



Hospice Society  
OF CAMROSE AND DISTRICT

# Policies and Procedures Manual



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# MEDICATIONS POLICY

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Client Volunteers must not prepare, pour, or administer medications to clients. Volunteers **must not** turn oxygen on or off, or adjust levels.

*Procedures:*

Volunteers may assist hospice clients with medications in the following ways:

- 1) Reminding about the appropriate time to take the medications.
- 2) Bringing water or spoon.
- 3) Placing a pre-poured medication, including a blister pack, within the client's reach so that it may be taken.

# MEDICAL EMERGENCY POLICY

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Hospice Society of Camrose and District will honor and respond immediately to the wishes of the client in relation to seeking medical attention. Client Volunteers are not expected to directly intervene in a medical emergency unless statute or professional regulations require (e.g. Volunteers who are Registered Nurses or Physicians). If a medical emergency occurs, the Goals of Care (GOC) will be adhered to, if such a document is in place. If no such document exists or if the client requests resuscitation, all necessary emergency measures will be followed immediately.

## *Procedures:*

Clients will be asked to provide the Hospice Society with information related to Personal Directives regarding the kind of medical treatment they may or may not wish to have, and whether a GOC (Goals of Care) order is in place. Information about personal directives and GOC orders will be communicated to client volunteers via the Hospice Volunteer Coordinator.

Clients will be fully informed regarding the policies of the Hospice Society of Camrose and District in relation to medical intervention in emergencies.

If a medical emergency occurs (without a GOC order or none can be located) a client volunteer is required to immediately call "911" and ask for an ambulance. The volunteer will try to contact the family caregiver if possible.

If a client with a GOC order dies while the client volunteer is in the home, they will provide support to the family, as needed.

The client volunteer will notify the Hospice Volunteer Coordinator of any significant changes to the client's condition as soon as possible.

Home Care is to be contacted about a medical emergency or death by the family member or Hospice Volunteer Coordinator as soon as possible.

# PREPARING WILLS OR ESTATE PLANNING POLICY

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No Volunteer or staff member will help prepare clients' wills or actively assist in estate planning. Volunteers are not to be involved in the appointment of a power of attorney. It is not the role of the Hospice to determine the mental competence of a client.

*Procedures:*

If a volunteer receives a request to assist in the planning of a client's estate or the drawing up of a will, that person will explain to the client the Hospice's policy, designed to keep the Hospice free of conflict of interest.

# PERSONAL FINANCES AND/OR PROPERTY OF A CLIENT POLICY

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Staff and volunteers shall not become involved with the finances and/or personal property of the client or their families.

*Procedures:*

Unless agreed upon by the Hospice Volunteer Coordinator, with proper documentation in place, volunteers shall not involve themselves with a client's bank card, bank accounts, personal property, cash, cheques or any other financial matters.

# ACCEPTING GIFTS POLICY

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Volunteers may not accept extravagant or valuable gifts or bequests from clients or their families. Volunteers are not to accept or borrow money from clients. Volunteers shall not loan money to clients or their families.

*Procedures:*

If offered a gift, a volunteer will relay the Hospice Society's policy to the client. Hospice volunteers, after discussion with the Volunteer Coordinator, may accept small tokens of appreciation, less than \$20 value. A volunteer can provide information about how donations can be made to the Hospice Society of Camrose and District.



# PERSONAL INVOLVEMENT WITH CLIENTS, THEIR FAMILIES, AND/OR CAREGIVERS POLICY

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Volunteers are expected to retain professional boundaries when representing the Hospice.

Volunteers will not involve themselves sexually and/or romantically with clients, their families or caregivers.

*Procedures:*

If a volunteer has or has had a relationship with someone who requests service from the Hospice, or who is caring for someone receiving service, such relationships need to be declared to the Volunteer Coordinator.

# THEFT POLICY

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All reports of theft will be given careful consideration and treated seriously, however, it is important to remember that allegations are unsubstantiated unless and until corroborating evidence is obtained. The initial review and subsequent investigation will be conducted in a confidential manner and with respect for the rights of the individual(s) involved.

The President of the Hospice Board of the Hospice Society of Camrose and District or his designate will oversee any investigation of an accusation of theft involving staff, volunteers, clients, clients' families or friends.

The Volunteer Coordinator, upon being informed of the accusations, will report the incident to the President of the Board.

The Volunteer Coordinator will facilitate the completion of an incident report within 24 hours of the alleged theft or notice thereof.

Staff and volunteers shall comply with any judicial proceeding according to the relevant legislative acts, which may include legal advice, the police, etc.

