



At Home in Alexandria (AHA): Serving our Higher-Needs Members

An Overview

- *AHA's member services committee* AHA has been in operation for twelve years. About eight years ago, we became more intentional about helping our members who needed a higher level of attention. We were beginning to see situations crop up that raised questions—and we wanted guidance on these issues. We created a member services committee. It initially started as something of a "pre tem" committee to develop policy for what AHA could/could not do or should/should not do in our service to our members—but it ultimately became a permanent committee. From the beginning, the committee was chaired by a volunteer who was a recently retired health care policy attorney. We also had a social worker and two retired nurses on the committee, along with about three people who didn't have a medical background but who had interest in these issues. Through the years, committee members have come and gone but we currently have three retired nurses and a retired occupational therapist among our group.

- *General functions of the committee* The committee continues to help determine policy. Examples include: how and under what conditions we can maneuver wheelchairs, what our policy is for when a member falls while they are accompanied by a volunteer, the level of service we can give inside a member's house when there are hoarding tendencies, how much member information we include in our volunteer portal when describing a member request (versus the kinds of things our staff member will tell a volunteer by phone privately), our protocol for how (and what types) of member information we share to volunteers in general when they accept a request to help that member, and guidelines in serving members with mild cognitive impairment. We still have new situations crop up that compel to take the issue to this committee so we can discuss the issue more fully.

Obviously, COVID presented many challenges. This committee was a great resource and they each took on a member list for check-in phone calls.

- *The committee's creation of AHA's buddy program* As with most villages, AHA always has a handful of members—maybe 12-15—who need a higher level of service (either temporarily or permanently). We initiated a new buddy program. Initially, our program was more "reactionary." ("Oh no, Sarah took a bad fall and broke her hip. We need to swoop in and help.") The committee would be alerted to a particular member's situation—and a committee member often would volunteer to be their buddy. Or, the executive director would reach out to an existing volunteer and ask if they would serve as this member's buddy.

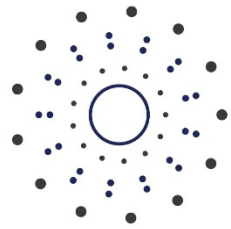
The buddy program has evolved to a more "proactive" program now. From the time a new volunteer comes onboard, we ask if they would be interested in being paired with a member who needs a buddy. Likewise, from the time a new member first joins AHA, we consider whether that member could benefit from having a buddy. If the new member seems particularly isolated or somewhat homebound—or if they've indicated they are lonely or depressed—we will encourage them to consider being paired with a buddy. Sometimes (especially in the case of a member whose situation has gradually shifted to a higher-needs status), we form a buddy "group" of a few volunteers who have come to know that member pretty well. In many cases, the member may not even know they have a formalized AHA "buddy group." They just see those individuals as their AHA friends and may not know that the group keeps one another generally updated. In other cases, a new member joins AHA, is informed about our buddy system and tells us, "I'd love a buddy!" We have a brief report on the buddy program at every committee meeting. We don't always use the member's name when we go through our updates --but if someone were to mention a person's name, it is understood that this is very sensitive information that is never to be shared outside of our conversation. (Our meetings are over Zoom and they are not recorded.)

- *The importance of this committee to our village* Currently, this is the strongest committee in our village. During Covid, some of our committees weakened. This one did not. This is the group we rely on to do a member "get-acquainted" visit with new members. When we have a new prospective member who has completed an application, our membership manager reaches out to this committee to schedule two volunteers for the visit. Recently, we trained four additional volunteers to conduct get-

acquainted visits and we're hoping a few of them will join the member services committee.

Recently, our longtime chair had to step down due to a current health crisis. One of the committee members took on the leadership role and she determined it would be valuable to have a mission statement and values affiliated with their work. She presented a draft document at our most recent meeting and we had a good discussion. We will continue to tweak and wordsmith the document but it generated a lot of discussion as we work to clearly articulate the committee's role in our village.

- *What does the future hold?* AHA recently added medical note-taking to the list of services we provide—and we actively encourage this service to select members. At some point, AHA may determine that our village become more involved in a member's care management by collaborating with a social worker. For now, we have chosen to use our buddy system to provide a higher level of interaction and support for these members. The executive director often talks with the member (sometimes this includes their family) to talk through additional services that could support their medical needs. The ED often attends an initial meeting with a service provider if there is no family member to do so.



