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A message from the Executive Director…..

Dear Team Member,

Thank you for your interest in volunteering with Chatham-Kent Hospice!

It is a pleasure to have you join us here at Chatham-Kent Hospice. Together with staff and other volunteers, you will help to provide outstanding care and bereavement support in a home-like setting. Volunteers are the key to helping us bring our vision for Chatham-Kent Hospice to a reality.

It is our hope that the volunteer position you are placed in is right for you and reflects your skills, talents and preferences.

While this manual will answer many of your questions, you will also be provided extensive training and orientation to your volunteer role. This manual consists of many policies that we follow here at Chatham-Kent Hospice which make sure that we provide quality care and a safe environment for the residents and families we serve.

If you have any questions or concerns, please speak with the Volunteer Coordinator or myself as we would be happy to help you!

Sincerely,

Jessica Smith
Executive Director
Our Mission
Changing moments, changing lives. Our mission is to provide care that changes how families live the important experiences near the end of life.

Our Vision
Our vision is to provide a home-like setting, deeply embedded in our community where people in end of life transition and those who love and support them, have access to outstanding care and bereavement support. We work in cooperation with highly skilled volunteers, service providers and colleagues to promote life and enhance its quality.

Our Values Say WE CARE
Welcome Home
We want you to feel this is your “home away from home”. We are here to help. Our Hospice is more than the building. It is our “philosophy of care.” Compassion is at the heart of what we do and why we exist.

Engagement
Patients and families come first. We provide a loving and supportive atmosphere in which family and friends can say goodbye. We support our patients and their families in finding personal fulfillment as they deal with end-of-life challenges. We make every effort to support people in transition, sadness and loss while fostering dignity, connection, enjoyment and peace.

Collaboration
We achieve so much more when we walk hand-in-hand with each other. We believe our patient, families, our staff, our community partners and volunteers make positive life-altering changes to lives in every moment they spend with us.

Accountability
We hold ourselves accountable to the highest standards of stewardship, transparency, and governance in all aspects of our work.

Respect
We respect the intrinsic worth of every individual. Hospice palliative care affirms life and embraces quality of life for terminally ill people and their families. It values dignity and personal choice.

Excellence
We continually challenge ourselves to focus on best practices in all that we do. We strive to tap the brilliance within ourselves to generate ideas that will continually improve compassionate care.
Chatham- Kent Hospice Information

A residential hospice offers an alternative for people who are unable to or do not wish to die at home but do not require hospitalization. The hospice cares for patients (residents) who are dealing with a terminal illness, as well as the families and friends supporting them. Hospice provides comfort, support and excellence in pain and symptom management. With a focus on maintaining quality of life, patients are able to die with dignity in a home-like setting. The palliative care team includes physicians, nurses, personal support workers, religious and spiritual counselors, therapists and volunteers who provide a range of medical and support services around the clock. Hospice services are free, culturally sensitive and promote a non-medicalized approach to death.

THE CHATHAM-KENT HOSPICE WILL:

• support patients as they deal with end-of-life challenges
• offer a loving and supportive atmosphere so family and friends can say good-bye
• deliver specialized care from compassionate staff and volunteers
• provide comprehensive, coordinated hospice care for everyone at no cost
• make available grief counseling and other forms of therapy

OUR HISTORY

About four years ago a group of dedicated volunteers started meeting every 3 weeks with the purpose of establishing a residential hospice in Chatham-Kent.

On June 25, 2013 the Erie St. Clair Local Health Integration Network confirmed operating dollars for a 10-bed residential hospice for Chatham-Kent. The decision to provide annual operating dollars was in response to a proposal developed by the volunteer community group.

On July 23, 2013 the newly formed Chatham Kent Hospice Inc. Board met for the first time. It consists of 10 directors from a variety of communities all driven by a passion to establish a residential Hospice.

The leaders of the hospice project understood that to be successful, our community hospice needed a Chatham-Kent solution to increasing healthcare costs and constant healthcare changes. The result is a collaborative venture with St. Andrew’s, a non-profit Retirement Residence. Through sharing administrative resources to reduce operating costs, Chatham-Kent Hospice will be able to provide high quality care and programming in a transparent and accountable method to the community. Although we are collaborating with St. Andrew’s Residence, the direct hospice services – both medical and non-medical will remain separate and completely focused on end-of-life care.
Volunteer Program

Chatham-Kent Hospice welcomes all members of the community, regardless of race, national origin, colour, political affiliation, religion, age, sexual orientation, economic circumstance or disability. Volunteers are the backbone of this organization and are vital to the success of this organization. Together, the work that we do contributes to meeting our mission statement. Our volunteers are valued members of our team and provide many services that necessary to provide quality compassionate care for our residents.

