



**ACI** NSW Agency  
for Clinical  
Innovation



**CHOPs**  
CARE OF CONFUSED  
HOSPITALISED OLDER PERSONS



VOLUNTEER  
**DEMENTIA & DELIRIUM** CARE

## Staff and Volunteer Procedures and Resources



# ACKNOWLEDGEMENTS

This Staff and Volunteer Procedures and Resources document accompanies the Hospital Volunteer Program Implementation Guide. The procedures and resources were originally developed by Cath Bateman Dementia Delirium Clinical Nurse Consultant in Southern NSW Local Health District as part of the establishment of the Dementia Delirium Hospital Volunteer program at Bega Hospital in 2009. Refining of these procedures has occurred in consultation with the volunteers and nursing staff at Bega Hospital.

The Agency for Clinical Innovation (ACI) is the primary agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care.

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## USE OF THIS RESOURCE

The purpose of this resource is to provide a procedural framework for staff and volunteers for the implementation of the Dementia and Delirium Care with Volunteers program. The document is to be used in conjunction with the Hospital Volunteer Program Implementation Guide. The procedures and accompanying templates in this document are intended to be adapted as required by services implementing the program.

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## ACRONYMS USED IN THIS DOCUMENT

AMTS	Abbreviated Mental Test Score
CHC	Community Health Centre
CNC	Clinical Nurse Consultant
EN	Enrolled Nurse
EEN	Endorsed Enrolled Nurse
FBC	Fluid Balance Chart
ID	Identification
MR	Medical Record
NUM	Nurse Unit Manager
OH&S	Occupational Health & Safety
PPE	Personal Protective Equipment
RN	Registered Nurse
SMMSE	Standardised Mini Mental State Examination

## AIM OF THE DEMENTIA AND DELIRIUM CARE WITH VOLUNTEERS PROGRAM

1. To provide emotional support and practical assistance for patients with dementia or delirium or other vulnerable older patients admitted to hospital.
2. To support the implementation of delirium prevention strategies for those patients identified at risk of delirium.

## PURPOSE OF THIS MANUAL

The purpose of this manual is to provide staff and volunteers with clear documentation regarding:

1. The scope and philosophy of care underpinning the program
2. Staff procedures for identifying and referring patients to the program
3. The role, duties, daily routine, reporting lines and supervision processes for the volunteers.

This procedure manual is to be read in conjunction with the **<insert Local Health District>** volunteer documents such as Volunteer handbook including:

- Rights and responsibilities of volunteer
- Code of Practice for volunteers
- Confidentiality for Volunteers
- Tips for Volunteers

## DEFINITION OF A VOLUNTEER

Formal volunteering is an activity which takes place through not for profit organisations or projects and is undertaken:

- to be of benefit to the community and the volunteer;
- of the volunteer's own free will and without coercion;
- for no financial payment; and
- in designated volunteer positions only (Volunteering Australia, 2009)
- Within the NSW Health Code of Conduct [Policy, PD2005\_626, page 8], NSW Health defines "staff" as "...any person working in a permanent, temporary, casual, termed appointment or honorary capacity within NSW Health. It includes volunteers, patient advocates, contractors, visiting practitioners, students, consultants and researchers performing work within NSW Health facilities." Volunteers are therefore required to be aware of and adhere to all relevant NSW Ministry of Health policies and guidelines

## DEFINITION OF THE HOSPITAL VOLUNTEER

A person who has expressed an interest in participating in the hospital volunteer program and who has undergone an interview, formal recruitment and training associated with the program. The role and function of the volunteer is determined by the volunteer roles and responsibilities, their duty statement, program guidelines and the policies and procedures of the **<insert Local Health District>**.

## ABOUT THE VOLUNTEER PROGRAM

Admission to the hospital environment can be quite frightening for a person with dementia. Not only are they unwell, they have also been removed from their familiar home and people and admitted to a busy noisy unfamiliar place.

Sometimes people with or without out dementia can develop sudden confusion due to an illness, or other medical causes. This is known as delirium. The experience of delirium can also be a frightening for many people.

Because of their confusion, people with dementia and delirium can be quite fearful and vulnerable when in hospital. The volunteer program is designed to assist these patients by providing both emotional support and practical assistance.

The program is underpinned by the philosophy and principles of person centred care.

The volunteer role is similar to what a family carer would be doing if they were supporting the care of their loved one of family member when they are in hospital. In this way the volunteer program can be supportive to carers as they can feel reassured knowing there is someone in the hospital to provide the extra care to their loved one when they are not able to be there.

The volunteer program has also been shown to be of positive support and assistance to staff in their care of patients with dementia and delirium (Bateman, 2012)

## PERSON CENTERED CARE

- Puts the person at the centre of their care
- Is based on the fact that cognition does not determine a person's capacity for emotional well-being or ill being.
- It is how people relate to and understand each other in terms of interpersonal relationship.
- Person centred care shifts the focus from the behaviour of the person to a holistic view of what may be causing or contributing to the behaviour.

## PRINCIPLES OF PERSON CENTERED CARE

- Respect and acknowledgement for uniqueness of person
- Knowledge and value of persons past history
- A focus on the persons abilities
- Supporting choice
- Enhancing Communication
- Valuing what is important to the person or the attachments they may have
- Maintaining a positive social environment

An essential part of the program and providing person centred care is gaining an understanding of the person, their background, personal preferences and activities or interests that provide them with enjoyment. This is done through the volunteer completing a person profile with the patient and or their carer.

## THE VOLUNTEER TRAINING PROGRAM

The Hospital volunteer training program has been designed to provide information and experiential learning to provide volunteers with the necessary knowledge and skills they need to support the care of patients with dementia and delirium.

The training program covering the following topics:

- The volunteer program and role, including rights and responsibilities and code of conduct for volunteers
- Understanding dementia and delirium
- Person centered care
- Communicating effectively with the person with cognitive impairment
- Activities for enjoyment and pleasure
- Behaviour's that can occur in patients with dementia and delirium
- Assisting patients with eating and drinking
- Safe walking with patients
- Commencing as volunteer, procedures, documentation and reporting
  
- The volunteers are required to undergo Health Service mandatory training sessions or programs.
- The volunteers have access to the staff health clinic to ensure that they are vaccinated according to Ministry of Health policy requirements.
- All volunteers are provided with orientation to the hospital as per orientation checklist
- All volunteers are supported as part of their commencement as a new volunteer.

