



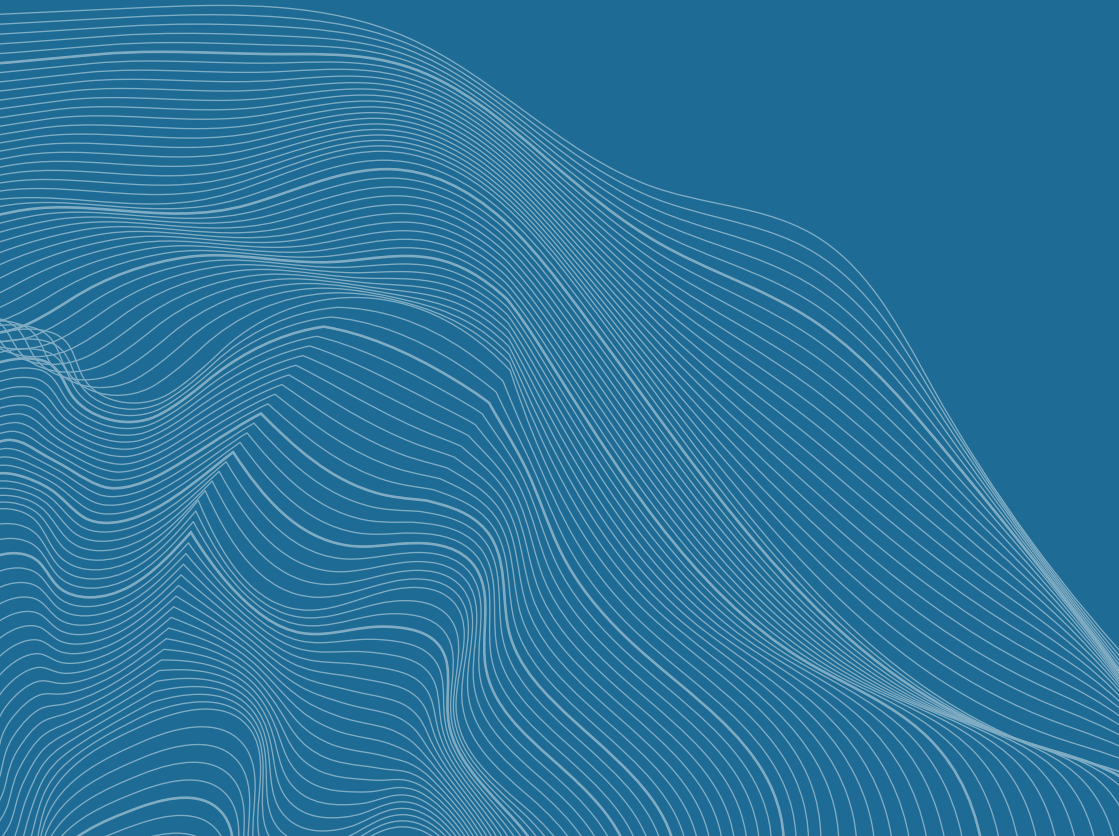
Community Visitors Handbook

**Here to help
our Community**

A Registered Charity CC23677



***He aha te mea nui o te ao?
He tangata he tangata he tangata***





Being a Hospice Volunteer

Criteria - All Hospice Volunteers will need the following;

- Being a Hospice Volunteer in the community will require a level of emotional maturity and patience to be able to process the situations that you may encounter.
- You will need time, energy, warmth and a willingness to make a commitment.
- Be in good physical and mental health.
- Complete a Police background check
- Provide your own transportation.

Screening and Selection

- You (the volunteer) will need to fill out an application and conduct an interview with the Volunteer Coordinator. The interview will help the Volunteer Coordinator identify skills, interests and experiences to determine the best type of placement. The interview will also give you a chance to ask questions or express any concerns about the organisation or volunteer opportunities.
- An assessment of a volunteer's time availability will be made periodically to ensure a successful volunteer experience.
- You will need to complete the orientation training program.

Scheduling and Coordination

- The Volunteer Coordinator will match you with the patient/family, based on a team referral (through Palcare) or the assessment of needs.
- The Volunteer Coordinator (or designee) will explain to you, each new assignment and give background information about the patient/family. You may decide whether to make the initial visit to the patient/family alone or with a nurse/hospice member.
- A volunteer will always be informed about patient's transfers or death as soon as possible.
- The volunteer is responsible for keeping track of their time and services that are provided.