# THEFT POLICY

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*Procedures:*

The Hospice Volunteer Coordinator will document as an incident any accusation of theft made by volunteers, clients, client's families, or friends.

The Volunteer Coordinator will notify all parties involved of their right to legal recourse/ counsel.

The Volunteer Coordinator will conduct an interview with the persons suspected of committing the theft.

Persons involved in the investigation should refrain from discussing or disclosing the investigation with anyone not connected with the investigation.

Those proven guilty will be dismissed and required to make restitution.

# CONFIDENTIALITY POLICY

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All volunteers and staff agree to uphold their signed pledge of confidentiality. Volunteers are provided with information about clients on a need-to-know basis from the Hospice Volunteer Coordinator.

Failure to keep information confidential may be grounds for dismissal. Questions such as client's diagnosis and personal history are examples of information that would need to be kept private.

*Procedures:*

All volunteers must agree to and sign a confidentiality form.

Any requests for confidential information regarding the client should be met with polite refusal.

# MEDIA AND COMMUNITY SPOKESPERSONS POLICY

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The designated media and community spokespersons for the Hospice Society of Camrose and District are the Board President, the Chair of the Public Relations Committee and the Chair of the Communication Committee or their designates.

*Procedures:*

If staff or volunteers are approached by the media asking for interviews regarding their work with Hospice, they are to take down the relevant information and forward it to the Volunteer Coordinator or Board President.

# VOLUNTEER SCREENING POLICY

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Volunteers are screened and selected to best serve the Society's mission. Volunteer Screening and selection is the overall responsibility of the Volunteer Coordinator.

*Procedures:*

Volunteers are informed of the screening process and will meet with appropriate staff members for an interview.

Volunteers will be advised that the results of their Security Clearance Check and Reference Checks will be shared with the Board and all institutions where the volunteers will be visiting clients.

Any volunteers who have experienced the death of a loved one need to have worked through their own grief and loss issues to a level where their volunteer assignment is not affected.

Volunteers may be accepted or refused positions as Volunteers of the Society, based on the results of the screening procedures.

Records of the volunteer activity will be kept on file and updated by the Volunteer Coordinator.

# EQUITABLE PROVISION OF SERVICE POLICY

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No potential client or current client who fits the criteria for service of the Hospice will be refused service based on any personal attributes unless if providing service may put volunteers or staff at risk.

## INCIDENTS POLICY

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All incidents involving volunteers or clients are reported to the Volunteer Coordinator. A written incident report is to be completed by the volunteer. All reports are to be completed within 24 hours and submitted to the Volunteer Coordinator. A copy will be forwarded to the Worker's Compensation Board if appropriate.

*Procedures:*

The Volunteer Coordinator receiving a report will attempt to ensure first and foremost that the people involved are safe from harm, and have received medical and/or psychological treatment if necessary.

All records of the incident will be kept at the Hospice.

The Hospice Society of Camrose and District Board will review all incident reports for further action if necessary.



# DRUG AND ALCOHOL USE BY VOLUNTEERS AND STAFF ON SHIFT POLICY

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It is deemed inappropriate for volunteers or staff to engage in the use of illegal drugs or alcohol during hours of service on behalf of the Hospice.

*Procedures:*

Upon further discussion of a particular case with the Volunteer Coordinator the occasional drink in a social situation may be permitted.

## **CLIENT DRUG AND ALCOHOL CONSUMPTION**

It is inappropriate for the volunteers to comment on potential adverse health risks of alcohol or illegal drug use by the client, unless the volunteer is afraid that the client's activities will result in a safety risk. Volunteers are to report any concerns to the Volunteer Coordinator.

# HEALTH AND SAFETY POLICY

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Volunteers must exercise all possible care in the performance of their duties to minimize the likelihood of accidents, injury and illness to themselves and others. Under normal circumstances, volunteers must not lift more than thirty pounds by themselves. Volunteers are not to assist in patient transfer.

*Procedures:*

Volunteers should dress in a comfortable and appropriate manner for their duties with the Hospice Society of Camrose and District. Footwear is closed toe with sufficient structure to provide foot protection.

Personal cleanliness and good grooming are essential.

Volunteers will follow infection control procedures at all times during client care activities to ensure the safety of both client and themselves.

Volunteers must not lift more than thirty pounds by themselves, under normal circumstances.

If a volunteer sees a situation occur that may be harmful to the safety of themselves, a client and/or family member, the information will be passed to the Volunteer Coordinator for further consideration.

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# ORIENTATION AND TRAINING POLICY

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All volunteers will receive an orientation to the Society's mission, philosophy, and range of client care services and activities.