Things to Consider When Applying to Be a Hospice Volunteer

In considering whether Hospice volunteering is a service you want to give at this time, please consider the ideas expressed below:

You have an interest in the Hospice concept, and have the desire to help others. You have some awareness of what is drawing you to Hospice work, and are willing to explore this in depth.

You are sensitive to the special needs of dying patients and their families, and have chosen to work to support them.

You are aware of the losses you have experienced, and your way of grieving, and have a sense of perspective about life and death, loss and grief. If you have experienced a significant personal loss within the past year, one which you are still actively grieving, please consider carefully your present ability to take on a demanding training program. This work can intensify your own grief. We will review each applicant individually in this regard.

As working at Hospice can be stressful at times, it is important that you have good supports and ways of taking care of yourself, meeting change and the unexpected with ease.

You are open to others who may have different values, beliefs and ways of living. You are able to listen well, and to validate others where they are, rather than where you might believe they should be.

As you may be called on to work in a variety of areas and perform many different tasks, self-reliance, flexibility and adaptability are assets. Realistic awareness of your own strengths and weaknesses, and the ability to set limits are important.

You will like working as a part of a team, and you are dedicated to your own growth and ongoing learning. Your personal strengths may likely include warmth, concern for people, a sense of humor and approachability.

You are willing to commit yourself to the training and to the volunteer responsibilities that follow, and to gaining an understanding of the standards and policies of the Hospice program.
You are not bringing personal agendas or “missions” to your Hospice work, and understand that our work is not to change people, but to be with them in their thinking and in their life’s journey.

Self-Care
It is important that as a volunteer you are aware of your own needs, health and well-being. Listed below are some practical tips for ways in which you can maintain healthy self-care

- It is important to talk to your hospice team in regards to issues and experiences you are facing. Confidentiality prevents you from discussing patient’s personal information with individuals outside of the Hospice. However, personal support systems may be used as long as confidentiality is upheld.
- It is important that you practice good stress management skills. To avoid burnout do things that allow you to relax and regenerate your soul. For instance, spending time with family and friends, reading, writing, yoga or whatever it is that allows you to take care of yourself, physically, emotionally and mentally.
- It is essential that you remember to always maintain your sense of humour. Laughing is the best medicine and can sometimes lighten any situation.
- Compassion fatigue comes from the desire to alleviate the resident’s and/or family’s struggle. Signs of compassion fatigue include: constantly trying to solve the patient’s problems; fatigue; feeling overwhelmed; and a sense of helplessness. If you notice any of these symptoms, talk to your Volunteer Coordinator.

Rewards of Being a Volunteer

- satisfaction from meaningful work
- opportunity to build self-confidence
- feeling valued and needed
- Having fun!
- Helping others
- Learning new skills
- Improving the community
- Meeting new people and making professional contacts
- Staying active and involved in the community
- Meeting new challenges

Volunteer Rights and Responsibilities

Volunteers have the right to:

- To be assured that their role will support the needs of the dying person
- To be trusted to act responsibly by all members of the palliative care team
- To be fully integrated as a member of the hospice palliative care team
- To have a clearly defined role
- To be provided the tools and resources to perform the role well (includes training and orientation)
- To be supported in the assigned role by appropriately assigned staff
- To receive feedback on performance
To have the opportunity to give feedback on the program and their assigned role
To be protected against risk
To receive recognition and thanks
To be listened to
To receive support for own grief generated because of the death of a resident
To have the freedom to leave without guilt

Volunteers have the responsibility to:

- To ensure that their activities support the needs of the dying person
- To act responsibly as part of the hospice palliative care team
- To accept their role as a member of the hospice palliative care team
- To act within the parameters of their assigned role
- To accept the support and direction of assigned staff supervisors
- To accept and respond to feedback on performance
- To act within the risk management framework of the organization
- To value the role of other members of the hospice palliative care team
- To listen to the dying person, their family, and other members of the palliative care team
- To seek assistance for personal grief at the death of a resident
- To leave when no longer able to fulfill the role.
- To be willing to learn and participate in orientation, training programs, and to continue to learn on the job.
- To accept the guidance and decisions of the Volunteer Coordinator
- To maintain a smooth working relationship with others and stay within the bounds of the volunteer placement description.
- To contribute to supervision by self-evaluation and a willingness to ask.
- To provide a report of their volunteer activities on a monthly basis

Volunteer Positions or Roles

There are many ways that volunteers can offer their services. They can perform administrative work, fundraising, or public education. Many volunteers work in various roles including helping with other jobs as they arise.