DUPONT CIRCLE VILLAGE

SHATTERING THE STEREOTYPE

ADAMS MORGAN • DUPONT CIRCLE • KALORAMA

Dupont Circle Village's (DCV) Health and Wellness Committee (H&W) meets monthly and addresses the part of the Village's mission that includes helping our Members deal with the health-related challenges and realities of daily living in older years. The H&W Committee is the point of information on health and wellness matters and oversees *DCV Care Groups*, *Members of Concern* and *Live and Learn programming*.

DCV Care Groups Overview

Objective – Support Members to maintain or return to independence or ensure they find the care they need to be supported and safe.

*Types of **Care Groups***

- *Friendly Visits Care Group* for Members who feel isolated and/or lonely.
- *Crisis Intervention Care Group* for Members who are dealing with a temporary, often sudden, health issue.
- *Long Term Care Group* for Members dealing with complex issues requiring ongoing support. The type of services needed may change over time.

To receive Service a Member must

- Agree to or request service.
- Understand that information will be shared among Care Group members.

Establishing the Care Group

- Requires Executive Director approval.
- A Point Person will lead the group.
- Generally, the member helps select members from people they know.
Can include Village members/volunteers, Family, and non - Village Friends.
- Consultants – Our Social Worker and our Health Care Navigator monitor reporting.

What to Expect from a Care Group

- Established with the original service outline – can change over time.
- Care Group Members follow guidelines for care.
- The Point Person is responsible for ensuring the guidelines are followed and identifying issues to discuss with the member, care group team, or others.

What you can do to help Village members

- Suggest a Care Group to a member who you think needs help or discuss your concern with the Executive Director.
- Volunteer to be a Care Group member.

Support Team Intake Interview

Member _____ Date _____ Support Coordinator _____

INTRODUCTION:

Hi, [MEMBER NAME]. I'm [VOLUNTEER NAME]. I am a volunteer with Silver Spring Village. As you know, the Village's mission is to help our members age in place, especially by having Village volunteers provide support services, such as rides, friendly visits, grocery shopping, and households chores when needed. We understand that you might currently or soon need some increased support.

I want to ask you a few questions that will help the Village understand your needs. Once we know this, we might be able to help provide extra support and also coordinate with others who are supporting you.

Are you familiar with the Village's Support Team program? Here is some information that I will go over briefly with you. [REVIEW SUPPORT TEAM BROCHURE AS NEEDED].

Now that you know a little bit about Support Teams, are you comfortable with proceeding with the interview? You can feel free not to answer any question, if you do not want to. Also, you can have someone else sit in while we talk. In particular, if you have someone living with you, it might be helpful to have them present. If they are Village members, some of the support services we will try to provide could also help them such as doing shopping or providing rides.

[ASSURE MEMBER IS COMFORTABLE WITH INTERVIEW. ARRANGE FOR OTHER PARTICIPANTS TO BE PRESENT. RECORD NAMES AND RELATIONSHIPS OF OTHER PARTICIPANTS BELOW.]

[BEGIN INTERVIEW]

Q1. First, let's talk about what kind of support you have been receiving from individuals or organizations and what additional support you think might be helpful going forward.

[LET MEMBER ARTICULATE NEEDS BUT REVIEW EACH ITEM IN LIST BELOW TO MAKE SURE ALL ARE ADDRESSED.]

POSSIBLE NEEDS:

1) RIDES; 2) SHOPPING; 3) CLEANING; 4) LAUNDRY; 5) COOKING; 6) PET CARE; 7) YARD WORK; 8) PAPERWORK; 9) ERRANDS INCLUDING PRESCRIPTIONS; 10) SOCIAL VISITS/CALLS/WALKS; 11) SETTING UP HOME FOR SAFETY/ACCESSIBILITY (E.G., MOVING FURNITURE, THROW RUGS, INSTALLING SHOWER BENCH, ETC.); 12) TECHNOLOGY ASSISTANCE; 13) EMOTIONAL SUPPORT (E.G., PUTTING MEMBER IN TOUCH WITH OTHERS WHO HAVE FACED SIMILAR SITUATIONS); 14 MEDICAL NOTE TAKING]

RECORD EACH TYPE OF SUPPORT NEEDED IN TABLE BELOW. ASK FOR EACH:

- a. Is this support currently being provided to you? [RECORD IN COLUMN 1 BELOW]
- b. Do you think your need for this support will increase/decrease as your current situation changes? [RECORD IN COLUMN 2 BELOW]
- c. Is this an area where you need additional help because of your current or upcoming situation? [RECORD IN COLUMN 3 BELOW]
- d. Do you have someone to help you with these needs? If so, is this a family member, a neighbor or friend, a Silver Spring Village volunteer, or some other organization? Can you give me that person's or organization's name? Also, how do you usually communicate with these helpers? [INTERVIEWER: RECORD RESPONSE IN SECOND TABLE BELOW]

SUPPORT TYPE NEEDED	CURRENTLY SUPPORTED?	EXPECTED TO INCREASE/DECREASE?	NEED ADDITIONAL HELP?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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[FOR EACH TYPE OF SUPPORT MENTIONED ABOVE AS CURRENTLY SUPPORTED, RECORD]:

SUPPORT TYPE	TYPE OF PROVIDER	NAME, IF GIVEN	COMMUNICATION METHOD**	NOTES

**For each type of provider, indicate whether communications is generally by phone, email, text or other. Provide specific contact information if available.

Q2. Let's talk about those needs where you could use additional help now [or in the near future if this is pre-need interview]:

UNMET NEED	FREQUENCY OF UNMET NEED

For how long do you think you might need this extra support? [INTERVIEWER: TRANSLATE THIS INFORMATION INTO A DATE AND INFORM MEMBER THAT TOGETHER WE WILL RE-EVALUATE THE NEED FOR CONTINUED SUPPORT TEAM SERVICES ON THAT DATE.]

INTERVIEWER: PLEASE INDICATE IF YOU THINK PROFESSIONAL HELP IS REQUIRED TO SUPPORT ANY OF THE NEEDS LISTED FOR Q1 AND Q2.

Q3. IF PATIENT IS HOSPITALIZED OR IN REHABILITATION AT TIME OF INTAKE [else go to Q5]: Are you working with the institution's social worker or discharge planner about when you will be discharged, where you will go after discharge, and what services they can provide you?

☐ YES

☐ NO

Q4. IF PATIENT IS HOSPITALIZED OR IN REHABILITATION AT TIME OF INTAKE: Do you have someone who is helping you in your discussions about your care planning, such as a family member or a patient advocate?

☐ YES

☐ NO

IF NO: Would you like to find someone to help you with these discussions?

☐ YES

☐ NO

SUPPORT TEAM INTAKE:

Now that we have an idea of what kind of support you might need, let's talk about how the Village can help. We want to make sure that you are getting the help you want in a way that you find most comfortable. Our goal is to coordinate the support you have now and to help ensure that Village volunteers are available to fill any gaps.

Here is what that means:

As your support coordinator, with your permission, I could proceed as follows:

- Get in touch with the folks you have indicated are helping you now (family, friends, medical practitioners, other Village volunteers) to make sure nothing is falling between the cracks.
- Set up or join a calendar that helps make sure you get the help you need when you want it from all the members of your team – inside and outside the Village.
- Tap into the pool of Village volunteers in cases where additional services are needed beyond those provided by your support team.
- Check-in with you every week or so to make sure that you are getting the support you want and stay in touch with others outside the Village who are also helping you.

That way, if things change, we can discuss what adjustments might be useful to make sure you are safe, engaged, and have the additional help you need right now.

Q5. Do you think that a support team would be helpful to you at this time?

___ YES

___ NO

IF NO, THANK THE MEMBER AND ASK IF THE MEMBER WOULD LIKE US TO CHECK IN PERIODICALLY TO SEE HOW THEY'RE DOING AND IF THE SUPPORT NEEDS HAVE CHANGED. REMIND MEMBER THAT THEY CAN REQUEST VILLAGE VOLUNTEER HELP BY CONTACTING THE DIRECTOR OF VOLUNTEER SERVICES

IF YES: I want to identify the people that you would like to have on your support team. This can include family members, friends, neighbors and Village volunteers that already help you, plus other people that you would like to add. We may also call on other Village volunteers to fill in any gaps.

Please give me the name, phone number, and email of each person or organization, plus what they might do for you. If you don't have all of the information that is all right; we can fill it in later.

