter the stall with a participant. There are restroom breaks taken during the day to walk participants past the restroom to remind them where the restroom is if there is a need. Family members will be alerted if a pattern of accidents arises.
- Ability to interact and socialize with others.
- Ability to exhibit acceptable behavior in a group.

The following may be examples for excluding an applicant from Pathways ministry:

- Unmanaged incontinence
- Disruptive or combative behavior
- Psychosis
- Communicable disease
- Need for one-on-one continual supervision

### **Admission Procedure**

- (a) An initial telephone interview will be conducted by the director,
- (b) An application will then be given to the caregiver to be filled out and returned to the director;
- (c) An invitation for the potential participant to visit the program for a day at the regular daily fee will be extended;
- (d) Following returned application and assessment, the participant is enrolled.

### **Discharge/Termination Criteria and Procedure**

Examples of reasons for discharging a participant from the program are the same as those listed under

Admission Criteria (examples for excluding an applicant section).

If the caregiver and/or the participant is no longer satisfied with our program or if it no longer meets the needs of the participant the participant can be discharged from the program. If the participant is no longer able to take part in the program due to physical or mental deterioration, the director reserves the right to discontinue the participant from the program. The caregiver will be contacted by phone, email or in person about the need for discharge of the participant. At this time, the director may provide the family with suggestions of program options that may better serve their needs. Successful placement is not the responsibility of Pathways ministry.

Consideration of discharge from Pathways ministry will be discussed with the family member(s)/ the caregiver before final decision of termination is made to give as much advance notice as is reasonably possible. The decision of discharge is left to the Director of Pathways at Liberty Park in consultation with appropriate ministerial staff member(s). Upon the final decision, the discharge will occur and any fees paid in advance will be refunded.

#### **Payment/Rates/Attendance**

There is a fee of \$50.00 per day for participation in the Pathways ministry. Statements are issued at the end of the month for the number of days the participant has attended the program.

There is no charge for days not attended; communication to the director or assistant director, however, is vital for planning and meal preparation purposes.

#### **Staffing**

A director and assistant director will staff the Pathways ministry. In the director's absence, the assistant director will oversee the operation and activities of Pathways at Liberty Park ministry. Trained volunteers provide additional staffing and are assigned participants with whom they will socialize during the day. The ratio of volunteers to participants may vary, depending upon the number and needs of a participant. Each program day will be considered "full" when it numbers 10 participants. This number can be adjusted if deemed appropriate and needed.

#### **Communication**

It is of great importance that lines of communication between caregiver and Pathways program director remain open. If the family of the participant has concerns, observations, and/or suggestions they would like to discuss, they are always encouraged to do so. This can be best accomplished by scheduling an appointment with the director.

#### **Medication/Health/Injury**

Participants needing to take medication(s) during the Pathways ministry hours must be able to take it/them independently. Participants must keep the medications with them during the day, as Pathways ministry is unable to store medications. If appropriate notice is given, Pathways program staff will remind a participant to take his/her medication; however, they are unable to administer any



medications. Family members must take full responsibility for medication administration.

Respite ministries do not provide medical or nursing care, and no medication is administered on-site. Pathways is a social model of care. Staff and volunteers are not trained to give medicine. We ask families to consult with participant's doctor(s) to ascertain if medicine times can be adjusted around the respite ministry hours.

No one on staff is a medical professional. If a participant shows signs of illness or infectious disease, the director will contact the participant's caregiver, advising him/her to pick up the participant. Please note: If the participant is experiencing a fever and/or symptoms of a respiratory illness, they should be kept home during duration of illness.

Sickness and accidents resulting in physical injury or suspected physical injury will be reported to the director who will arrange for appropriate medical attention. The caregiver of the participant will be immediately notified, and appropriate emergency actions will be taken. If it is deemed necessary, 911 will be called with possible transportation to the hospital resulting. Any accident reports filed will need the signature of the caregiver/guardian.

#### **Nutrition**

A nutritious lunch will be served daily. Occasionally, a snack will be provided. Beverages such as coffee, water, lemonade and tea will be available to participants during the day.

#### **Paid Attendants**

Participants may choose to have their personal paid attendants with them during the respite ministry hours. Paid assistants will provide necessary aid to their own client but will be expected to assist their client in participating in the activities as scheduled. They will also be responsible for payment for their meals.