Direct Support Volunteer

Volunteers offer support to the resident and their family members by assisting professional staff in the direct personal care of the resident. There is specific training for the volunteers for this role above and beyond the regular training.

Kitchen Volunteer

Volunteers offer support in the Hospice kitchen by preparing resident meals and snacks. Volunteers will also help prepare baked goods, soups. They will also help keep the kitchen clean and tidy according to Public Health Standards.
Complementary Therapy Volunteer
Certified professionals in areas such as massage, Reiki, therapeutic touch, manicure, pedicure, and hair care donate their time at Hospice as well as at their place of business to provide service for the patient of Chatham-Kent Hospice.

Receptionist/Administrative Volunteer
Volunteers may assist by typing, answering phones, data entry, filing, preparing mailings, writing acknowledgements/notes, preparing manuals and photocopying. Clerical volunteers typically work on a scheduled basis for a period of 4 hours per week, during regular office hours. Previous office experience is an asset but not always necessary.

Special Events Volunteer
This refers to a volunteer who participates in a variety of events designed to raise funds, help with public education and community awareness. This can be a one-time opportunity.

Gardening
People who have an interest or experience in gardening or horticulture are encouraged to consider this volunteer opportunity. These volunteers assist in the maintenance of the garden.

Housekeeping
Cleanliness is essential to the health and well-being to the patients and their families needing hospice services. Volunteers will be needed to help keep a clean and safe environment.

Board or Committee Members
The Board of Directors is responsible for setting the strategic direction of the organization, and overseeing its management. Volunteers with medical, legal, financial, marketing, social service and other professional skills serve on the Board.

Volunteer Screening
Due to the vulnerable population that we serve, you will participate in an intensive screening process before you can begin your training to become a volunteer. Screening will include:

a. Application Form
b. Personal Interview including discussion of skills/qualifications, reasons for volunteering, expectations of volunteer experience, availability, suitability, time commitment, limitations and information regarding the Hospice program. This is the time to clarify and to ask questions about being a volunteer so that you will make an informed decision about proceeding with the application.
Health Screening
Many residents have compromised immune systems due to disease process and treatments. Due diligence in minimizing the risks (i.e. Upper respiratory infections, undiagnosed rashes, GI infections, draining of a wound or abscess) to residents and the public is followed by encouraging all staff and volunteers to have up-to-date immunizations.

You will be asked have a 2 step TB Skin Test and provide proof of negative results before beginning your role as a volunteer for the Chatham-Kent Hospice. If you had one within the last 12 months, the 1 step skin test needs to be completed. It does not have to be completed again unless there is a possible exposure to TB. A chest x-ray is acceptable if dated within the last 12 months if you do not want to have a TB skin test completed. If you have blood work done and it does not show immunity to the measles, mumps, rubella or chickenpox, TDap and you choose not to be immunized, then the Executive Director will make the final decision whether to accept your application for the Chatham-Kent Hospice. We also provide education on the benefits of the annual flu shot and you will be recommended that you get the flu shot for the protection of both yourself and the residents. Volunteers with any known reportable infectious diseases may be temporarily or permanently refused attendance.

Volunteers identified to be at risk, or to be at risk in the Chatham-Kent Hospice environment will be removed or excluded from the source of risk

Volunteer Training
Helping you become fully prepared with the tools and knowledge you need when providing care and services at our Hospice is very important to us. You will not be placed in a volunteer role without adequate orientation, training and education. Volunteers may begin their duties before the next training session at the discretion of the Volunteer Coordinator. As an applicant you will receive a brief in-person overview of the vision, mission, values, services, programs, and goals of the Chatham-Kent Hospice, in addition to receiving the volunteer Handbook prior to registration and attending Volunteer Training. This orientation aids in clearly communicating goals, responsibilities, expectations and
benefits of volunteering with the Chatham-Kent Hospice in advance of committing to the screening and training requirements. You are able to opt out of the application should the volunteer requirements exceed your expectations.

Training:

You will be required to complete a total of 30-hours of training which includes participation in the Fundamentals of Palliative Care Course and Chatham-Kent Hospice specific training. Topics include, but are not limited to: Introduction to Hospice Care and its Philosophy, Communication, Emotional and Psychological Issues of Death and Dying, Spiritual Issues of Death and Dying, The Family, Illness Specific Information, Infection Control, Pain and Symptom Management, Practical Comfort Measures, The Challenges of Eating, Body Mechanics, Assists and other Skills, Recognizing the Signs of Death, Providing Care, Grief and Bereavement

Orientation will also include but is not limited to the Chatham-Kent Hospice policies and procedures for Abuse, Mandated Reporting, Whistleblower Protection Act, AODA (Accessibilities of Ontario Disability Act), Diversity training, Work Place Health and Safety, Emergency and Fire Training.