*Procedures:*

Volunteers working in a direct client care capacity must complete “The Being with Dying” education and training within one year. Individuals who missed some of the sessions may begin assignments; on a case by case basis, as determined by Volunteer Coordinator, as a probationary volunteer while they complete this training. This will be based on the prior work experience of the volunteer.

Volunteers will be offered other compulsory training for specific assignments within the Hospice Society such as Grief and Bereavement Companionship.

New volunteers will receive a three month review/interview with the Volunteer Coordinator. Volunteers are evaluated as part of the training process and may be reassigned if appropriate. There will be annual self-performance appraisals completed and then reviewed by the Volunteer Coordinator. The copies of the evaluations will be kept in the volunteer's personal files.

Volunteers will receive ongoing support by their Volunteer Coordinator. One on one meetings, phone calls, emails, and monthly meetings will be available.

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# ORIENTATION AND TRAINING POLICY

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*Procedures continued:*

Volunteers must attend a minimum 50% of the scheduled yearly group meetings and/or education sessions, to maintain active volunteer status, unless unforeseen circumstances arise, as reported to the Volunteer Coordinator.

New Home Hospice Volunteers, including Grief and Bereavement Companions, will receive orientation to the Home Hospice Program, which will also include no less than one accompanied visits for their first client match, with either the Volunteer Coordinator, Grief and Bereavement Coordinator or an experienced Volunteer.

# RECORD KEEPING AND REPORTING POLICY

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Volunteers will provide the Hospice with up to date phone, address, and emergency contact information. Any circumstance that may affect the ability of volunteers to carry out their duties is to be reported to the Volunteer Coordinator. All volunteers involved in a client match will submit a monthly check-in form, detailing each visit for the month, as well as submit volunteer hours for the month.

*Procedures:*

Email is the primary form of contact for the Home Hospice team. A monthly check-in form will be filled out and emailed to the Volunteer Coordinator at the end of each month, on the provided check-in form template.

Volunteers will track the length of each visit and their volunteer time commitment monthly, and record this on the check-in form to be submitted at the end of each month.

The Volunteer Coordinator will record the volunteer hours in the Hospice database.

All check-in forms will be filed accordingly

# GRIEVANCES POLICY

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**Volunteers have a right to grieve or appeal the decision** by the Volunteer Coordinator.

*Procedures:*

If a decision of a staff person is unsatisfactory, a complainant may grieve the decision by submitting arguments in writing to the President of the Board of the Hospice Society of Camrose and District.

A staff person receiving a notice of grievance will make every attempt to ascertain the facts and permit the accused person to make a statement at the time.

The decision based on the Hospice's principles, mission statement and bylaws will be communicated in writing to the parties involved within thirty days from the time of the written notice of grievance. Copies will be added to the appropriate person's files.

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# HARRASSMENT POLICY

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The Hospice Society of Camrose and District is committed to providing an environment free of harassment and abuse, where mutual respect and the ability of volunteers, staff, clients and their families working together productively are supported. Harassment is defined as unwelcome and inappropriate verbal or physical conduct, whether on a one time basis or in a continuous series of incidents, and is considered unacceptable conduct.

*Procedures:*

Volunteers subjected to harassment are responsible to inform the offender that such behavior is unwelcome. The individual may seek advice from their Volunteer Coordinator. Informal complaints (verbal request for assistance) may not require investigation. Incidents that are reported as formal complaints will be investigated in a timely, objective and sensitive manner. The complainant, alleged offender and other individuals who have knowledge related to the complaint may be interviewed. The President of the Board or designate shall investigate all formal written complaints of harassment. Offenders will be subjected to disciplinary action up to and including termination. Nothing in the above noted procedures precludes an individual from submitting a complaint directly to the Human Rights Commission or the Police.

Any decision will be made within thirty days of the complaint.

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## VOLUNTEER SCHEDULING POLICY

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To change or cancel a visit, a volunteer must notify the Volunteer Coordinator, as well as the client if able. If a leave of absence is required, any change to status will be followed up in a discussion with the Volunteer Coordinator.

*Procedures:*

Where upon a volunteer cannot keep the appointed visit, a change of time will be put in place after the client has been notified by the volunteer or Volunteer Coordinator.

Volunteers are removed from active status after one year's leave of absence. Personnel records remain on file and a letter is sent stating the change in status with an invitation to return to services when able.

After two years of inactivity a volunteer will be required to retake the full standardized Hospice Care training.

Volunteers who have experienced a close personal loss will be expected to take a leave of absence from their responsibilities with the hospice. A return time will be determined in consultation with the Volunteer Coordinator.