Expectations of Volunteers who Accept an Assignment

- Volunteer will follow through and make patient contact in manner agreed upon.
- Volunteer will treat all patient/family information as confidential, including the name of the patient.
- Volunteer will keep Volunteer Coordinator informed about any significant patient changes.
- Volunteer will track all patient contact.
- Record all volunteer hours (including travel time, phone calls, etc.) on the Community Visits form, and return this to Volunteer Coordinator.
- Return all forms immediately upon the death of the patient.

Did you know?

Remember
Please wear your name badges at all times!

Need a Break?

Volunteers can choose to become inactive for a length of time, for personal reasons - you will need to alert your volunteer coordinator.

Using Your Own Vehicle?

You can deduct the cost of transportation (at a standard rate per km) from your tax returns.

Being with the Patient / Family as a Volunteer

The most important role for you as a volunteer is to assist the patient and/or family in providing the best quality of life during their time with us.

Here are some guidelines that may help:

- **Be Genuine, Be Yourself.**

Aside from modifications in behaviour to assure the comfort of the patient, e.g., quietness, less talking and more listening, conscious attentiveness, you need to relate with the same “personality” you display in any other situation. People who are ill appreciate being treated naturally, and in this way, are reassured that their illness has not set them apart any more than in the obvious ways.

- **Relate to the patient, not the illness.**

This holds true for family members as well. The volunteer role is that of friend and supporter, **NOT** expert, authority, or therapist. You are not expected to know all the answers. It does not take long for the family and patient to know that the medical and technical questions are best answered by the nurse and physician. You are there to facilitate this communication, not to offer medical advice or theories. This role definition comes about most easily when you feel comfortable being yourself.

- **Communication with the Family:**

It is your responsibility to state clearly to the family what you can and cannot offer in terms of time and availability. This will prevent awkward and possibly painful misunderstandings at another time. It may be helpful to ask the family their needs and expectations at the beginning (with the understanding that they may change as the patient’s condition changes); and to indicate how you can help fill these needs.

- **Be Dependable:**

To people in crisis whose lives are subject to so much unpredictability, it is essential to know that they can count on someone or something.

- **Never offer more than you know you can deliver.**

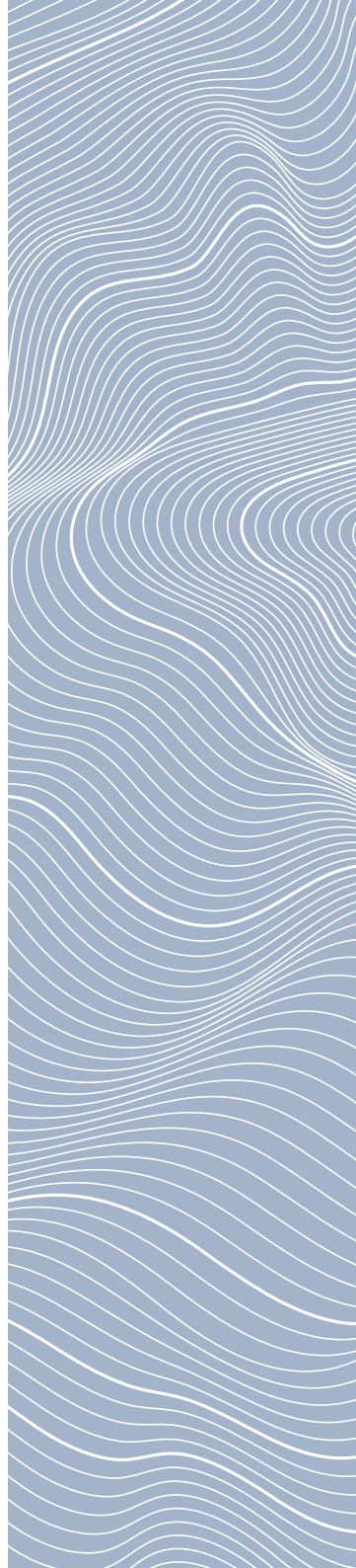
The life of a seriously ill person has little variety and few distractions. Each outside contact assumes larger than usual proportions and importance. What may be a minor part of your week may be the single event that the patient has been eagerly awaiting. It may also be an opportunity for the primary caregiver to have some private time away from the responsibilities of patient care. 1 - 2 hour visits once a week.