If you are absent from any of the required training sessions, you must attend that session in the next training offered in order to be authorized to work with residents.

Please let us know if you have special learning needs so that your education and skills development needs may be supported.

Any volunteer working in the kitchen or with food must have their Food Handler’s Certificate.

Volunteers are expected to seek assistance from the Volunteer Coordinator as needed.

Overall Policy Statements

Confidentiality

The Chatham-Kent Hospice is a designated healthcare provider in terms of the Personal Health Information Protection Act (PHIPA). All information, verbal and written, about residents and their families is private and confidential. All such facts are in trust and must only be discussed with other members of the team where relevant to the extent of client care. This may include information relating to an individual’s medical history, disease or treatment, financial position, home life or family situation, as well as their identity and address. Hospice, staff and volunteer business are also covered by this policy.

Public Relations

We believe that you as a volunteer, provide a great opportunity to promote the Chatham-Kent Hospice in the community as well as the importance of volunteering. We encourage you to speak positively about what you do at the Chatham-Kent Hospice as long as it is within the parameters outlined in the Confidentiality policy. If you are asked to speak to the media or at an event, we ask that you seek guidance from us first to ensure you are
provided with up to date and accurate information. Those who speak negatively about the Chatham-Kent Hospice or otherwise bring the organization into disrepute will be subject to the Chatham-Kent Hospice’ progressive disciplinary process up to and including termination by the Volunteer Coordinator.

Harassment
The agency has a zero tolerance policy regarding harassment, sexual or otherwise, of any person. For purposes of this policy, harassment includes name-calling, offensive jokes, unwanted sexual advances or invitations, ogling, sexually suggestive comments, persistent and unwanted requests for dates, unwanted touching, distribution or production of denigration or degrading pictures or cartoons, harassing letters, phone calls or threats of retaliation if a person refuses a sexual advance or makes a complaint, and engaging in threatening behavior toward another person. If you experience any of this you should contact your Volunteer Coordinator.

Workplace Violence
Workplace violence can be defined as a threat or an act of aggression resulting in physical or psychological damage, pain or injury to a worker, which arises during the course of work. Further to the definition of violence, is the definition of abuse. Abuse can be verbal, psychological or sexual in nature. Verbal abuse is the use of unwelcome, embarrassing, offensive, threatening or degrading comments. Psychological abuse is an act which provokes fear or diminishes a person’s dignity or self-esteem. Finally, sexual abuse is any unwelcome verbal or physical advance or sexually explicit statement. Chatham-Kent Hospice has a zero tolerance limit with regards to harassment and violence. Employees or volunteers engaging in either harassing or violent activities will be subject to discipline, which may include termination of employment, removal from Boards or committees and possibly criminal charges.

Health & Safety
The Chatham-Kent Hospice, along with its employees/volunteers, must take reasonable precautions to ensure that the workplace is safe. The organization complies with all requirements for creating a healthy and safe workplace in accordance with the Occupational Health and Safety Act.

You will receive basic occupational health and safety awareness training for workers under the Ontario Regulation 297/13 as part of your orientation/training which will be reviewed annually.

If you have health and safety concerns or identify potential hazards please contact the Volunteer Coordinator or designate immediately.

Conflict Of Interest
You must immediately disclose any business, commercial or financial interest where such interest might be construed as being in real, potential or apparent conflict with your volunteer duties with the organization. If you have a personal relationship with a patient or caregiver you should advise the Volunteer Coordinator or designate at the time of
assignment and a determination will be made as to the continuation of the assignment.

**Drugs and Alcohol**
You must not be under the influence of illegal drugs or alcohol or be involved with any controlled substances while on duty as a volunteer.

**Smoke-Free/Scent-Free Environment**
Chatham-Kent Hospice is a smoke-free environment and we ask that all volunteers refrain from smoking while performing their volunteer duties. We also ask that volunteers refrain from wearing perfumes, scented lotions and sprays.

**Medications**
In order not to place the Chatham-Kent Hospice or themselves at risk, volunteers must not perform professional services for which certification or licensing is required, as per the Regulated Health Professions Act (RHPA).

You may not pour, count, prepare, dispense (deal out in portions) or manage (change dosage, size, amount, frequency) prescription or non-prescription drugs or homeopathic remedies prescribed by a complementary practitioner. If you receive a request by a resident to perform or assist with a procedure from which you are prohibited, then you will refuse to perform such a service or procedure, explaining that the requested service or procedure can only be performed by regulated health professionals. All requests for services or procedures prohibited for volunteers must be reported to the Volunteer Coordinator or designate. The Chatham-Kent Hospice will make every effort to ensure that the procedure is performed by the appropriate health professional and that a routine for such treatment be developed in collaboration with the care team.