## VOLUNTEERS AS PART OF THE CARE TEAM

- The role of the volunteer in supporting patients with dementia and delirium or other vulnerable older patients is an important one. In this context the success of this program will be influenced by the respect, support and acknowledgment volunteers receive from staff in their role as part of the health care team.
- The key principles of trust, recognition, respect and valuing the contribution of the volunteers is embedded in the philosophy of this program.

- Opportunities for gaining staff and volunteer feedback are incorporated as part of the program.

## IDENTIFICATION OF VOLUNTEERS

- The Volunteers will be identified by a **<insert uniform type>** and the wearing of Volunteer ID badges.

## SHIFT TIMES FOR VOLUNTEERS

Shift times for the volunteers are:

Morning 8am – 12.30pm - Monday to Friday

Evening 3 pm – 7 pm – Monday – Friday

Volunteers will not be rostered for weekends and public holidays.

- Allocation of a volunteer for a weekend shift may be considered in exceptional circumstances of specific patient need.
- The need for a volunteer to support a patient over the weekend is to be identified before 5pm on the preceding Friday.
- The Nurse Unit Manager (NUM) or delegate is to check the volunteer contact list to identify which volunteers have indicated that they are available for contact for a weekend shift.
- The NUM or delegate is to contact the volunteer/s to determine their availability for weekend shifts.
- After hours or weekend staff are **not** to contact a volunteer for patients who are admitted over the weekend.
- Volunteers **do not** provide services at night.

## SCOPE AND BOUNDARIES OF VOLUNTEERS

- Volunteers are bound by the roles, responsibilities and duties defined in the duty statement. This has been covered in detail during the training and orientation of new volunteers.
- The volunteers have been advised to decline to complete any tasks not within their duty statement or the guidelines of this manual or, with which they are not comfortable.
- A Dos and Don't sheet has been developed to assist staff in understanding the boundaries of the volunteer duties.
- If staff are concerned about or observe volunteers acting outside their boundaries or roles they are asked to communicate this to the NUM

## STAFF PROCEDURES

### Patient eligibility/referral criteria

Includes:

- Abbreviated Mental Test Score (AMTS) of 7/10 or less OR
- Standardised Mini Mental State Examination (SMMSE) of < 24/30 OR
- A diagnosis of dementia or obvious memory and thinking problem OR
- A diagnosis of delirium OR
- Evidence of high level risk factors for a delirium including history of a previous delirium. In addition to cognitive impairment risk factors for delirium includes:
  - Severe medical illness
  - Dehydration
  - Vision or hearing impairment
  - AND Patient and/or carer verbal consent

**Exclusion criteria includes: any patients with behavioural issues which potentially will place the volunteer at risk or where patient or carer has refused volunteer support.**

### Gaining patient and/or carer consent

- Verbal consent from the patient or their carer is required before a volunteer can be assigned. A Volunteer Program Patient and Carer Information Brochure is available to give to patients/carers
- Staff can introduce the program by saying that the hospital has a volunteer service which provides some extra support for older people in hospital.
- In the circumstance where the patient is unable to consent (ie. Lack of capacity due to cognitive impairment), the carer is asked for their verbal consent agreeing to the person they care for to have a volunteer assigned.
- Volunteers are not to visit a patient if the patient or carer has refused volunteer support.

**NOTE: In the circumstance where the patient or carer consent cannot be immediately obtained but the NUM or RN in charge feels it is appropriate for the patient to be assigned a volunteer, the volunteer can be assigned. However the volunteer eligibility and referral form, must be completed and instruction re visiting given to the volunteer by the NUM or RN in charge.**

### Referral Process

- The patient eligibility and referral form is to be fully completed by staff for all patients referred to the volunteer program.
- ALL SECTIONS OF THE VOLUNTEER PROGRAM ELIGIBILITY AND REFERRAL FORM ARE TO BE COMPLETED BEFORE A VOLUNTEER CAN BE ASSIGNED. This is to ensure that the volunteer has the appropriate information about the patient to provide safe care. The eligibility and referral checklist forms are kept in <insert location>. Copies are also kept in the volunteer referral folder in <insert location>
- **Volunteers have been advised that they are not to accept a patient unless all sections of the form have been completed. This is to ensure safe and appropriate care for the patients and protect volunteers from a potentially unsafe or traumatic experience.**
- Patients are not eligible for the volunteer program if they have behaviours that would place a volunteer at risk
- The RN in Charge (or delegate) is responsible for identifying and completing the Referral and Eligibility Checklist Form for the volunteer program



- The staff member completing the referral form is responsible for placing the completed referral and eligibility checklist in the volunteer referral folder <insert location>
- The NUM, RN in Charge or delegate is responsible for communicating with the volunteer regarding the needs of new patients and any changed care requirements for existing volunteer patients on that ward each shift
- The volunteers have been advised to check with staff regarding any potential patients for referral to the program each shift.
- Independently ambulant patients or those who are safe to be walked with the supervision of the volunteer can walk to the location for activities with the volunteer. Volunteers are only to walk with patients who are independent in walking (with or without a walking aide) or who require supervision only. Staff are responsible for the transfer of any patients who require either stand by or other assistance with mobility, to the <insert location> for activities. This includes any patients who are unsteady on their feet. Staff are also responsible for transferring patients in and out of wheelchairs.

### **Number and priority of patients assigned to the volunteer program**

The NUM or RN in Charge is to discuss the priority of patients to be seen with the volunteer/s each shift.

- If unsure, the volunteer will check with the RN in charge to clarify the priority of new and existing patients they are visiting as well as any changes to the care of existing program patients.
- Although patients may be referred to the program for delirium prevention only. Patients with dementia, cognitive impairment and/or delirium will always be prioritised for volunteer support.
- Where only one volunteer is rostered, the volunteer is to focus their time on the first four patients on the weekly patient list unless otherwise negotiated with the NUM or RN in Charge.
- Where there is consistently more than 4 patients with significant need, the NUM or RN in Charge will determine priority in discussion with the volunteer.