- **Listen:**

Always remember that your function as a volunteer is to first meet the needs of your patient/family, rather than your own. In most instances this means listening more than talking. It may mean listening to the same stories repeatedly. It may mean listening non-judgmentally to outbursts of anger, frustration, and resentment. You may even be the target for some of these negative feelings. Don't take it personally.

- **Emsure Confidentiality:**

References to the patient/family by name should be confined to contacts with the hospice team. Information of extreme confidentiality divulged by a patient or family member should not be shared unless it bears directly on the patient's care plan. Such information may be shared with the individual team members if needed for your peace of mind. At no time, should a volunteer promise "not to tell anyone" any piece of information alluded to by a patient or family member. It is for the protection of both the patient/family and the volunteer that you can use your discretion as to whether information needs to be passed along to an appropriate team member.





- **Physical Contact:**

Some people like to touch and be touched. Others don't. It is helpful if you can be flexible with this issue so that you can cue in to the needs of those you are serving. In most instances, patients welcome hand holding and other appropriate physical gestures as a means of communicating, caring, and connection without necessity for conversation. Family members often respond to a hand on the arm as a gesture of "I'm here. I care." It goes without saying that the dimension of the relationship evolves naturally. Be open. Do what feels right. Again, your comfort or discomfort will communicate itself clearly, so it is important to be yourself.

- **Meet Them Where They Are:**

The concept of tuning in to the family and meeting them in terms of their own values and life patterns are stressed. Regardless of how much you may disagree with a family's way of dealing with their situation, it is never appropriate to give unsolicited advice. Patterns of interaction between family members, no matter how counterproductive they may seem to you, have been formed over years of association and are rooted in a history of which you are not a part. Your responsibility is to work as helpfully and harmoniously as possible within the given structure and try not to change it.

- **Remember:**

The first patient visit can bring both excitement and anxiety. "Will they like me?" "Will I be able to help?" "I'm excited to have my own patient." "What will I do?" These thoughts/feelings are natural. Remember at these times that you were chosen by your Volunteer Coordinator to serve as a hospice team member. People experienced in the field have confidence in you. Just "plunge in," taking with you an attitude of openness and receptivity to the needs of the patient/family to whom you have been assigned. They will let you know what they need. You will let them know what you can offer. The relationship unfolds step by step in a very natural way.

Little things mean a lot:

- Your personal grooming and manner of dress can affect a patient's mood
- Colour and attractiveness can help the spirit
- Perfume or after-shave can be unpleasant to people on medication.
- A positive attitude and pleasant expression mean a lot. This does not mean phony cheerfulness or overly chattiness, but a clear message of caring and attention.
- Cards and flowers brighten a room and remind the patient that people care even when they cannot be present.
- Sometimes not talking, but sitting with a patient and letting him/her know you care by being there is the greatest gift of all.





Visiting our Hospice Patients

One on one visitation provides the volunteer and the patient a wonderful opportunity to share with one another and establish friendships. Patients have a wealth of experience to share with someone who is willing to take time to listen.

The volunteer can bring some of the outside world inside to share what is going on beyond the walls of the patient's residence, for those who cannot go out to experience it themselves.

- **Recognise** that there is nothing wrong with silence and that much support is given by just being in the room. You can maintain a presence while being silent.
- **Remember** to save something of yourself. Do not become involved beyond your capabilities-- physical or emotional. Maintain your lifestyle with favourite activities and recreational outlets.
- **We do not need** to feel we have all the answers or solutions to all problems. It is an honest answer to say, "I don't know. I'll try to find out."
- **Do not judge** people or their reactions. Listen to and, when able, act upon needs that they express.
- **If family members and friends wish to talk to you, allow them to do so;** you may obtain much helpful information about the patient and family dynamics. Be aware that the family may share information with you that Friends should know. Remember all information is confidential and our team is available to respond to this information. If you have doubts about sharing information, check with the Volunteer Coordinator.