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## RESIGNATIONS AND REFERENCES POLICY

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A volunteer is requested to give a minimum of one week's notice when resigning from active duty. If special circumstances does not allow for this, the Hospice needs to be contacted.

*Procedures:*

After being notified the Volunteer Coordinator will set up an exit interview by phone, one on one or by email, depending on personal preference.

Requests for references or letters of placements from current or former volunteers will include a description of duties, skills required and summarize the individual's performance and hours to date.

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# INFECTION CONTROL POLICY

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Universal Precautions for infectious agents will be followed. Volunteers shall use good hand washing techniques during the course of their duties.

*Procedures:*

During orientation, the basic rules for universal precautions and the rationale behind them will be reviewed.

Any further information concerning infection control in regards to specific cases will be discussed with the program manager in confidentiality.

If any situation arises with a volunteer that compromises his or her health safety, and/or that of the client then the volunteer coordinator is to be notified immediately for further follow up procedures.

It is recommended that volunteers are immunized annually with the flu vaccine and that TB testing is carried out. If a volunteer has any questions or concerns then they may contact the Volunteer Coordinator.

The volunteer is responsible to protect the client from infectious disease where possible. If a volunteer is experiencing flu like symptoms or a cold then home visits should be postponed.

# DISCRIMINATION POLICY

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The hospice does not tolerate discrimination against persons based on their personal attributes unless these attributes present them from undertaking the required responsibilities. Discrimination for the purpose of this policy refers to any action which excludes a person from an activity or a position.

## *Procedures:*

A complaint of discrimination against a volunteer or staff of the Hospice will result in an investigation by the President of the Board or designated persons.

The complainant will be informed of his or her right to bring complaints forward through the Human Rights Commission.

When proceeding with the complaint, a document which details it will be signed by the person bringing it to charge.

The accused will be immediately informed, by phone and in writing, that an accusation has been made against him or her, and that an investigation is being conducted. An interview will be requested. No other information will be given until such a time as the accused appears for the interview.

Both the complainant and the accused will be interviewed separately, and privately.

Each person will be informed that she or he has the right to have one person of his or her choice present at the interview.

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# DISCRIMINATION POLICY

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*Procedures continued:*

The investigation will be complainant driven, and as such, may be withdrawn at any time by that person.

Every effort will be made to verify facts with third parties, with mind to confidentiality.

If, in the course of the investigation, an admission of guilt is made, and an offer of apology or redress is given, procedures will be halted and the complainant will be consulted about his or her preferred remedy.

A determination of guilt will result in the complainant being consulted about remedy.

The person handling the investigation will determine the repercussions for the accused.

The most severe penalty will be dismissal.

If the staff or volunteer is determined guilty, but not dismissed, the results of the investigation will go into the person's personnel file.

If there is insufficient evidence to determine guilt or innocence, both parties will be informed in writing, and will be informed of their options. Record of the investigation will go in the accused person's personnel file.

If the accused is determined innocent, no record of the investigation will remain in the accused person's personnel file.

# TRANSPORTATION POLICY

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Volunteers are not allowed to drive a client or family member for any purpose. This policy will be explained to the client by the volunteer coordinator at an initial meeting. If this becomes an issue for the volunteer/client relationship the volunteer is required to inform the Volunteer Coordinator.

# LIABILITY INSURANCE POLICY

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Volunteers are provided general malpractice liability coverage during the course of their assigned and authorized duties.

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# PROGRESSIVE DISCIPLINE POLICY

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To assure the integrity of the Society and safety of volunteers, clients' and their families, situations that arise requiring disciplinary action will use the following progressive procedure outlined below.

*Procedures:*

An informal private meeting is held between the Volunteer Coordinator and volunteer to discuss and give counsel concerning the situation.

A verbal warning is given during this discussion with clear understanding of the problematic behavior and the required changes that need to take place. A time limit will be set for the improvement of the behavior and the consequences of not carrying them through.

A written warning will be placed in the volunteer's file. The volunteer will be removed from the client's case, at which time a discussion will be had on the appropriateness of placement of volunteer in program.

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# VISIT SAFETY POLICY

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Volunteers will only visit clients at predetermined, dates, times and locations, as decided and agreed upon by the volunteer, client, and the Volunteer Coordinator.

*Procedures:*

Volunteer, client, and the Volunteer Coordinator will decide upon the weekly day and time, as well as length, and location, each visit will occur. A service agreement will be written outlining these agreed upon decisions, and will be signed by the volunteer, client, and Volunteer Coordinator.

Volunteers will call the clients one day prior to every scheduled visit, in order to confirm their meeting.