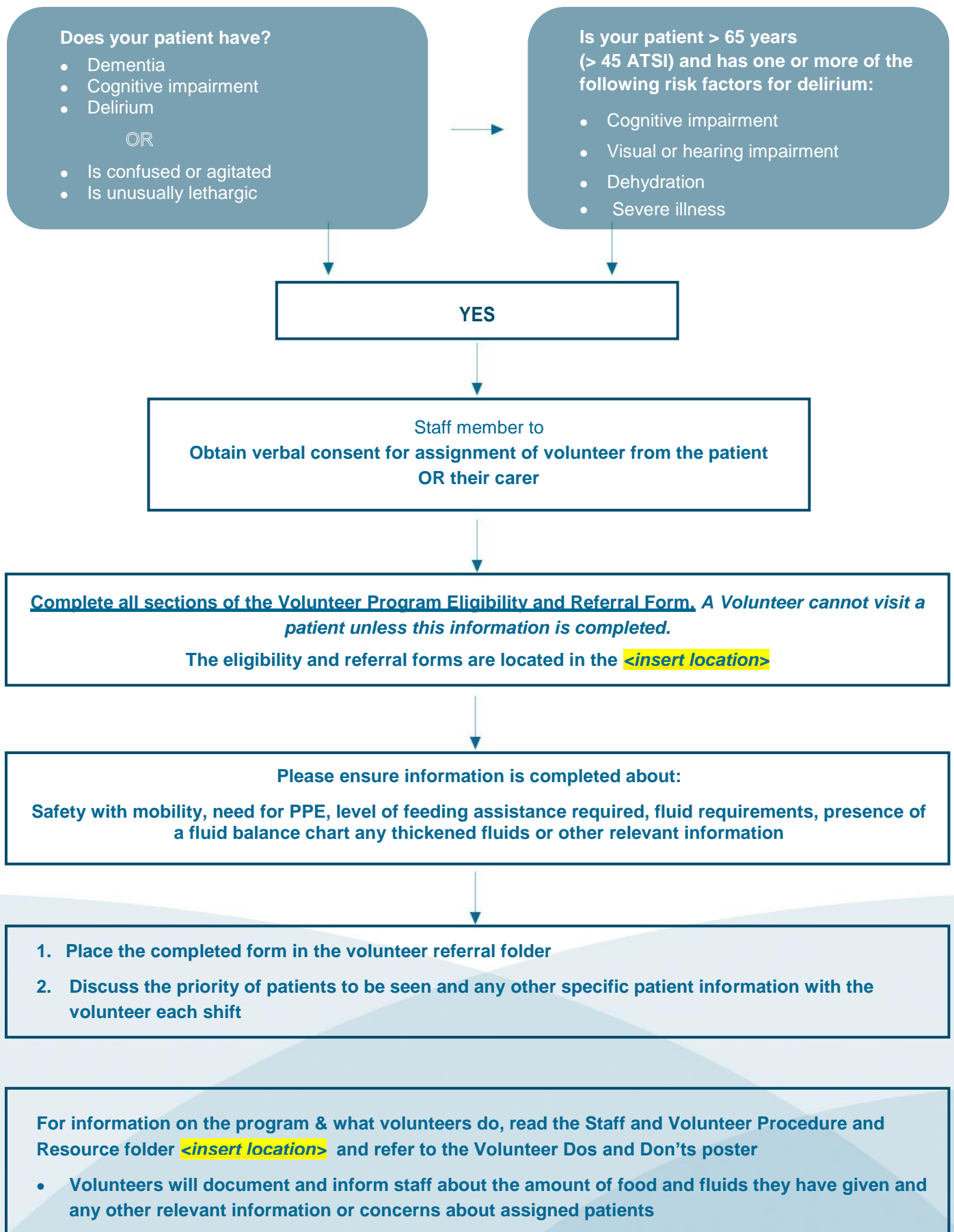
### **Circumstance where there may be no requirement for a volunteer to attend their shift**

- In the circumstance where there is not the need for a volunteer, staff are to attempt to contact the volunteer to inform them, prior to their shift commencing. This is to ensure minimal inconvenience for volunteers.
- In the circumstance where there are no assigned patients when the volunteer arrives, the volunteers have been advised to check with the NUM or RN in charge regarding any possible referrals before leaving.

### **Assisting with transfer of patients or group interactions**

- In the circumstance where there are 2 or more patients assigned a volunteer, the volunteers may provide morning group activities to assigned patients in <insert location>

## FLOW CHART FOR REFERRING A PATIENT TO THE HOSPITAL VOLUNTEER PROGRAM



## FLOW CHART FOR VOLUNTEERS FOR RECEIVING REFERRALS TO THE HOSPITAL VOLUNTEER PROGRAM

Check Hospital Volunteer referral folder <insert location>

If there is a new patient referral form in the folder.

1. Check that all sections re consent, feeding, fluids, PPE and mobility have been completed.
2. If not inform NUM or RN in charge that you are unable to accept patient until information is completed

- Each Shift, check with the NUM or RN in Charge regarding the priority of new and existing patients and any changed care requirements.
- Update the weekly patient list for new/existing patients

- Place the new referral form in the volunteer documentation folder in order of priority.
- Write patients name on a volunteer documentation and handover form and insert them in the volunteer documentation folder.

- Complete the personal profile form with the patient if they are able or, ask next volunteer to.
- If the patient is unable to, ask the carer to complete the profile or request the staff member to ask the carer to complete.

- Inform staff of the amounts of food and fluids your patients have consumed.
- Inform staff of any concerns disclosed by patients or carers
- Document volunteer activities and food and fluid amounts on the volunteer documentation and handover sheet
- Remove documentation from discharged patients and give to ward clerk

- Complete additional duties of maintaining copies of volunteer documentation and monitoring and cleaning of activity resources

- If you have any concerns about the patient or notice any changes, inform the NUM or RN in charge.
- If you are unsure about procedures refer to the volunteer manual
- If you have any other concerns talk to the NUM or RN in charge

# VOLUNTEER PROCEDURES

## Signing on and off duty for Volunteers

- All volunteers are required to sign on and off for each shift. The volunteer shift record is kept in the volunteer record folder