**Dress Code**
Employees and volunteers are required to dress in a professional manner that demonstrates good judgment and discretion that is consistent with a professional working environment. The following guidelines are for safety and to prevent the spread of infection for employees, volunteers, residents and their families.

**Guidelines:**
1. Every employee/volunteer must wear his/her identification badge with the badge visible to the public
2. All employees/volunteers must be neatly groomed using the following guidelines:
   a. Jewelry and accessories must be of reasonable shape and size and not interfere with the resident care, job performance or health and safety.
   b. No perfumes, colognes, or scented lotions or other offensive odors
   c. Natural, artificial, gel or acrylic nails must be at a reasonable length and clean
   d. Hair must be clean and neatly groomed
   e. Employees/volunteers are required to have good personal hygiene
   f. Tattoos that are deemed as inappropriate must be covered at all times while working
g. Clothing should fit in a manner that does not expose excessive cleavage or midriff.

h. No low rise pants revealing the midriff and lower back.

i. No sweat suits, jogging suits, or mini-skirts, yoga pants.

j. No tight-fitting clothing. All clothing should be neat in appearance and without tears and holes.

k. Dresses, skirts or skorts must be no more than 2" above the knee. Capri pants are appropriate.

l. Shoes must look professional, clean and be of a reasonable height to work effectively and not interfere with the ability to ambulate easily in the event of an emergency. No open toe or heels.

m. No spaghetti straps or tank tops.

n. Proper supportive undergarments are required and must not be visible.

o. No clothing with offensive, suggestive, sexual or foul language.

p. T-shirts must be professional and neat, no logos.

q. No baseball caps or hats. Head covering that are required for religious purposes or to honor cultural tradition are allowed.

Progressive Discipline

The following steps are followed when an issue requires the discipline of a volunteer:

1. Verbal Warning
2. Written Warning
3. Suspension
4. Termination/Dismissal

Documentation occurs throughout all the steps.

Grounds for dismissal include, but are not limited to:

- Breach of confidentiality
- Intentional breach of Conflict of Interest
- Gross misconduct, insubordination, neglect of duty
- Being impaired/under the influence of drugs or alcohol while on duty
- Abuse, harassment or mistreatment of residents, staff or other volunteers
- Exceeding the boundaries of their volunteer position description
- Failure to meet physical or mental standards of performance

Resignation

Chatham-Kent Hospice understands that life-altering changes can come to everyone including our volunteers, and that withdrawal or resignation from their work may be necessary. We ask that you provide us at least two weeks’ notice so that we can ensure a continuation of services to our residents. If you resign and wish to resume hospice volunteer work, please contact your Volunteer Coordinator. Depending on the length of time that you are inactive, new screening and training may be required. In order to improve our Volunteer program we encourage you to participate in an exit interview.

Conflict Resolution

If you have a complaint about a resident, another volunteer, or staff member, please
contact your Volunteer Coordinator for investigation and follow-up. If you feel unable to
discuss the matter with your coordinator, ask to consult a designate.

**Boundaries**

Volunteer relationships with residents have the same boundaries as those between paid
staff and residents. Most relationships between residents and volunteers are very strong
and it can be easy to forget that you are a volunteer and not ultimately responsible for the
resident. Maintaining a therapeutic relationship is key! It is appropriate to be friendly,
courteous, empathic and caring but it is not appropriate to become friends with residents,
their family members or others connected to the delivery of service. Friendships with
residents can lead to unclear boundaries, inappropriate expectations, the appearance of
favoritism or exploitation, and conflicts of interest.

**Key Boundary Issues Pertaining to Hospice Volunteers may include but not limited to:**

- Intimate involvement
- Excessive and inappropriate self-disclosure
- Extra-therapeutic and undisclosed business/personal relationships
- Conflict of interest
- Breaking confidentiality
- Keeping secrets
- Fostering triangulation with family
- Deliberate fostering of dependency
- Medication
- Gifts
- Unusual Incident
- Sharing of telephone, home address
- Wills/ Power of Attorney (POA), Estate Planning (see V 2.13)

Please do not enter into financial transactions with residents, their family members or
caregivers, either lending or borrowing in either direction. If residents are in financial
need, the Volunteer Coordinator or designate is notified.

Do not engage in political activities, campaigning or lobbying during volunteer hours.