Communication Guidelines

Tips for Effective Communication

- Call the patient by their formal name, (Mr., Mrs., Miss, etc.) until it is determined how they wish to be addressed. Some people are offended using first names. Addressing patients properly also shows respect.
- Always knock before entering a patient's residence, including at facilities. Assume that privacy is needed if a bed curtain is drawn in a nursing room.
- A patient may not be able to see or read, and may appreciate someone reading to them.
- A patient may wish to leave the area to which they are confined and have a walk or ride in the wheelchair through their home or facility (weather permitting). This may be rewarding to both the resident and the volunteer.
- A patient may enjoy playing games, doing a puzzle, making a craft or engaging in some other type of activity. The volunteer could spend some time helping the resident with these activities.
- A resident may appreciate having someone attend a chapel service or other activity with them and the volunteer may want to arrange visits at a time when this could be done.
- A patient may wish to have help with writing a letter or sending a card.
- Be a good listener. Having someone to share with may provide an outlet for frustrations and concerns. Understand the patient's problem and deal with it in a compassionate, understanding manner.
- A negative or hostile attitude should not be taken personally. Look beyond the behaviour to see the patient or family member as a person with special needs, problems and difficulties and let them know that you are willing to help them as a friend.
- Try to emphasise not sympathise—walk in the other person's shoes. Try to understand what they are experiencing. Recognise the strong and weak characteristics, limitations and abilities. As much as possible, build upon the positive.

Communication with a Confused Person

- Make sure you have the patient's attention by making eye contact or gently touching the person you are visiting.
- Identify yourself and state what you are going to do before doing it. Wear your volunteer ID badge while on assignment.
- Talk about an object or subject that may stimulate response. Call attention to an article of clothing, the weather or something in the room to get their attention.
- Try to find a time of the day for visitation when the person is rested and receptive to a visit. Try to visit at the same time of the day and establish a routine. The nurse in charge/clinical team can help by suggesting a good time for a visit.
- Visits need not be long. Sometimes shorter, more frequent visits are better than long, less frequent ones.
- Be sensitive to feelings. Facts sometimes are confused but feelings are genuine.
- Use the persons' name frequently.
- For those who seem to be living in the past, i.e., referring to a spouse that is no longer alive or feeling a need to care for children who are, in fact grown, Validation Therapy is a good method to use. This method of communication deals with a confused person where they are in their mind's eye. Ask the individual to tell you about their spouse, where he or she worked, or what they like to do.

Examples:

- Do you have children?
- What foods do you like to eat and prepare?
- Do you have brothers or sisters? Ask their names.
- Talk about games they played as a child or with their children.
- Talk about where they went to school.
- Ask about what kind of work they did?
- Encouraging the confused person to touch objects that have different textures can also be helpful.

Communication with a Hearing-Impaired Person

- Make sure the hearing-impaired person knows you are in the room before speaking. Face the “hard of hearing” person directly when speaking to them and, if possible, sit at the same level.

Examples:

- Speak in a clear, slightly raised voice, but don’t shout.
- Enunciate clearly and speak slowly and distinctly.
- Do not cover your mouth when talking. The “hard of hearing” person may try to read your lips.
- Be sure you have the hearing-impaired person’s attention before speaking. Try not to lower your voice at the end of a sentence.
- Do not eat or chew gum while talking to the “hard of hearing” person.
- If a person has a hearing aid and is not wearing it or it appears that it is not working, ask if you may assist them by getting someone to put the aids into their ear or check the batteries.
- Sometimes writing a message can help when communicating with the hearing-impaired individual.

Communication with a Visually Impaired Person

Approach with a casual greeting. Identify yourself and tell the person why you are there. The visually impaired person usually appreciates having things described to them - colours, things in their surroundings, the weather, etc. Encourage the visually impaired person to feel items and discuss textures. Always let the person know when you are leaving the room. Encourage independence but offer help as necessary. Here are some things a visually impaired person might appreciate:

Examples:

Reading mail (with permission)	Reading the newspaper
Reading the Bible	Reading devotionals
Reading short stories	Reading church bulletins
Writing cards and letters	Combing their hair
Anything else that they may request	Assistance with meals



Guidelines During Home Visits

- Phone the Hospice Team to be updated on the Patients condition
- Phone the Patient before your visit.
- Ensure the carer gives you his / her contact details before they leave the client in your care.

Before the primary carer leaves the client in your care, you need to ascertain the following:

Medication Requirements

Volunteers may not dispense medications for the client or give any advice on medications, even if you feel you have the background / knowledge to do this.

- Will the Patient require medication whilst the primary carer is away?