## Morning shift duties

- Inform NUM or RN when you arrive on the ward
- Sign on in the volunteer folder <insert location>
- Wash hands
- Check for new patients referred and the priority of patients to be seen in the volunteer referral folder <insert location>
- **Ask staff on the ward if they have any patients for the program**
- Check information on referral and eligibility checklist for the patient's specific requirements
- If unsure about patient suitability or needs, discuss with NUM or RN in Charge
- Check with staff regarding any potential new patients for the program
- Check with staff regarding any changes to care needs for existing patients
- **Update the priority and weekly patient list for new and existing patients**
- Read notes made by volunteer/s of previous shifts
- If available, read the personal profile of patients allocated to determine appropriate activities in conjunction with previous volunteer notes
- **If a patient has been discharged. Remove their documentation from the volunteer folder and give to the ward clerk for filing**
- Complete the personal profile for any new patients on the program. If time does not permit this, document in volunteer notes for next volunteer to do
- If unable to complete the profile request that the carer complete the profile either directly or through a staff member caring for the patient

- If the patient has previously been on the program, they may already have a profile completed. In this circumstance the volunteer can ask the RN in charge to check the patient's old notes for an already completed profile to use for this admission
- Ensure a copy of the patients personal profile is placed in the front of the medical record folder
- Where appropriate, assist assigned patients with meal set up or eating breakfast
- Assist assigned patients with completion of their menus for the following day
- Sit one to one with assigned patients as required on the ward
- Utilise activity resources for therapeutic activity as appropriate
- Assist assigned patients with other needs as outlined in duty statement
- Accompany assigned patients with walking as directed by NUM/RN
- Volunteers to assist assigned patients with lunch as needed

## Specific Monday Morning Hospital Volunteer shift duties

- Check with staff for any new, discharged patients or patients who have moved rooms
- Continue with supporting current patients with breakfast etc.
- Read previous volunteer documentation re existing program patients
- Speak with the Nursing Unit Manager about new referrals and the priority of patients to be supported.
- Continue with normal volunteer duties
- Before signing off complete new patient priority list

## Patient Group Activities with volunteers

- Where more than one patient is assigned on the ward, the group room <insert location> may be used for group activities
- Group activities may be conducted at any time between times <insert times>
- The wards person or nursing staff will assist patients to the <insert location> which may include bringing them in a wheel chair or assisting them to walk.
- Volunteers can accompany patients walking to the <insert location> as advised by NUM/RN
- The patient personal profile will be used to assist volunteers in identifying appropriate activities
- Morning tea will be provided to patients in the group room by the hospital staff.
- Volunteers can use the tea and coffee making facilities in the staff dining room for their own use at anytime.
- Following group activities, dependant on the direction of nursing staff, patients may be returned to their rooms or stay in the Garden Room for lunch

## On completion of morning shift

1. Volunteers are to report any concerns or issues identified with assigned patients as well as approximate amounts of food and fluids taken and toilet visits by the patients during their shift to the EN or RN in Charge of the patient or NUM.
2. For each assigned patient, volunteers are to document activities provided and the patient's response to the activity, amounts of fluid and food given or assisted with and other assistance provided in the volunteer documentation record volunteer program folder.
3. When a patient has a fluid balance chart in front of their MR folder the volunteer is to either inform the RN in charge of what fluid was given OR write the amount of fluid given to the patient on the form provided.
4. Volunteers are also to document the patient behaviours and other relevant information in the volunteer handover record. Any changes in behaviour are to be reported to the NUM or RN.
5. Volunteers are to sign off at the end of shift and wash their hands.
6. If the volunteer on the morning or afternoon shift feels that there are none or not enough patients to warrant a volunteer for the next shift, they are to contact the rostered volunteer and inform them that it is either not necessary for them to attend or to check with staff before attending their shift.

## Evening Shift duties

- Inform NUM or RN when you arrive on the ward
- Sign on in the volunteer folder located in filing cabinet in the staff dining room
- Wash hands
- Check for new patients referred and the priority of patients to be seen in the volunteer referral folder
- Check information on referral and eligibility checklist for the patient's specific requirements
- If unsure about patient suitability or needs, discuss with NUM or RN in charge
- Read notes made by volunteer/s of previous shifts
- If available, read the personal profile of patients allocated to determine appropriate activities in conjunction with previous volunteer notes
- **If a patient has been discharged. Remove their documentation from the volunteer folder and give to the ward clerk for filing**
- Complete the personal profile for any new patients on the program. If time does not permit this, document in volunteer notes for next volunteer to do
- If unable to complete the profile request that the carer complete the profile either directly or through a staff member caring for the patient
- If the patient has previously been on the program, they may already have a profile completed. In this circumstance the volunteer can ask the RN in charge to check the patient's old notes for an already completed profile to use for this admission
- Ensure a copy of the patients personal profile is placed in the front of the medical record folder
- Where appropriate, assist assigned patients with meal set up or eating of their evening meal
- Volunteers may take their evening meal break between 5.30 – 6.00pm
- Volunteers can use the tea and coffee making facilities for their own use at anytime
- Sit one to one with assigned patients as required on medical or surgical ward
- Utilise activity resources for therapeutic activity as appropriate
- Assist assigned patients with other needs as outlined in duty statement
- Accompany assigned patients with walking as directed by RN in charge
- Assist with night time settling of patients as required

- Volunteers are to leave the hospital by the front entrance of the hospital

## On completion of evening shift

1. Volunteers are to report any concerns or issues identified with assigned patients as well as approximate amounts of food and fluids taken and toilet visits by the patients during their shift to the EN or RN in charge of the patient or the NUM.
2. For each assigned patient, volunteers are to document activities provided and the patient's response to the activity, amounts of fluid and food given or assisted with and other assistance provided in the volunteer documentation record volunteer program folder.
3. When a patient has a fluid balance chart in front of their MR folder the volunteer is to either inform the RN in charge of what fluid was given OR write the amount of fluid given to the patient on the form provided.
4. Volunteers are also to document the patient behaviours and other relevant information in the volunteer handover record. Any changes in behaviour are to be reported to the NUM or RN.
5. Volunteers are to wash hands and sign off at the end of shift
  - If the volunteer on the morning or afternoon shift feels that there are none or not enough patients to warrant a volunteer for the next shift, they are to contact the rostered volunteer and inform them that it is either not necessary for them to attend or to check with staff before attending their shift.

## Early completion of the volunteer shift

In circumstances where all allocated patients are settled prior to 7pm, or if there are minimal patients and the volunteer feels that they are no longer needed on any shift, the volunteers may choose to leave early. This will be up to the volunteer's discretion. In this instance, the volunteer is to inform the NUM or Registered Nurse in charge.

