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**ACTIVITIES**

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**SUBJECT: ACTIVITIES**

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**POLICY NO:**

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**EFFECTIVE:**

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**REVISED:**

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**APPROVED:**

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**CROSS: LTC**

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**1. PHILOSOPHY:**

Aging is a Normal life process and, as such, need not be a period of total mental and physical deterioration. The Resident Activities Program seeks to involve the residents with their environment, to encourage them to participate as a community member rather than succumb as an institutionalized casualty. The Resident Activities Program is an essential and integrated part of the total services offered by this facility in treating the Resident as a whole person with social as well as medical needs.

**2. GOALS:**

- A. To involve Residents in activity programs consistent with their own needs, interests, and capabilities.
- B. To emphasize human relationships rather than simply mass activities.
- C. To instill in the Resident a continued sense of worth as an individual and dignity as an elderly citizen.
- D. To be familiar with Residents histories, habits, hobbies, and cultural interests and to create chances for activities relevant to them.
- E. To encourage social and cultural exchanges between the Residents and the outside community.
- F. To involve the residents in designing their own activity programs.
- G. To involve, when feasible, the socially isolated Resident and to provide encouragement to participate in group activities.

**3. OBJECTIVES:**

- A. To plan, organize and carry out a program of activities to meet individual needs of Residents designed to give Residents entertainment, inter-communication, exercise, relaxation, opportunity to express creative talent and fulfill basic psychological, social, and spiritual needs.
- B. To incorporate the functions of this department in the total Resident Care Plan through coordination and cooperation with nursing services and the Resident's Physician.
- C. To encourage independence with A.D.L's and self-care as to increase or maintain his/her present level of functioning.

**4. DEPARTMENT HOURS:**

The Activity Staff is on duty Monday through Sunday, this includes evenings.

**5. SUPERVISION:**

The Activity Director or Activity Staff organizes and directs all activity programs, which are not considered clinical therapy. The Physician, stating limitations and restrictions for the patient, if any, must order these activities in writing. The Activity Director is responsible to the Long-Term Care Supervisor.

**6. PERSONNEL REQUIREMENTS:**

- A. Refer to Job Description of personnel involved in recreation programs of this institution.
- B. Refer to personnel policies concerning health requirements of all personnel and particularly those who work with or serve patients.
- C. Refer to patient Rights on regulations regarding Residents.
- D. Recreational, religious, diversional, intellectual and educational programs are available to all Residents. If a patient wishes to participate in an activity, the Physician must state on the patient's chart any limitations concerning this activity, if any, and sign his/her approval on the Patient Activity Plan, and/or in the Physician's Order sheet.

**7. ACTIVITY PROGRAM:**

- A. The Activity Director plans and organizes a program of approved activities for residents on a group level and for individuals to meet the objective of the Department. The Activity director is responsible for assisting residents in selecting activities commensurate with their conditions and needs, complying with Physician's Orders and recommendations from nursing services. No resident will be allowed to participate in an activity that has been restricted by his/her Physician, or deemed by the Nursing supervisor to be dangerous to the patient as a result of participation.
- B. A monthly calendar of events with a list of activities, time and location for general participation is posted in the Recreational Area, Nursing Stations, Dining Room, Offices and Patient Rooms, where feasible.
- C. Residents who are unable to participate in group programs will be given individual consideration commensurate with their condition. Residents shall be encouraged, but not forced, to participate in the activity program. As part of their total patient care, an Activity Program will be planned for them on an individual basis by the Activity Director in cooperation with the Resident Care Planning committee, the Resident, his/her family and with applicable Physician's Orders.
- D. When outside activities or attendance at community affairs are planned for groups or individuals, transportation to and from these events must be planned as part of the arrangements and appropriate number of staff members will accompany the individual or group. The Charge Nurse must be notified of the resident's time of departure, estimated time of arrival back at the facility and the location of the activity; when resident is expected to be out during scheduled medication time, medication, as ordered by the Physician, will be given to the person accompanying resident along with exact instructions for administration. The attending Physician shall approve and order such administration.