It is ok to listen and talk to residents about medical, spiritual, family, financial, legal and
business matters, if the resident’s wishes, but it is not our place as a companion to give
advice.

You must disclose to the Volunteer Coordinator or designate your personal or business
relationship to a resident in order to help prevent potential conflicts of interest or ethical
dilemmas. If you provide direct care to a resident who is a friend or family member, you
may find it difficult to remain objective and follow the Hospice guidelines for resident care.
It is recommended that a volunteer be reassigned for the duration of the resident’s stay
at the Hospice if this is the case.

It is important to remember, that if you have identified needs of the resident that fall
outside your volunteer role, (e.g. financial, heath care, transportation, questions about
suicide and euthanasia etc.) you should bring these needs to the attention of the Volunteer Coordinator or designate who can follow up with the appropriate resources to meet these needs.

Understanding your role in maintaining boundaries in your therapeutic relationship with the resident will help protect both you and the resident’s dignity, autonomy and privacy and safety.

As part of the policy of the Chatham-Kent Hospice, if a volunteer has been identified as crossing over the boundary, he/she will be subject to re-education and if the problem persists, progress discipline at the discretion of the Volunteer Coordinator.

Acceptance of Gifts
We ask that you do not accept gifts of money, jewelry etc. as recognition of your service by the patient or the caregiver. Only gifts that can be shared with all staff and volunteers can be accepted. Your gift of time and compassion is more than enough and you are not expected to give gifts to the patients and their families. Thank the resident for their thoughtfulness and let them know that you are not able to accept their gift, instead, the opportunity to spend time with them is more than enough.

Assistance with Legal Documents
To protect our volunteers from any legal challenge and/or conflict of interest, and to protect the Chatham-Kent Hospice from legal conflict you are not allowed to assist the Hospice residents with signing legal documents, such as but not limited to:

a. Preparing a Will and/or Codicil to a Will
b. Estate planning
c. Power of Attorney
d. Witnessing any documents

Volunteer Evaluations
Volunteer evaluations will be performed annually by your supervisor as a way of communicating between the coordinator/supervisor and volunteer regarding the volunteer role. This will help us maintain excellence and standards within the organization. Generally, this is a discussion to see if the you are enjoying the position and to determine whether we are meeting your needs in offering a meaningful volunteer experience.

Volunteer File Requirements
As part of best practices in volunteer management, we are required to maintain records of volunteer involvement. Volunteer files will include:

- Personal Data (full name, address, telephone number)
- Emergency contact information
- Pertinent medical or health information
- References
- Start date, date of resignation, dates of leaves of absences
- Record of orientation and training
- Record of assignments
Record Keeping Requirements

A volunteer activities report will be required of volunteers on a monthly basis. The record will ask for the dates of your volunteer involvement with the Chatham-Kent Hospice, what position you filled and activity you performed. Please include all activities, such as education, workshops, lunch meetings, appreciation events, evaluations or scheduled meetings with your Coordinator/ or designate. Statistical information is extremely important for any business, especially for non-profit agencies such as the Chatham-Kent Hospice. We gather this information because this helps us monitor our programs and to report to our stakeholders, partners, funders, the general public, our volunteers and staff, how we are doing and the amount and type of volunteer involvement.

Fundraising

As a Chatham-Kent Hospice Volunteer, you will NOT be asked to fundraise but you should understand WHY we fundraise and where to direct people for more information.

**WHY we fundraise**

Chatham-Kent Hospice receives annual funding from the Erie St. Clair Local Health Integration Network (LHIN) in the amount of $920,000 but that funding can only be used for direct medical costs only. All additional costs such as utilities, supplies and programming costs will need to be covered by fundraising revenue.

**WHO does the fundraising?**

Chatham-Kent Hospice has a Fund Development Department that is responsible for all fundraising and donor activities. Jodi Maroney is the Director of Development and Mary Logue is the Donor Relations Assistant.

**WHAT do I do if someone asks me about fundraising?**

As a volunteer, you are welcome to share with people the fact that we rely on donations to operate Chatham-Kent Hospice. If they have questions or would like more information, please encourage them to visit our website (chathamkenthospice.com) and contact Jodi Maroney, Director of Development.
### Accessibility of Ontarians Disability Act

The customer service standard became law in Jan 1, 2008 and it applies to all people and organizations that are designated in the regulations or who provide goods and services to the public or other business and organizations and have at least on employee.

By having all places accessible, Ontario we will be prepared for the future due to our aging population and therefore there will be an increase in the number of people with disabilities.