If YES ask about dependency;

The client is independent with medication administration

- able to **access** the medications independently
- able to **dispense** the medications independently
- able to **take** the medications independently?

The client is not independent with medication administration

- Ensure the carer dispenses the medications that may be required into a container and put these within reach of the client.

Mobility

Volunteers are not to assist with lifting or using a hoist.

- Ascertain the level of mobility with the patient / carer

Volunteers may assist the client to transfer chair to wheelchair or commode or into and out of a car if the client is able to weight bear.

Refer to the Assisting Patients Guidelines.

Remember

The volunteer is prohibited from administering or handling the patients medication.

Eating and Drinking

- Will the client need a drink or snack whilst the carer is out?
 - Is the client independently able to obtain these for him/her self?
 - If not, what do you give to the client to eat / drink?
 - Does the client need assistance with eating or drinking, e.g. needs to be fed?
 - Is the client able to swallow without difficulty?

Using the Toilet

Volunteers are NOT to empty catheter bags or do any personal cares.

- Is the client independent when going to the toilet?
- What kind of assistance may be required?
- If applicable, where are incontinence products kept?
- If the client has an indwelling catheter, does the bag need to be emptied by the carer before leaving the house?

End Of Life

If your client is nearing the end of his / her life and the client / family / carer would like you to continue to provide respite and you are comfortable doing so, ensure the family / carer knows that they may be requested to return home at short notice and undertakes to be available to do so, should you have any concerns.

Disclosure of Information

It is expected that you will develop a connection with your client. You will draw on your life experience and discuss any topics that you are **both** comfortable with.

Volunteers are not expected to ‘hold secrets’ or manage challenging behaviours. If information comes to light that causes concern (e.g. abuse or neglect of client / family member) this must be disclosed to a member of the clinical team.

Information provided to volunteers by clients / carers must be disclosed to a member of the Clinical team if **“the disclosure is necessary to prevent or lessen a serious and imminent threat to public and safety, whether the individual’s or the public’s.”** (Rule 11(2) Health Information Privacy Act)

If you find yourself uncomfortable or feeling at a loss, please contact the Volunteer Coordinator, Clinical Services Manager or Social Worker/Counsellor to discuss.

Reporting Back

Within a week of your visit, please complete a Community visit Contact Form and send it to the Volunteer Coordinator. Use this note to capture what you did with the patient during your visit, what behaviours you observed in the patient and what condition the patient was in. Changes are especially important to note.

*Community Visit Contact Form should be included with this handbook



The Volunteer as a Team Member

Team Meetings

Members of our Interdisciplinary Team (IDT) meet to discuss each patient/family case.

Your input is an important part of the plan of care which is why it's imperative to submit your Community visit Volunteer Contact Form and phone the Volunteer Coordinator, Clinical Services Leader or a member of the nursing team should you have specific or urgent concerns.

The Community visit Volunteer Contact Form is part of clinical records and is uploaded into each patient file accordingly.

Frustrations

Becoming involved as a Patient and Family Support Volunteer may present unexpected frustrations for some people. ***The team approach is delicately balanced and is driven by the needs of the patient and/or family.***

In most cases, the Clinical Service Leader assumes the primary support role for the hospice clinical team. The patient and/or family may not see a need for a volunteer, or may have difficulty sharing time/space with a stranger who is not a "professional". In other cases, the patient might need a friend more than professional nursing. Bear in mind that families may more often readily accept the presence of medical staff over volunteers. Volunteers have been frustrated by this and have wondered how to negotiate this. From those who have experienced this problem, the advice is: "tread lightly and hang in there." As always, your Volunteer Coordinator should be consulted if you have questions or concerns.

Personal Reactions

The relationship a volunteer has with a patient/family is sometimes a deeply personal one. Sometimes the volunteer is involved in helping support family members immediately following the patient's death.

You may feel grief reactions as would be expected in the death of a friend or any other important person in your life. Sometimes these reactions are immediate and easily identified.