IF NOT CLEAR WHETHER A SUPPORT TEAM IS WARRANTED, THANK THE MEMBER AND SAY THAT WE WILL DISCUSS THEIR SITUATION WITH THE DVS AND LET THEM KNOW IF WE ARE ABLE TO PROVIDE A SUPPORT TEAM. IF SO, WILL SCHEDULE A TIME TO SET IT UP.

PROSPECTIVE SUPPORT TEAM MEMBERS FOR _____

(additional space on last page)

NAME	TELEPHONE	EMAIL	TYPE OF SUPPORT

I have requested that the above-named individuals be included as volunteers on my support team. I am comfortable receiving any support I request from these individuals, including any individuals who are not vetted Silver Spring Village volunteers, and appreciate that the Village is willing to coordinate their support. I understand that other Village volunteers may respond to my requests for service if the individuals listed above are not able to do so.

Member signature

Date

Q6. Name of person to contact in case of emergency?

NAME: _____ PHONE: _____ EMAIL: _____

Q7. How would you like our support team to obtain any medical information about you that might be necessary or helpful in providing support? For example, would that be from you directly, from a family member, from your health care provider or from someone else?

Q8. Finally, I would like to ask you a couple of questions about communications. Are you comfortable with us contacting the people and organizations you have recommended for your support team, or do you want to contact them first to explain our plan?

___ MEMBER CONTACT FIRST

___ OK FOR VILLAGE TO CONTACT

___ NOT SURE/MIXED (SPECIFY): _____

We are all concerned about sharing information about their health or other personal matters with other people. We want to be very sensitive to any privacy concerns that you might have. It might be necessary for us to share some of your information with others to help them provide services. Also, some members of the Village who know you might want to have updates about your well-being.

Q9. Is it OK for us to share necessary medical or personal information (such as dietary restrictions) with the members of your support team? We would only disclose what we consider necessary for them to provide services.

___ YES

___ NO

Q10. Are there any Village members or Village groups that we out provide with updates about your well-being?

___ YES. If yes, please list:

___ NO

___ NOT APPLICABLE

Q11. Are there specific things that you do not want us to share with anyone? If so, what?

___ YES (SPECIFY): _____

___ NO

That is the end of my interview. Do you have any questions or concerns about what we have discussed?
RECORD ANY QUESTIONS/CONCERNS AND YOUR RESPONSES TO THEM.

Thank you so very much for your time, and for all the information you have provided.

I just want to make sure I have recorded your suggestions for Support Team members correctly. Can you please review this sheet [PAGE 6] and sign where indicated?

I will be back in touch very soon about putting your Support Team together.

INTERVIEWER: SEND INTERVIEW RESULTS AND ORIGINAL, SIGNED LIST OF POTENTIAL SUPPORT TEAM PARTICIPANTS TO THE DVS FOR DOCUMENTATION PURPOSES.

Please print:
Name

Telephone

Email

Type of Support

Training for Support Coordinators

Working Final

A. PROGRAM OVERVIEW:

Support Coordinators (SC's) are selected by the Director of Volunteer Services to assist in maintaining regular contact with full members who are at risk of needing more help than is available through routine service requests. When warranted, the SC can work with the member to create and coordinate a support team of friends, neighbors and Village volunteers who can provide more intensive services to the member on a short-term or intermediate-term basis.

B. ASSIGNMENT OF A SUPPORT COORDINATOR

The Director of Volunteer Services (DVS) might approach a member about support coordination when one or more of the following situations are applicable:

1. Member has challenging medical needs
2. Member has feelings of isolation
3. Member has signs of cognitive decline
4. Member lives alone and/or does not have an existing support network
5. Member has chronic condition (which could be any of the above) with limited outside support and over reliance on only one or two Village volunteers
6. DVS has received information from another Village members, Interest Group/Village program participant/leader or Village volunteer expressing concern about the member.

C. SPECIFIC SUPPORT COORDINATION TASKS/GUIDANCE

1. Monitoring full members who may potentially need support team help
 - a. When DVS assigns a Support Coordinator (SC) to monitor a member– gives information re: living situation (alone, with family, suffered recent loss of family member, experiencing a chronic illness, recovering from/anticipating a major medical intervention, etc.); volunteer services requested in the past and volunteer(s) providing those services; interest groups/other programs member has been involved in.
 - b. This information will:
 - i. Give the SC context for engaging the member in their regular check-ins (weekly, bi-weekly, monthly - to be worked out between DVS and SC when monitoring assignment is made and modified if necessary based on the member's wishes during the monitoring period).

