**Dementia & Delirium Care Hospital Volunteer Program**

**Volunteer Information Pack 2**

**This application pack contains:**

1. An overview of the recruitment and training program
2. The volunteer selection criteria and application process
3. A duty statement which outlines the duties of the Dementia & Delirium Care Hospital Volunteer
4. Program information sheet
5. The volunteer application form
6. National Criminal Record Check Form

**1. Overview**

Interested people applying to become a volunteer with the program, will be asked to attend an informal meeting to discuss their interest before formal selection occurs.

As part of the recruitment process, volunteers will be required to undergo the necessary processes and checks according to the policy and recruitment processes of the Local Health District. This will be further explained as part of the meeting process. Following recruitment, volunteers will undergo a comprehensive training program.

**The training program**

The dementia & Delirium Care Hospital Volunteer Training is conducted either as a group training program or individually with a DVD training resource. In addition volunteers will be required to complete what is called mandatory education. This mandatory training is a health service requirement for all staff and volunteers. Following training, new volunteers will be provided with orientation to the hospital and support in their new role with buddy shifts. In the buddy shifts, new volunteers will double up over a period of time with an experienced volunteer until they develop their confidence in the role.

The training program is designed to provide information and experiential learning that will enable a volunteer to understand the philosophy of person centered dementia care and develop practical strategies to communicate with and support people with dementia and delirium or other vulnerable older patients in the hospital setting.

**The training program incorporates:**

* Introduction to the program and the volunteer role
* Understanding dementia and delirium
* Effective communication for the person with dementia and person centred care
* Activities for enjoyment and pleasure
* Understanding behaviours which can occur in dementia and delirium
* Assisting patients with eating and drinking
* Safe walking with patients

**Anticipated time commitment as a Hospital Dementia Care Volunteer**

Once recruitment and training has occurred, the time commitment as a volunteer for the program will be flexible depending on availability. There are two shifts for volunteers. The morning shift is from 8am – 12.30pm and the afternoon shift is from 3pm – 7pm. Volunteers are asked to commit to one shift a week or fortnight. There is also an on call roster. However we are always flexible depending on your availability.

**2. Selection Criteria for a Dementia & Delirium Care Hospital Volunteer**

1. Applicant must be over 18 years of age.
2. Applicants are preferred not to have experienced a major personal loss in the past year.
3. Have an interest or experience in older people or people with dementia
4. Respect for the beliefs, values and culture of others.
5. Good communication skills.
6. Ability to work as part of a team
7. Current NSW driver’s license.
8. Desire and availability to become a volunteer

Written application should include a short (one page maximum) written information briefly describing:

1. How you meet the above criteria.
2. Your background, including any experience or qualifications relevant to caring for older people
of people with dementia.
3. Why you want to become a hospital dementia care volunteer.

**Please address written applications to:**

Insert name and contact details of person responsible

If you have any questions, please do not hesitate to contact

Insert contact details

**Thank you for your interest**

**DUTY STATEMENT FOR**

**Dementia & Delirium Care 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. 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:**

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Published Oct 2016. Next Review 2025. © State of NSW (Agency for Clinical Innovation)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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