#### AODA TIP SHEET

**Customer Service**

<table>
<thead>
<tr>
<th>Type of barriers</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Attitudinal** barriers are those that discriminate against people with disabilities. | • thinking that people with disabilities are inferior  
• assuming that a person who has a speech impairment can't understand you |
| **Information or communications** barriers happen when a person can't easily understand information. | • print is too small to read  
• websites that can't be accessed by people who are not able to use a mouse  
• signs that are not clear or easily understood. |
| **Technology** barriers occur when a technology can't be modified to support various assistive devices. | • a website that doesn't support screen-reading software |
| **Organizational** barriers are an organization's policies, practices or procedures that discriminate against people with disabilities. | • a hiring process that is not open to people with disabilities |
| **Architectural and physical** barriers are features of buildings or spaces that cause problems for people with disabilities. | • hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker  
• counters that are too high for a person of short stature  
• poor lighting for people with low vision  
• doorknobs that are difficult for people with arthritis to grasp |

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• parking spaces that are too narrow for a driver who uses a wheelchair
• telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

Tips for Guiding a Customer who has Vision Loss

The following are instructions and tips on guiding a customer with vision loss. For more information about guiding someone with vision loss visit www.cnib.ca

• Ask first if your customer wishes to be guided.
• If the answer is “yes”, offer your arm. Ask which arm is better. Walk at a normal pace. The person will walk about a step behind. Announce handrails, doors (to the right/left, push/pull to open etc.) and describe the surrounding areas (such as what is in an aisle – shelves and sections).
• If you are guiding towards stairs:
  o Let the customer know if they have to walk up or down;
  o Approach the stairs head on, not at an angle and come to a full stop in front of the stairs;
  o Lead or guide your customer to the rail side to allow them to take hold of it;
  o Let them find the first step and then start to climb or descend the stairs;
  o Try to be one step ahead and announce the last step.
• If you are going through a narrow doorway, passage etc., the guide goes first, after explaining the circumstances and describing the area.
• Upon entering a room, offer to describe the dimensions and the location of people and furniture.
• If the person wishes to sit, offer to guide him/her and place his/her hand on the back of the chair.
• Keep the person informed when others approach or leave.
• If you must leave the individual alone, do not leave him or her standing in the middle of the room, with nothing to hold onto. If he/she is not seated, guide him/her to a door, wall, or piece of furniture to stand next to. This will help the person to stay spatially oriented.
• If your customer is accompanied by a guide dog, stand to the right of your customer, as the guide dog is usually at the owner’s left side. When guiding a customer with a dog, offer your left arm, but if the person you are guiding prefers to hold your right arm, that’s okay too.
• When the customer has a guide dog, offer to open the door first, before doing so. The customer may be using the door’s location as a reference point, or he/she may prefer to do it without assistance to protect the dog’s paws.

Instructions on Helping Someone with an Assistive Device

Many of your customers with disabilities will have their own personal assistive devices. Don’t touch or handle an assistive device without permission.
Examples of personal assistive devices:
- wheelchairs,
- scooters
- walker
- amplification devices that boost sound for listeners who are hard-of-hearing without reducing background noise
- hearing aids
- oxygen tanks
- electronic notebooks or laptop computers
- personal data managers
- communication boards used to communicate using symbols, words or pictures
- speech-generating devices that “speak” when a symbol, word or picture is pressed

Moving personal assistive devices
If you have permission to move a person in a wheelchair remember to:
- wait for and follow the person’s instructions;
- confirm that your customer is ready to move;
- describe what you are going to do before you do it;
- avoid uneven ground and objects that create bumpy and unsafe ride; and
- practice consideration and safety – don’t leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.

Do not move items or equipment, such as canes and walkers, out of your customer’s reach.

Respect your customer’s personal space. Do not lean over them or on their assistive device.

Let your customer know about accessible features in the immediate environment (automatic doors, accessible washrooms, etc.).

Speech or language disabilities
Some people have problems communicating. It could be due to cerebral palsy, hearing loss or another condition that:
- makes it difficult to pronounce words
- causes slurring or stuttering
- prevents someone from expressing themselves or understanding written or spoken language.

<table>
<thead>
<tr>
<th>Using words</th>
<th>Don't say</th>
<th>Say</th>
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</thead>
<tbody>
<tr>
<td>stutterer</td>
<td>a person who stutters</td>
<td>a person with a communicatio n disorder</td>
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</table>
Some people who have severe difficulties may use communication boards or other assistive devices.