## When a volunteer is unable to attend their shift

1. If a volunteer knows in advance they are not available for their shift they are to notify the person responsible for rostering, so that rosters can be adjusted.
2. Volunteers can negotiate a change or swap of their shift with other volunteers at any time. They can then note it as a change in the roster themselves.
3. When a volunteer is unable to attend their shift, they are firstly to try and arrange a substitute volunteer for their shift.
4. If the volunteer is too unwell and/or unable to arrange a substitute for their shift, they are requested to inform the ward clerk of their absence

## Volunteer Meal Breaks

- Volunteers are entitled to morning, afternoon tea and a meal break on the evening shift
- Tea and coffee making facilities are available for the volunteers in the staff dining room.

## VOLUNTEER DOCUMENTATION

### Completion of the patient personal profile

- The purpose of the profile is to provide the volunteer with information about the patient they are assigned to assist in communication and appropriate person centered activities.
- Copies of the patient personal profile are kept by the volunteers in their record folder. Additional copies are located in the filing cabinet
- In the circumstance where a patient has consented to having a volunteer and is able to communicate personal information, the volunteer can use the patient profile form/template to support them in getting to know the patient and identifying appropriate activities.
- In the circumstance where the patient is not able to answer questions for their person profile, the carer is asked to complete the patient personal profile either by the volunteer or staff member caring for the patient.

- If the carer is not available during a volunteer shift, the volunteer will ask the RN or Nurse looking after the patient to arrange for the carer to complete the profile. Once the carer has completed and returned the profile, the staff member is to place it in the volunteer referral folder.
- The volunteers will photocopy the profile and place a copy in the front of the patient medical record folder for staff to access and read once it has been completed.

### Personal Profiles for patients who are readmitted to the program

- Patients who have been admitted to the volunteer program in a previous admission may already have a completed profile in their old notes.
- In this circumstance the volunteer will first check the personal profile folder to see if a copy has been kept from the previous admission. If not, the volunteer can ask the ward clerk or Nurse to check their old medical records notes and use the already completed profile for this admission. However this profile will need to be reviewed and may need to be updated.

### Updating the weekly patient list

- Once a patient has been discharged, the volunteer will cross out their name in from the weekly patient list
- When new patients are referred to the program, the volunteer will update the current patient list in consultation with staff or, if needed start a new patient priority list. Outdated priority patient lists are filed in the **<insert location>**
- Designated afternoon volunteers will maintain photocopies of the program documentation forms which are kept in location.

### When a patient is discharged

- When a volunteer program patient is discharged, staff are to return any volunteer resources such as CD players etc to **<insert location>**
- The volunteer may also need to check with staff re the location of any volunteer resources that were left with the discharged patient and return to **<insert location>**
- Once a patient has been discharged, the volunteer will remove their documentation from the volunteer record folder and give it to the ward clerk for medical record filing.

- **NOTE:** On discharge a photocopy of the patients completed personal profile is to be taken and filed in the Person Profile Folder in the locked volunteer filing cabinet. This is to support ease of finding the personal profile when a patient who has previously been on the program is readmitted to hospital.
- The volunteer is to cross out the name of the patient on the weekly patient list and write the discharge on the back of the form.

## ADDITIONAL VOLUNTEER RESPONSIBILITIES

### Maintaining copies of volunteer program documentation

- Check that there are adequate copies of volunteer program forms.
- Volunteers may wish to assign this duty to volunteers who are rostered on a specific shift/s.

### Copy more forms if needed or leave a note for the next volunteer to copy forms Monitoring of activity resources

- Volunteers are responsible for loaning and monitoring of the program activity resources.
- Activity resources for the volunteer to use with patients are kept in **<insert location>**.
- **The key to the location is kept <insert location>**
- Where possible/appropriate patients and carers are encouraged to bring in personal belongings such as pictures/photos/knitting that may support their emotional well being during their hospital stay.
- Volunteers are to keep a record of all resources that are loaned out to patients.
- If a DVD player is loaned to a patient, it is to be returned to the filing cabinet at the end of the volunteer shift. DVD players are not to be left in patients rooms overnight, between shifts or over the weekend.
- If a patient has been discharged over the weekend, the Monday morning volunteer is to check with the NUM re any equipment that may have left in the NUM office and return it to the **<insert location>**.
- If any equipment is noted as missing, the volunteer is to report this to the NUM.
- Volunteers are to keep a record of any replacement or additional resources that may support hospitalised patients and communicate this at the regular

- volunteer meetings.
- A form for volunteers to record additional activity resource requirements is kept in the back of the volunteer folder.
- Opportunities for volunteers to communicate and feedback on additional activity resource needs occurs as part of regular supervision feedback meetings.
- Volunteers can also communicate any resource needs they identify to the relevant ward NUM.
- The NUM will determine in consultation with the volunteers/Volunteer Coordinator – Manager how resources are to be purchased for the program.

### Cleaning of Activity resources and equipment

- All activity resources or equipment purchased or available for use by the volunteers must be able to be either machine washed or be of a material that can be wiped down
- Volunteers are responsible for wiping down resources (with detergent wipes) before returning them to their storage location after patient use
- Any washable items such as soft toys, fiddle aprons etc are to stay with the allocated patient until discharge. They are then to be placed in a plastic bag for machine washing before they are returned to the resources storage.

## VOLUNTEER ROSTERS

- Volunteer rosters will be coordinated by the nominated Roster Volunteer coordinator
- The roster coordinator is responsible for:
  1. Drawing up the monthly roster and emailing it to volunteers who have email access and the medical and surgical ward NUM's and the medical ward clerk.
  2. Leaving a hard copy of the roster in the volunteer folder for volunteers who do not have email access.
  3. Placing a copy of the roster in the volunteer folder.



## INFECTION CONTROL

- Volunteers are required to comply with NSW Health Infection Control Policy (No.PD2007\_036) as covered in mandatory training
- Volunteers are to comply with standard hand hygiene (washing) procedures before and after each patient contact or contact with their surroundings.
- The cleaning of activity resources has been previously detailed
- All patients admitted from residential aged care or other facilities are isolated on admission until pathology has cleared them of having any potential transmissible infection. In this circumstance staff or volunteer entering the room are required to wear personal protective equipment (PPE)
- Volunteers are not to be allocated patients requiring additional infection control precautions such as personal protective equipment (PPE) unless there is consultation and agreement by the NUM or RN in Charge.
- In this circumstance the volunteer must be provided with clear explanation and instruction regarding what PPE is used for the patient.
- Any activity resources used by patients requiring PPE are to stay with that patient. Decisions regarding disposal or washing of used activity resources on discharge will be the responsibility of the NUM or delegate.