**Pathways at Liberty Park**  
**The Church at Liberty Park**

12001 Liberty Parkway, Vestavia Hills, Alabama 35242 | 205.969.1236 | [www.libertypark.org/pathways](http://www.libertypark.org/pathways)

**Application Form**

Participant's Full Name: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Marital Status: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ Widow/er \_\_\_\_\_

Participant presently lives with \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**EMERGENCY INFORMATION**

Doctor's name, address, phone #:

\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

List all physical problems, including mental health and communicable diseases: \_\_\_\_\_

\_\_\_\_\_

List any dietary or physical restrictions: \_\_\_\_\_

\_\_\_\_\_

List medications/dosage: \_\_\_\_\_

\_\_\_\_\_

**CAREGIVER CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from participant): \_\_\_\_\_

\_\_\_\_\_

*Alternate* Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Additional* Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**SEND RESPITE INVOICES TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email (billing purposes only): \_\_\_\_\_

**ADDITIONAL:**

\_\_\_\_\_ Check if you agree to receive email from support group, event notices, etc.

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*Name of Applicant*

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*Signature of Applicant*

Date: \_\_\_\_\_

*Use back of application for any additional information we may need to know to aid the participant's care.*



## PROFILE OF PATHWAYS RESPITE PARTICIPANT

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name Participant likes to be called: \_\_\_\_\_

Family History (marital history, number and names of children, where they live and other important relationships): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Friends: \_\_\_\_\_

Pets: \_\_\_\_\_

Childhood History (Place of birth, parents, nationality, languages spoken, experiences, past-times):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education/Former Occupations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Interests, Awards, Volunteer Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Interests and Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Musical Tastes (Play instrument? Sing? What music do they enjoy?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious preference: \_\_\_\_\_

Social Interaction (Enjoy large groups/smaller groups?): \_\_\_\_\_

Anything else you would like us to know about participant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(TO BE KEPT IN VOLUNTEER BINDER)**

## PATHWAYS AT LIBERTY PARK

### ENROLLMENT CONTRACT

I, \_\_\_\_\_, agree to the following regarding the enrollment process for Pathways at Liberty Park Respite Ministry:

1. I have read and understand the Policies and Procedures of the Pathways Respite Ministry.
2. I agree to inform the Respite Ministry staff of any changes pertaining to the participant including health, mental and physical status.
3. I agree to arrange or be available for prompt pick-up if the participant should become ill or disruptive.
4. I agree to keep the participant out of the Pathways Respite Ministry if he or she has a fever, the flu, or other contagious illness.
5. I agree to participate in requested family meetings when requested by the Pathways Respite Ministry staff.
6. I agree to notify the Pathways Respite Ministry staff if the participant will be absent from the program. If possible, a 24-hour notification is requested.
7. I agree billing procedures will involve statements being sent to the address or email provided by the legal guardian/caregiver at the end of each month. Payment is due within 10 days of receipt of the bill. Checks should be made to The Church at Liberty Park. Please note in the memo line, "Pathways at Liberty Park."

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Legal Guardian/Caregiver Name

\_\_\_\_\_  
Legal Guardian/Caregiver Name

## STATEMENT OF MEDICAL CONDITION

Dear Physician:

This patient has applied to attend *Pathways at The Church at Liberty Park*. Please certify that he/she is free of communicable diseases and has had the necessary and appropriate immunizations.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Last: Flu Shot \_\_\_\_\_ Pneumonia Vaccine \_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_

TB Test \_\_\_\_\_ Results were positive \_\_\_\_\_ negative \_\_\_\_\_

Allergies \_\_\_\_\_

Please circle the recommended diet for this patient:

Regular      Low Salt      Low Cholesterol      Diabetic/Low Calorie

Other \_\_\_\_\_

Special Considerations/Precautions/Comments \_\_\_\_\_

I certify that the above-named patient is free of communicable diseases and recommend his/her participation in the Pathways Respite Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_



Name of Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Doctor and Preferred Hospital: \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL CARE

As the legal guardian of the participant in the Pathways at Liberty Park Program of The Church at Liberty Park of Vestavia Hills, Alabama, I hereby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.

Any resultant bill will be the responsibility of the participant and/or caregiver/guardian. Said individual(s) will be responsible for the filing and the payment of all medical claims and bills.