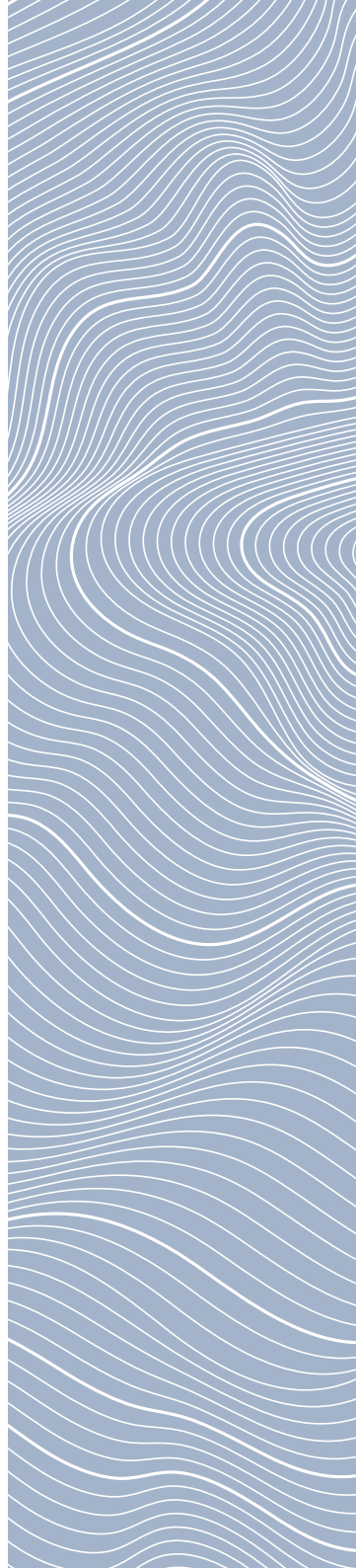
Others may be delayed, perhaps making it more difficult to identify the source. It is important to understand that these reactions are normal and to realise that Friends, staff stands ready to support you through the grieving process.

Support for the Volunteer

The team approach offers several avenues for us to talk through experiences. The Volunteer Coordinator and/or the Clinical Team Leader/Counsellor are always available to talk with you about your concerns and feelings.

You are encouraged to "buddy up" with one or more fellow volunteers, so that you might have another person to talk with about your feelings and experiences. Some volunteers will have experienced the death of someone close to them however many volunteers have not been as close to or this involved with death before.

For some volunteers, working with hospice brings up prior grief. If you find this happening or are confused about your feelings, please talk to our Counsellor or bring it to the attention of the Volunteer Coordinator.



Patient Safety

Incident Reporting

An incident is defined as any occurrence or event that creates or could create the risk of injury, liability, or both.

Examples of occurrences include:

- Staff/volunteer endangerment or injury
- Damage to patient property
- Patient or family/caregiver injury
- Motor vehicle accidents while on company business
- Equipment or mechanical device failure or user error
- Unusual occurrences
- Falls

In the event of a patient occurrence:

- Volunteer shall notify the Clinical Team Leader or designee that there has been an occurrence
- Volunteer will be asked to complete the Incident Report Form within one working day of the occurrence and must submit it to the Clinical Team leader for review.

Documents the nature of the occurrence in the patient's clinical record.

Infection Control

If you are sick, please call in to the Volunteer Coordinator and wherever you are expected to work to report your illness and cancel your volunteering until you are well.

Rau ora

hospice

eastern bay of plenty

ALL PROCEEDS FROM THE HOSPICE SHOPS STAY
IN THE EASTERN BAY OF PLENTY COMMUNITY.

Every little bit helps. 

**WHAKATĀNE
HOSPICE SHOP**

109 The Strand
Ph: 07 307 2301

OPENING HOURS

Monday to Friday:
9:30am - 4:00pm
Saturday:
9:30am - 1:30pm

**KAWERAU
HOSPICE SHOP**

7-9 Jellicoe Ct
Ph: 07 323 4014

OPENING HOURS

Monday to Friday:
10:00am - 3:00pm
Saturday + Sunday
we are closed

**ŌPŌTIKI
HOSPICE SHOP**

101B Church St
Ph: 07 315 5055

OPENING HOURS

Monday to Friday:
10:00am - 3:00pm
Saturday + Sunday
we are closed

Contact your Volunteer Coordinator, Jane Kay

Ph: 07 307 2244 ext 219 Mobile: 027 203 9954

Email: jane@hospiceebop.org.nz

Visit: 37 Goulstone Road, Whakatāne 3120

Hospice EBOP Offices

Ph: 07 307 2244 | Email admin@hospiceebop.org.nz

www.hospiceebop.org.nz

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