When residents leave the facility on an activity, it is the Activity Director's responsibility to sign out each resident on the "Leave of Absence" form at the nursing station, and to sign each person in upon returning. See "Leave of Absence" form.

When outside activities are planned a "Request for Transport" form will be completed.

8. **SCHEDULED ACTIVITIES:**
  - A. Activities are scheduled in cooperation and coordination with nursing services.
  - B. Group activities will be scheduled at times when the maximum number of residents can participate in a specific type of activity, based on available equipment, supplies, and instructional, as well as supervisory personnel. The Nursing Supervisor and/or Charge Nurse is informed of the scheduled activities for resident on his/her unit, and where it is to take place. The Activity Director consults with the Nursing Supervisor or Charge Nurse, concerning resident's conditions and most appropriate time and location for activities.
  - C. Activities are offered to residents according to the most feasible frequency, based on minimum and maximum patient interest, personnel to assist in carrying out a program, with equipment and supplies available for seasonal activities.
  
9. **PATIENT TRANSPORTATION:**

Ambulatory residents may walk to and from scheduled activities, provided they are capable of being responsible for themselves. Other residents are escorted or transported by wheelchair and facility bus. Activity director and Nursing Staff assist residents to and from activities.
  
10. **SUPERVISION AND SAFETY OF PATIENTS DURING ACTIVITIES:**
  - A. Activity Director and or Activity Staff are responsible for supervision of residents while engaged in activity. Sufficient personnel are on hand at all times in order to give adequate supervision.
  - B. Activity Director and or Activity Staff are responsible for supervision of residents who require constant supervision including confined or disoriented residents, those prone to shock, dizzy spells, or various seizures.
  - C. Activity Director and or Activity Staff are responsible for supervision of residents who may be left unattended including those who have been evaluated to be able to have good control and are completely independent.
  
11. **SAFETY:**
  - A. Scissors and similar objects or tools are kept away from those who may be confused, disoriented or unable to apply proper judgment in their use
  - B. All equipment is kept in good working order.
  - C. Traffic areas are to be kept clear and dry.
  - D. Lead-free materials are used whenever possible.
  - E. Flammable materials are stored in metal cabinets located in the Maintenance Department.
  - F. Fire extinguishers are in operating condition and located in each Department.
  - G. Residents who tend to put things in their mouths are placed where there is nothing within reach.
  - H. Alcohol and miscellaneous items are stored in the activity refrigerator and is pad locked at all times.
  - I. All non-perishable items and cups, bowls, pots, knives, and other kitchen utensils used within the department are stored in locked cupboards in the activity kitchen.
  - J. The stove has a main electrical on and off switch kept in the activity office to assure that residents cannot independently turn on the oven or stove burners unless supervised by activity staff. When the stove or oven is not in use the main switch is turned off.

## 12. EMERGENCIES IN ACTIVITIES, AWAY FROM THE FACILITY:

- A. The Activity Director and/or accompanying Nursing staff will immediately assess the situation.
- B. If the Resident is choking, the Heimlich Maneuver will be attempted.
- C. If the Heimlich was unsuccessful, or further treatment is required, emergency services are called for.
- D. The Activity Director and/or accompanying nursing staff will continue to assess the situation.
- E. All attempts will be made, to keep all residents calm and in a safe environment.

## 13. DOCUMENTATION:

The Activity director and staff are responsible for completing their section of the MDS, Care Plans, Initial Assessments, Re-assessments, Progress Notes, and Daily Participation Records.