In the event a medical situation is not an emergency, staff may request that a physician see the participant and provide a written release form to return to the Pathways Respite program.

The staff (paid or volunteer) of The Church at Liberty Park will not be held responsible for any injury, accident or mishap which occurs to the named participant during the course of the Pathways Respite Ministry hours. I/we acknowledge that The Church at Liberty Park cannot and does not assume responsibility for any undesirable incidents or injuries should the participant leave the respite ministry site without permission.

Every reasonable effort will be made to ensure the safety of the participant.

Participant's Name: \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Physician Name and Phone:

\_\_\_\_\_

Hospital of

Choice: \_\_\_\_\_

## **Emergency Care Policy**

Dear families,

The Governing Body has reviewed and updated policies and procedures for Pathways Respite ministry. The Governing Body sought counsel from the appropriate medical representative(s) and attorney(s) and has developed The Pathways Respite Emergency Care Policy for the participants' emergency care. We realize participants are in various stages of dementia and other memory loss disorders and we will make every effort to respect their wishes and those of their families. It is critical that Pathways Respite Ministry staff be made aware of any advanced directives such as DNRs or living wills and have a copy on file at the church so the staff will know how to proceed with care in case of an emergency. Following is the most current policy as adopted by our Governing Body. Many caregivers are so focused on their loved one (the participant) they forget to have these measures in place for themselves. Please consider your wishes as well.

### **Respite Emergency Care Policy**

Realizing that many persons attending Pathways Respite Ministry are infirm and have chronic disease, and realizing that many have executed Advanced Directives, the following policies are enumerated.

1. Any participant who has executed an Advanced Directive should provide a copy to the Pathways Respite Ministry Director. Especially important is the participant's or family's wishes regarding resuscitative measures should the participant have a cardiopulmonary emergency while at The Church at Liberty Park.
2. The staff of the Pathways Respite Ministry will follow, as much as possible, the known wishes of those who express not to have CPR (cardiopulmonary resuscitation) in the case of an emergency. Should such an emergency arise, paramedics will be called and the participant's wishes regarding CPR will be relayed to the paramedics. CPR in the form of respiratory assistance or cardiac shock will not be initiated. Instead, appropriate comfort measures will be administered until the paramedics arrive.
3. Should there be no information regarding an Advanced Directive, and should such a participant emergency arise, the staff of Pathways Respite Ministry or other staff of The Church at Liberty Park will initiate CPR and use our in-house cardiac defibrillator as they are trained until paramedics arrive.

### **What is an Advance Directive?**

An advance directive is a legal document. It tells your doctor and family what kind of medical care you want to have if you can't tell them yourself. This could happen if you: are in a coma, are seriously injured, are terminally ill, or have severe dementia. If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

### **Path to Improved Well Being**

A good advance directive describes the kind of treatment you would want, depending on how sick



you are. It could describe what kind of care you want if you have an illness that you are unlikely to recover from. It could also describe the care you want if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. They can also say that you want a certain treatment no matter how ill you are. Advance directives could include:

**Living Will** – A living will is one type of advance directive. It is a written legal document. It describes the treatments you would want if you were terminally ill or permanently unconscious. These could be medical treatments or treatments that will help you live longer. A living will doesn't let you select someone to make decisions for you.

**Durable Power of Attorney for Health Care** – A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions (and may be called Medical Power of Attorney, or MPOA). A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Laws about advance directives are different in each state. Living wills and DPAs are legal in most states. These advance directives may not be officially recognized by the law in your state. But they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer, or state representative about the laws in your state.

### **Physician orders for life-sustaining treatment (POLST)**

A POLST is for people who have been diagnosed with a serious illness. It is filled out by your doctor. It doesn't replace your other advance directives. Instead, it stays with you to ensure you get the medical treatment you want.

### **Do-not-resuscitate order**

A do-not-resuscitate (DNR) order can also be part of an advance directive. Hospital staff try to help any patient whose heart has stopped or who has stopped breathing. They do this with cardiopulmonary resuscitation (CPR). A DNR is a request not to have CPR if your heart stops or if you stop breathing. You can use an advance directive form or tell your doctor that you don't want to be resuscitated. Your doctor will put the DNR order in your medical chart. Doctors and hospitals in all states accept DNR orders. They do not have to be part of a living will or other advance directive.