- ii. Help inform advance decisions re: whether Support Team is feasible (e.g., will member need more services than Village can provide? OR will member not need Village support at all?)
- iii. During the monitoring, the DVS will share with the SC information from other sources (e.g., volunteers providing services to the member, family, friends, interest group members) about any concerns regarding the member's well-being.
- iv. Reporting by SC's to the DVS on their regular check-ins will be by exception only - a report is made to the DVS only if the member being monitored:
 - a) Cannot be contacted – Category Red!
 - b) Is facing a physical (e.g., surgery, possible diagnosis of a serious medical problem) or emotional issue (e.g., serious health issue/impending death of a family member/friend; depression)
 - c) Appears (in the judgment of the SC) to need more support or professional services in order to live comfortably/safely at home
 - d) Appears (in the judgment of the SC) to no longer need monitoring
 - e) Upon receiving an exception report, the DVS will:
 - i) Consult with SC about the situation.
 - ii) In consultation with the SC, decide whether outreach to the member about potential Support Team help is appropriate OR if SC monitoring is no longer needed.
 - iii) Reach out to the member's emergency contact to discuss the member's situation, if warranted

2. Determining if a Support Team is warranted

- a. The SC uses a structured interview form to capture needed information in an exchange with the member (and family or others as the member chooses). In the course of the interview, the SC is evaluating the appropriateness of a support team.
- b. There are numerous things to consider in determining whether a Support Team needed/feasible. Often it will be clear to the SC whether or not a support team is called for. If it is not clear, the SC may want to consult with the DVS before finalizing support team details with the member. Considerations include:
 - i. Does the member need more intensive support than can be provided by routine volunteer requests?
 - ii. Is the member's situation likely to be longer term than can be handled by a Support Team?
 - iii. Is there a single Village volunteer providing an inordinate amount of support to the member?
 - iv. Does the member want this type of support?

- v. Does the member need this type of support?
- vi. Is someone already coordinating the member's support needs?
- vii. How involved are the member's family members?
- viii. Are there family/friends available to support the member's needs?
- ix. Are the member's needs beyond what a support team can provide? The intake process should include a frank discussion of what activities are beyond the scope of Village volunteers (these include administering medications; mobility transfers; medical advice/advocacy) and what other family/friends/professional support the member has who could fill those needs.
 - a) In this case it would be helpful if the Village could provide contact information for other resources the member might contact to secure the needed resources.
 - b) The SC can reassure the member about normal Village volunteer services that would still be available to help them meet at least some of their needs.
- c. When it is clear that a support team is appropriate (either continuing the initial interview or after consulting the DVS) the SC:
 - i. With the member, develops a list of services needed from a Support Team and the estimated duration of the Support Team services.
 - ii. Works with the member to identify team members. These could include relatives, neighbors, and Village volunteers.
 - iii. Ensures the member signs off on this list of potential Support Team members.
 - iv. Transmits a summary of the results of the interview and the signed-off list of potential Support Team members to the DVS as documentation of the intake process.

3. Creating and coordinating a Support Team

If with full permission of and in cooperation with the member the SC and DVS determine that a Support Team is needed:

- a. The member at his/her option will communicate with prospective Support Team volunteers they have chosen to contact initially and will let the SC know the results of that outreach.
- b. The DVS will send an outreach email to Support Team recruits identified by the member once the member has agreed to this (e.g., either the member has determined these volunteers are willing to take on this role or the member has agreed the Village can do the initial outreach).
- c. The SC tracks the outreach to potential Support Team members initiated by the DVS or by the member.

- d. The SC contacts those who agree to be Support Team members, explains the work that needs to be done and explains how communications and coordination will be handled.
- e. Where possible, the SC convenes a meeting (virtual, in-person or hybrid) with the Support Team volunteers (and, if feasible, the member and/or any family members, friends, etc. the member may choose) to inaugurate the team (or as appropriate, to monitor how the team is working, address concerns, etc.)
- f. Coordinates the work of the team, makes assignments as needed and follows through afterwards.
- g. Maintains regular communication with team members and with the member (see #6 below).