## TIME FRAME:

- A. Initial Assessment - Must be completed within seven days of admission.  
If an Activity Care Plan is required, Problems/Goals/Approaches will be identified by the responsible party.
- D. Progress Note - Must be completed quarterly. Level of Care changes and re-admissions must be documented in the Progress Note within seven days.
- E. Reassessments- Annual reassessments are due seven days prior or after the anniversary date of the most recent MDS. Significant change assessments must be completed within seven days of any MDS as the result of a significant change.
- F. Daily Participation Records - The Resident's daily activity attendance must be maintained on this form. Three months of this record must be maintained in the Resident's chart.

## 14. CARE PLANS:

- A. The activity GOAL and PLAN must be incorporated into the interdisciplinary Care Plan and must be specific, measurable, and purposeful. The Care Plan must be reviewed quarterly and revised if indicated, in conjunction with the quarterly MDS review.
- B. The Resident and/or responsible party will be involved in the Care Planning process as able.
- C. Activity personnel must participate in the resident Care Plan meetings and help to determine goals and plans, and accept responsibility for implementing the Plan of Care.

## 15. INFECTION CONTROL:

Statement of Purpose:

The necessity of preventing the spread of disease during interactions implemented by the Activities program is recognized and steps to eliminate cross contamination shall be carried out by all personnel involved.

Implementation:

## A. Food:

1. Is covered during transportation.
2. Supplies are stored in containers with tight fitting lids.
3. Is stored, eaten or destroyed after each session.
4. Perishables are stored in refrigerator or freezer, in Dietary Department Activity Room Refrigerator.

## B. Activity Area:

1. Food contact surfaces are sanitized before and after each use.
2. Sinks are cleaned daily.
3. Floors (bathroom and general-purpose room) are cleaned daily.
4. Activity staff personnel to eat meals and have breaks in designated areas (staff lounge or dining room).

## C. Personnel and Residents:

1. Personnel will wash hands especially before assisting with food preparation according to above approved procedure.
2. Residents will receive additional instructions in the area of hand washing and will wash hands before preparing communal food and following lavatory use.
3. Individuals with actual or suspected infections will refrain from participating in group activity programs.
4. Persons involved in food preparation will refrain from smoking, or eating during the food preparation.
5. Persons involved in food preparation will wear clean aprons.

## 16. SUPPLIES AND EQUIPMENT - DEPARTMENT MAINTENANCE:

- A. Supplies and materials to be used in recreation, such as arts and crafts, movies, etc., may be purchased under a budget arrangement as allocated and approved by the Administrator.
- B. All major equipment requires Administrative approval before it can be purchased.
- C. Supplies and equipment may be stored in activity workrooms or in general store room
- D. Equipment is cleaned and maintained by activity personnel. Activity personnel straighten work area after each activity. Housekeeping personnel perform general housekeeping duties in the department.
- E. Equipment is repaired and maintained by Maintenance personnel Special equipment may be repaired by factory representative.

**17. BUDGET:**

The Activity Director shall participate in budget planning for Activity Department.

**18. RELIGIOUS AND PASTORAL SERVICES:**

Residents who request to see their Clergyman are honored and space shall be provided for privacy during visits.

**19. COMMITTEES:**

The Activity Director shall serve on the following Committees:

A. Quality Assurance Committee

B. Other:

**20. PET VISITS**

A. Pet visits are offered to residents in the facility by staff and community members. All animals that visit LTC residents are asked to meet with the Activity Director prior to beginning their visits. The activity director will assess the animal, request a copy of current rabies vaccination and will keep the copy on file.

**ACTIVITIES FOR THE COGNITIVELY IMPAIRED RESIDENT****PURPOSE:**

Specific activities will be provided for the cognitively impaired resident on a daily schedule.

**PROCEDURE:**

Structured activities will be offered daily in the activity room, main dining room, and sensory room or in the resident's room, which may include but are not limited to:

- Sensory and auditory stimulation will be provided: touch, sights and smells
- Reading
- Music/Radio
- Mobiles will be hung in resident rooms
- Pictures will hang on resident walls
- Residents encouraged to attend activities with the alert residents
- Exercise Program