## OCCUPATIONAL HEALTH AND SAFETY OF VOLUNTEERS

- Volunteers are responsible for verbally reporting any hazard or risk they identify in the course of their volunteer duties to the NUM or RN in charge.
- The volunteer is to remove themselves from any patients or situations in which they feel unsafe or uncomfortable and report this to the RN in charge or NUM
- If a volunteer witnesses any incident while on duty which causes them distress, they are to report this to the RN in charge or NUM who will arrange debriefing and support.

- Volunteers are to immediately report any injury they sustain to the RN in charge or NUM who will follow the incident reporting process.
- If medical treatment is required the volunteer is to attend the emergency department for assessment and obtain a certificate before reporting back to the RN in charge or NUM who will advise further.
- Volunteers are not to lift or assist with any lifting or manual handling transfer of any patients.
- Volunteers are required to complete manual handling as part of mandatory training for volunteers.
- Volunteers are to comply with smart lift procedures for all manual handling tasks they perform as part of their role
- Volunteers who are on an evening shift are to have access to the after hours car parking in front of the hospital.
- Entrance and exit to the hospital after hours is to be via the front hospital entrance.

## VOLUNTEER APPRAISAL/ FEEDBACK

- Support and feedback processes for volunteers are an important part of the program
- Regular volunteer support and feedback meetings will be coordinated. Debriefing will form part of these meetings.
- The volunteers are encouraged to contact the volunteers coordinator or talk to the NUM if one to one debriefing is required.

## GRIEVANCES

- If a volunteer is unhappy with any aspect of the program or program coordination they are encouraged to discuss this with the NUM who will work with them to try to resolve the issues.
- If volunteers experience any negative or upsetting interactions with hospital staff they are requested to report and discuss these with the NUM's as soon as possible after they occur.
- Volunteers also have access to the Employee Assistance Program (EAP) and have been provided with a copy of the EAP brochure with contact number

## COMPLETION OF VOLUNTEER SERVICE

- Volunteers may resign at any time. However discussion with the Volunteer's Coordinator or Manager is encouraged before this occurs.
- Resignations can be verbal or in email or writing and forwarded to the Volunteer's Coordinator or Manager.
- Volunteers completing service are to hand in their Identification badge and keys to the filing cabinet that they have been allocated.
- When completing their service all volunteers are to be given a letter of appreciation for their services
- Volunteers are requested to attend a closure interview with the Volunteer's Coordinator or Manager.

# DUTY STATEMENT FOR HOSPITAL VOLUNTEERS

## Volunteer Duties

1. Work within the team of nurses and allied health staff in supporting people with dementia and or delirium or those who are at risk of delirium in the hospital.
2. Volunteers will adhere to the roles, responsibilities, procedures and duties of the volunteer program.
3. The volunteer will be assigned patients as allocated in the volunteer referral folder and in consultation with hospital staff.
4. **In the circumstance where information about the patients feeding, fluids and walking needs are not completed in the referral form, volunteers are not to accept patients to the program until the referral form is completed clarifying this.**
5. The volunteer will respect the uniqueness of each patient and their family and will be guided by the care plan needs of the person. Specific duties include:
  - Sitting with the patient on a one to one basis or in group activity sessions
  - Assisting with making patients comfortable to support their sleep and rest – this may include adjusting pillows or providing warm drinks or a hand massage or gentle back rub,
  - Making sure the patient is wearing their glasses and hearing aides and checking that these are clean and working properly.
  - Talking to the patient about current events and surroundings
  - Assisting the patient with eating and drinking and when needed regularly offering fluids to drink
  - Assisting patients with completion of their menus
  - Accompanying and encouraging the person with walking as advised by the nurses or physiotherapist.
  - Supporting the person with activities they enjoy such as reading to them, playing cards etc.
  - Using dementia friendly communication when interacting with the person with dementia.
  - Communicating any concerns that may arise to the RN in Charge or NUM.
  - Communicate to the RN in charge and write down any changes that are noticed in the behavior of the patient in the volunteer records.

## ROLE RESPONSIBILITIES

The volunteer is:

1. Responsible for cleaning any activity items used with patients before returning them to the activity resource storage location.
2. To maintain the confidentiality and the privacy of the patient and their family, in the hospital or other relevant places, while working in a voluntary capacity
3. To refer the patient to the staff when a specific situation arises, i.e. with regard to health related questions, and when professional input is required.
4. To report any changes they notice in the patients to the NUM or RN in charge.
5. To remove themselves from any patients they feel uncomfortable or unsafe with and report this to the RN in charge or NUM
6. To report any hazardous incidents they identify to the NUM or RN in charge and comply with manual handling smart lift practices.
7. To adhere to hand washing and hand hygiene and other required infection control practices (as directed by staff) when visiting patients.
8. To keep a record of time spent, activities conducted the response of patients to those activities, and any other relevant information each shift.
9. To maintain copies of volunteer program documentation.
10. 10. Where relevant, to keep a record and communicate to the RN or NUM the approximate amounts of fluids the patient has while with the volunteer, the level of meal assistance and how much of their meal they ate.
11. To record relevant information about the patients and their behavior in the volunteer record documentation and report any changed behaviour to the RN in charge or NUM
12. Not to attend their shift if they are have a cold, other respiratory infection or are generally unwell.
13. Not to attend their shift if they are suffering from a bout of gastroenteritis. In this circumstance the volunteer should not return to the hospital until 48 hours after their last episode of vomiting or diarrhoea.
14. Try to arrange a substitute for or notify Volunteer Coordinator/s or hospital staff of any unplanned absences
15. To attend supervision, de briefing, ongoing education and support meetings

As a Hospital Volunteer, I agree to the duties, roles and responsibilities in this duty:

NAME OF VOLUNTEER	NAME OF SUPERVISOR/COORDINATOR
<p><b>SIGNED</b></p>	<p><b>SIGNED</b></p>

# DOS AND DON'TS

## DEMENTIA AND DELIRIUM CARE WITH VOLUNTEERS

### INFORMATION FOR HOSPITAL STAFF AND VOLUNTEERS

#### DO

- Find out about the patients background and personal preferences using the personal profile.
- Communicate and interact with assigned patients
- Talk to assigned patients about current events and surroundings
- Sit with assigned patients one to one and in group activities
- Assist and support assigned patients with therapeutic activities
- Assist assigned patients with completion of their menus
- Assist assigned patients with eating and drinking
- Assist assigned patients with wearing visual and hearing aides
- Report any concerns or changes in the assigned patients to the nurse
- Report any other concerns or worries to the coordinator or NUM
- Keep a record of time spent with assigned patients
- Encourage assigned patients walking as instructed by NUM, RN in charge or Physiotherapist.
- Adhere to confidentiality and privacy of patients
- Adhere to the roles and responsibilities of volunteers

#### DON'T

- Assist with or perform any lifting or moving of objects or patients
- Assist assigned patients with walking unless instructed or agreed to by volunteer coordinator or NUM, RN in charge or Physiotherapist
- Assist with care of any other patients that you are not assigned to - always talk with the NUM or RN in charge if you are concerned.
- Assist with duties a nurse might ask you to do that is not in your duty statement
- Assist any other patients (you are not assigned) with feeding or drinking
- Buy food or other items for patients unless permission is obtained from the Nurse Unit Manager (NUM)
- Enter a room where the door is closed without requesting or receiving approval from the NUM or RN in charge.
- Discuss or criticise a patients treatment with them, their carers or relatives
- Discuss any aspects of the patients care outside of the health service.

## REPORTING LINES FOR THE VOLUNTEERS

Health service to insert the reporting structure.

**Hospital Volunteer Program  
Referral and eligibility checklist**

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

Ward: \_\_\_\_\_

Room: \_\_\_\_\_

SURNAME	UNIT NO/UAID	
FIRST NAMES	DOB	SEX
AFIX PATIENT LABEL		

**Patients are not suitable and excluded from the program if:**

1. The patient has behaviours that would place a volunteer at risk (eg; Hitting out or physical aggression)
2. The patient or carer has declined to have a volunteer visit.

All information below **MUST** be completed to ensure the safety of both the patient and volunteer

**CRITERIA FOR PROGRAM** (circle response)

Patient is aged >65 years (or if aboriginal > 45 years) <b>AND</b>	YES	NO
Scored 24/30 or less on SMMSE or 7/10 or less on AMT	YES	NO
<b>OR</b> Patient has a diagnosis of dementia or obvious memory and /thinking problems	YES	NO
<b>OR</b> Is positive for suggested Delirium with Confusion Assessment Method	YES	NO
<b>OR</b> Patient is >65 (> 45 ATSI) <b>AND</b> has one or more of the following delirium risk/precipitation factors Please tick: <b>Severe medical illness ( ) Dehydration ( ) Alcohol dependant ( ) Depression ( ) #NOF ( ) Visual impairment ( ) Hearing impairment ( )</b>		
<b>DELIRIUM ALERT</b> has been placed in patients MR folder	YES	<input type="checkbox"/>
<b>CONSENT</b> is required before the allocation of a volunteer. Verbal patient or carer consent obtained <small><b>NOTE:</b> Where consent cannot be immediately obtained and the patient who meets the referral criteria is in need of urgent volunteer support the NUM/RN in charge can refer to the program pending consent.</small>	YES	<input type="checkbox"/>

**Additional information required from nursing staff to advise volunteers on patient requirements.  
Volunteers cannot accept patients without this information**

<b>Specific suitability considerations;</b> Does the patient have communication difficulties that would prevent them from talking to a volunteer (eg aphasia)	YES	NO
Does the patient require <b>Personal Protective Equipment</b> ?	YES	NO
Is the patient <b>safe to be walked with a volunteer</b> ?	YES	NO
Does the patient need reorientating?	YES	NO
Does the patient need assistance with eating and drinking	YES	NO
If yes- type of assistance: Menu completion ( ) Set up and supervision ( ) Full assist ( )		
Is the patient on <b>thickened fluids</b> ?	YES	NO
Does the patient need <b>fluids encouraged</b> ?	YES	NO
Is the patient on <b>restricted fluids</b> ?	YES	NO
Is the patient on a <b>Fluid Balance Chart</b> ?	YES	NO
Are there any <b>special diet</b> or other needs for this patient that the volunteer should know	YES	NO

IF YES please specify :

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please place completed form in the Volunteer Referral folder located**





# Hospital Volunteer Program Patient Priority List;

Date \_\_\_/\_\_\_/\_\_\_

Priority	WARD	Patient Name	Feeding assist	Set up	Encourage Fluids	Thickened Fluids	Protective Equipment	Can walk on own with volunteer	Reason for referral	
			YES ✓	YES ✓	YES ✓	YES ✓	YES ✓	YES ✓		
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
									Dementia/cog impairment Delirium Delirium prevention <b>Comment:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Patient's Surname \_\_\_\_\_ First name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

## Volunteer Documentation and Handover Record

Date and Shift	Issues to communicate	Assist with fluids	Assist with meals	Volunteer name/sign
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount Eaten: _____	
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount Eaten: _____	
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____  Amount Eaten: _____	

Date and Shift	Issues to communicate	Assist with fluids	Assist with meals	Volunteer name/sign
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount Eaten: _____	
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount Eaten: _____	
	<input type="checkbox"/> menu completion <input type="checkbox"/> walking with patient <input type="checkbox"/> gentle leg exercise <input type="checkbox"/> assist glasses <input type="checkbox"/> assist hear/aids	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Amount Eaten: _____	

**PERSONAL PROFILE FOR VOLUNTEER TO COMPLETE WITH PATIENT AND/OR CARER**

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

Patients preferred name? \_\_\_\_\_

Where do you live now?: \_\_\_\_\_

Where have you lived most of your life?: \_\_\_\_\_

**Family details:** eg: spouse, partner, children, grandchildren, siblings.

Name	Relationship	Town they live in

**Other close friends/ neighbours /carers:**

Name	Relationship	Town they live in

Do you have a pet? Y / N

If Yes Type of Pet? \_\_\_\_\_ Name of pet \_\_\_\_\_

Favourite Food: \_\_\_\_\_

Any special diet needs (eg diabetic, gluten free, pureed) \_\_\_\_\_

Favorite drink: tea / coffee / Milo / milk / other : \_\_\_\_\_

Preferences on how drink is made: eg Milk and sugar: \_\_\_\_\_

**Life Experiences**

War service: \_\_\_\_\_

Main occupation (past and/or present): \_\_\_\_\_

Clubs and Associations: \_\_\_\_\_

Travel or holidays enjoyed: \_\_\_\_\_

\_\_\_\_\_

**Activities/interests:** (please circle)

**Sport:**

Golf / bowls / bridge / fishing / swimming / lifesaving / football / hockey / tai chi / horse riding / cricket / horse racing / Other: please state: \_\_\_\_\_