4. When professional help might be needed

- a. Member unable to take care of Activities of Daily Living (ADL)
- b. Member has mobility issues requiring trained aides
- c. Member is unable to manage medical/assistive support currently receiving (e.g., a care manager is needed)
- d. Member unable to manage medications
- e. Member has psychological issues requiring professional support
- f. Member has need for nutritional, housekeeping, and/or home/yard maintenance needs beyond what volunteers can reasonably provide.

5. How and when to communicate with and report back to staff

- a. The SC reports regularly to the DVS regarding status of the team's work and any concerns about the member's situation.
- b. Alerts the DVS if there is a need for the Village to communicate with the emergency or other contact identified by the member
- c. Tracks their own service hours and hours spent by all team members and reports them to the DVS. Hours spent coordinating team activities are reported as committee hours; hours spent providing direct services to the member are reported as volunteer hours

6. Support Team coordination communication tools

- a. To date we have been using Lotsa Helping Hands – a separate training is available on using this tool to communicate member needs to team members and monitor the fulfillment of these needs.
- b. Note that where appropriate, the member is included in the Lotsa community to enhance communications.
- c. SC's are free to use coordination tools other than Lotsa, but these should be as effective in providing the communication needed to coordinate and track the announcement and fulfillment of the member's needs.
- d. At the SC's discretion, direct communication with team members using email/phone can be used in addition to Lotsa or an alternative tool.

7. Terminating support coordination

- a. Reasons for terminating support teams and/or support coordination:
 - i. Member's request
 - ii. Support Coordinator and Volunteer Director determine the member no longer needs the services
 - iii. The member's needs cannot be met by the Village
 - iv. Member moves out of the Village service area
 - v. Situation becomes more chronic than anticipated
 - vi. Death of the member
- b. Process for terminating support coordination
 - i. An estimated Support Team termination date is established at the Intake Interview. The SC in consultation with the DVS and the member determines whether this termination date should be moved up or extended as the Support Team provides its services.
 - ii. Termination requires the agreement of the member and the judgement of the Support Coordinator and DVS about whether the member's ongoing needs can be met using the established system for requesting Village volunteer support.
 - iii. Once it is agreed to terminate support coordination, the SC is responsible for communicating this to the member and to support team members. If feasible, this could include an in-person, virtual or hybrid meeting with Support Team volunteers, the member and the DVS to debrief.

8. Recordkeeping

- a. Retention/destruction of this record is covered under the Village's relevant policies.
- b. Confidentiality is a key consideration.
 - i. Information from the Intake Interview should be shared with other Support Team members only as needed for them to respond to volunteer opportunities.
 - ii. Information about the member receiving Support Team services should never be shared by the SC or anyone on the team with others.
 - iii. Where appropriate, information can be shared among SC's.

D. PRE-NEED ADDITIONAL SUPPORT COORDINATOR TASKS (as applicable)

- 1. Planning for a member's hospitalization (medical procedures/surgery)
 - a. Plan transportation for hospital stay and any associated testing
 - b. To the extent possible, understand the details of the member's hospitalization and/or surgery including expected duration of hospitalization, subsequent support needs, etc.
 - c. Determine visitation policy and schedule visits during hospitalization
- 2. Review the following with volunteers scheduled for hospital visiting
 - a. Engage in general conversation with the member
 - b. Actively listen
 - c. At member's request, turn off lights, hand items out of reach, etc.
 - d. Bring items to pass the time
 - e. Avoid the following:
 - i. Asking member about their illness/treatment
 - ii. Giving any medical advice
 - iii. Providing physical assistance, such as transferring in/out of bed
 - iv. Signing consent forms on member's behalf
 - v. Participate in discharge planning
- 3. Planning the return home
 - a. Identify support that will be needed at home: food, cleaning, laundry, rides, etc.
 - b. Contact the DVS if there are any additional needs or concerns
 - c. Keep all Support Team members information after each visit

- d. To the extent possible, understand the details of the member's discharge orders regarding medications, home exercises, accommodations needed to the home for safety, etc.
- e. Avoid the following:
 - i. Organizing or administering any medications
 - ii. Performing any procedures (e.g. drain care, bandage changes, etc.)
 - iii. Giving medical advice
 - iv. Providing physical assistance (such as getting out of bed)