## LIABILITY RELEASE FORM TO PARTICIPATE IN RESPITE ACTIVITIES AND TRIPS

### Release of All Claims

In consideration for being accepted by Pathways at Liberty Park for participation in Respite Ministry field trips and activities, I (we), being 21 years or older, hereby release and forever discharge and agree to hold harmless The Church at Liberty Park, its officers, directors, agents, employees or representatives from any and all liability claims, injury, loss or damage arising from or in connection with participation in said field trips and activities.

I (we) hereby agree as follows:

I (we) assume full financial responsibility for the participant's participation in the activity.

I (we) grant the Church, its employees, clergy, agents, and representatives the authority to act in any attempt to safeguard and preserve the participant's health or safety during participation in the field trip/activity including authorizing medical treatment on their behalf and/or returning them home for medical treatment or in case of an emergency. This will be at no expense to The Church at Liberty Park and/or Pathways Respite Ministry staff or volunteers.

Accident and health insurance are recommended for participation in any field trip/activity. The undersigned acknowledges that The Church at Liberty Park/Pathways Respite Ministry encourages participants to have appropriate insurance coverage for the entire time of any field trip/ activity.

The participant shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church/Respite Ministry to ensure the best interest, comfort, and welfare of the trip.

The undersigned voluntarily indemnifies and holds harmless the Church/Respite Ministry, staff, employees, and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as any property damages, costs, or expenses, of any nature (including attorney's fees) whatsoever arising out of the participant's participation in the field trip/activity and which do not arise out of the negligent acts or omission within the scope of their employment or duties for the Church.

I acknowledge that I have read this document and understand and accept its terms.

Participant's Name: \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Pathways at Liberty Park  
Photo and Field Trip Release**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The above-mentioned named participant gives permission and release for **Photographs** to be made of him/her while engaging in program activities. These photos may be used for publicity/ promotion of the Pathways at Liberty Park Program and for identification purposes.

Participant \_\_\_\_\_

Guardian \_\_\_\_\_

The above participant gives permission and release to participate in **Field Trips and Outings** by the Pathways at Liberty Park Ministry. Every effort will be made to insure the safety of the participant.

Participant \_\_\_\_\_

Guardian \_\_\_\_\_



## Participant's Rights

Participants in the Pathways at Liberty Park program have the right to:

1. Be treated as an adult with respect and dignity.
2. Participate in a program of services and activities that promotes positive attitudes on one's usefulness and capabilities.
3. Be free from actual or threatened physical or chemical restraints.
4. Be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program or services designed to promote personal independence
5. Self-determination within the respite setting including the opportunity to decide whether or not to participate in any given activity, be involved in the extent possible in program planning and operation, refuse to participate in activities,
6. Be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
7. Privacy and confidentiality.
8. Be made aware of the grievance process.

## **Safety Procedures**

### **Safety Notes for Respite Ministry**

1. Note there is a landline phone in the church office. If there is ever a 911 emergency, please try to call from this phone so the church address will show up. If calling from a cell phone:
2. Church Address:  
The Church at Liberty Park  
12001 Liberty Parkway  
Vestavia Hills, AL 35242
3. You would direct 911 to use the front entrance to church where there are Pathway at Liberty Park signs.
4. If someone were to have a heart attack, there is an AED located on the second floor (main floor) behind the coffee bar, close to the sanctuary. Someone needs to go retrieve it and follow the directions in the box. It is very clear.
5. The First Aid Box for Respite is in the first closet to the right coming in the main door on the top shelf.
6. All participants' emergency information is in a giant clear box in alphabetical order located on the top shelf in the puzzle closet.
7. There is a wheelchair in the closet inside the main front door next to the sanctuary for transport in case of emergency or someone needs a ride to chapel.

### **Tornado Warning**

1. Move all residents to inner hallway and seat them in chairs. Secure the exits and take roll to make sure all residents are present. Leader for the day needs to retrieve the emergency red binder/file box with participant's emergency information.
2. Have trivia and songs to sing to pass the time and relieve fear.

### **Fire Procedure**

1. All available staff will assist volunteers in moving participants to the front parking lot. All participants are to exit under the supervision of assigned volunteer and director. Our safe place to meet would be in the handicap parking spots to the right of the main entrance. If possible, volunteers would need to grab chairs.
2. We would need to take roll of all participants, and volunteers partner up with them to keep them safe until there is an all-clear sign.