**Other interests:**

Gardening / needlework / knitting / painting or drawing / pottery / cards / cooking / stamp collecting / singing / dancing / musical instrument / other – please state:

---

**Favourite type of Music:**

Country / classical / opera / jazz / rock and roll / folk / pop / brass bands / other – please state:

---

**Favourite type of movies:**

Westerns/ musicals / old movies / romances / comedy / documentaries / wildlife / sporting / drama's / murder mystery / other – please state: \_\_\_\_\_

**Favourite TV Programs**

Live shows / police shows / news / current affairs / comedy / documentaries /

Other – please state: \_\_\_\_\_

**Preferred Radio station:** ABC / Radio National / 2EC / other: \_\_\_\_\_

**Reading**

Enjoys reading? Yes / No Able to read independently? Yes / No

Needs glasses to read? Yes / No Would like someone to read to them? Yes / No

Type of reading preferred: magazines / books / newspaper / Other – please state:

---

**Other Physical considerations:** (please circle)

Hearing problems / hearing aid with patient / can walk independently or alone/ uses a walking stick / uses a walking frame / uses a walker / difficulty with communication / Other – please state:

---

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

---

Volunteer completing form: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## What is person centred care?

Person centred care puts the person at the centre of their care. Providing person centred care relies on having an understanding of the person, their background and personal preferences

The principles of person centred care are:

- Respect and acknowledgement for uniqueness of person
- Knowledge and value of persons past history
- A focus on the persons abilities
- Supporting choice
- Enhancing Communication
- Valuing what is important to the person or the attachments they may have
- Maintaining a social environment

Information to assist volunteers in providing person centred care is collected by the volunteer completing a personal profile with the patient. If the patient is too unwell or unable to provide information about themselves, the volunteer or staff member will ask the patients carer to complete the profile. In this way the carer can communicate to the volunteer important things to consider about the patient and their personal preferences.

## What is required before a volunteer can support a patient?

Consent from the patient or their carer is required before a volunteer can visit a patient. The staff will ask the patient or their family carer if they would like the support of the volunteer program during the patients hospital stay.

**If you have any additional questions or would like to have the support of the hospital volunteer program for yourself or the person you care for, please talk to the Nurse Unit Manager or Nurse in Charge on the ward**

# Dementia Delirium Care

# Hospital Volunteer Program

**Patient and Family  
Information Brochure**

## What is the hospital volunteer program?

The program uses trained volunteers to provide person centred emotional support and practical assistance to vulnerable patients in hospital.

## Who types of patients do volunteers support?

- Patients with existing memory and thinking problems or who have dementia
- Patients who experience memory and thinking problems as a result of their illness or operation
- Patients who have vision and hearing impairment
- Patients who require assistance with eating and drinking OR who have special feeding requirements
- Patients who would benefit from someone sitting with them one to one
- Patients who would benefit from stimulating activities while in hospital

## Who are the volunteers?

The volunteers are members of our community who have completed a specific training program. All volunteers are bound by the health service confidentiality requirements and have undertaken health service screening checks. You can recognise them because they wear a gold polo t-shirt and have name badge identification

## What do the volunteers do?

The volunteer role provides similar support to that which would be provided by a family carer. In this way the program is also designed to support family carers when they are unable to be with their loved one. The volunteer initially talks with the patient, relative or friends to gain an understanding of the patient's background, family members, personal preferences and activities they enjoy.

The role of the volunteer includes:

- Sitting and talking with patients on a one to one basis
- Assisting with making the patient comfortable to support their sleep and rest – this may include adjusting pillows or providing warm drinks or a hand or foot massage
- Making sure the patient is wearing their glasses and hearing aides and checking that these are clean and working properly
- Assisting the patient with eating and drinking and when needed regularly offering fluids to drink
- Assisting the patient with completion of their menus
- Accompanying and helping the patient with walking as advised by the nurses or physiotherapist
- Finding out about activities, music or other stimulating activities that the patient may enjoy and supporting the patient with activities such as reading to them, playing cards etc.





# DEMENTIA AND DELIRIUM CARE HOSPITAL VOLUNTEER ORIENTATION CHECK LIST

<b>ORIENTATE</b>	<b>TICK</b>	<b>COMMENT</b>
Introduction to Reception area and ward Clerk		
Identification Badge (Volunteer)		
Intro to Nurse Unit Manager		
Security (personal belongings-lockers –etc)		
Folder Volunteer program folder –sign on/off; priority list; patient profile information; documentation		
Location of ward/activity resources		
WHS noticeboard		
Introduction to staff. Introduction to NUM or primary staff member to go to if assistance is needed		
Explain difference in staff designation by uniform		
General walk around and orientation		
Tea and coffee making facilities		
Photocopier & how to use		
Intro to routine of wards (meal, showering, therapy, etc)		
Noises to expect (buzzers, bells, alarms etc)		
Hand washing locations		
Personal protective equipment		
Fire Exits and equipment		
Location of thickened fluids		
Beds up and down and buzzers		
Staff kitchen and meal ordering		
Parking		
Community Health		
Other		

PERSON RESPONSIBLE FOR ORIENTATION:

**Volunteer Name:** \_\_\_\_\_

**Date** \_\_\_\_\_

SIGN \_\_\_\_\_

**Sign** \_\_\_\_\_



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- The NSW Health Policy Directive PD2011\_033 Volunteers – Engaging, Supporting and Managing Volunteers <http://www.health.nsw.gov.au/business/volunteering/Pages/policies-and-guidelines.aspx>

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- ReVive Delirium Prevention Program - Prince of Wales Hospital Sydney. Do's and Don't's Adapted with permission of Salle-Ann Ehms (2008)
- Volunteering Australia (2009) Definitions and Principles of Volunteering <http://www.volunteeringaustralia.org/volunteering-resources/volunteers/>