**Tips on how to interact with people with speech or language disabilities**

- Just because a person has one disability doesn't mean they have another. For example, if a person has difficulty speaking, don't assume they have an intellectual or developmental disability as well.
- If you don't understand, ask the person to repeat the information.
- If possible, ask questions that can be answered yes? or no.?
- Be patient and polite. Give the person whatever time they need to get their point across.
- Don't interrupt or finish the person's sentences. Wait for them to finish.
- Patience, respect and a willingness to find a way to communicate are your best tools.

**Intellectual or developmental disabilities**

People with intellectual or developmental disabilities may find it hard to do many things most of us take for granted.

These disabilities can mildly or profoundly limit their ability to learn, socialize and take care of their everyday needs.

You may not be able to know that someone has this disability unless you are told, or you notice the way they act, ask questions or use body language.

**Tips on how to interact with people who have an intellectual or developmental disability**

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- Make sure the person understands what you've said.
- If you can't understand what's being said, don't pretend. Just ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the person, not to their companion or attendant.

<table>
<thead>
<tr>
<th>Using words</th>
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<tbody>
<tr>
<td><strong>Don't say</strong></td>
</tr>
<tr>
<td>mentally retarded</td>
</tr>
<tr>
<td>idiot</td>
</tr>
<tr>
<td>simple</td>
</tr>
<tr>
<td>retarded</td>
</tr>
<tr>
<td>feeble-minded</td>
</tr>
<tr>
<td>imbecile</td>
</tr>
<tr>
<td>mongoloid</td>
</tr>
<tr>
<td>mongolism</td>
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<tr>
<td>Downs</td>
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</tbody>
</table>
**Mental health disabilities**

Mental health disabilities are not as visible as many other types of disabilities.

Some people with mental health disabilities may have:

- hallucinations (hearing voices or seeing things that aren’t there)
- difficulty concentrating or remembering
- acute mood swings.

Other people may not show any signs. You won’t know that a person has a mental health disability unless you are told.

Here are some examples of mental health disabilities:

- schizophrenia
- depression
- phobias
- bipolar, anxiety and mood disorders.

**Tips on how to interact with people who have mental health disabilities**

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be confident and reassuring. Listen carefully and work with the person to meet their needs.
- If someone appears to be in a crisis, ask them to tell you the best way to help.

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<table>
<thead>
<tr>
<th>Using words</th>
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<tbody>
<tr>
<td><strong>Don’t say</strong></td>
<td><strong>Say</strong></td>
</tr>
<tr>
<td>crazy</td>
<td>a person with a mental illness</td>
</tr>
<tr>
<td>insane</td>
<td>a person with a mental disorder</td>
</tr>
<tr>
<td>lunatic</td>
<td>a person with a mood disorder (for example, a person with bipolar disorder)</td>
</tr>
<tr>
<td>psycho</td>
<td>a person with a personality disorder (for example, a person with an antisocial personality disorder)</td>
</tr>
<tr>
<td>mental</td>
<td>a person with an anxiety disorder (for example, a person with obsessive-compulsive disorder)</td>
</tr>
<tr>
<td>mental patient</td>
<td>a person with schizophrenia</td>
</tr>
<tr>
<td>manic</td>
<td></td>
</tr>
<tr>
<td>neurotic</td>
<td></td>
</tr>
<tr>
<td>psychotic</td>
<td></td>
</tr>
<tr>
<td>unsound mind</td>
<td></td>
</tr>
<tr>
<td>schizophrenic</td>
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</tbody>
</table>
Learning disabilities

Learning disabilities are information processing disorders. They can affect how a person acquires, organizes, expresses, retains, understands or uses verbal or non-verbal information.

Here are some examples:

- dyslexia (problems in reading)
- dyscalculia (problems in mathematics)
- dysgraphia (problems in writing and fine motor skills).

People with learning difficulties may have problems communicating.

You may not know that a person has a learning disability unless you are told.

Using words

<table>
<thead>
<tr>
<th>Don't say</th>
<th>Say</th>
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<tbody>
<tr>
<td>learning disabled</td>
<td>a person with learning disability or people with learning disabilities</td>
</tr>
<tr>
<td>learning disordered</td>
<td>a person with dyslexia</td>
</tr>
<tr>
<td>dyslexic</td>
<td>a person with autism</td>
</tr>
<tr>
<td>autistic</td>
<td>a person with Autism Spectrum Disorder</td>
</tr>
</tbody>
</table>

Tips on how to interact with people who have learning disabilities

- Patience and a willingness to find a way to communicate are your best tools.
- When you know that someone with a learning disability needs help, ask how you can best help.
- Speak normally and clearly, and directly to the person.
- Take some time, people with some kinds of learning disabilities may take a little longer to understand and respond.
- Try to find ways to provide information in a way that works best for them. For example, have a paper and pen handy.
- If you’re dealing with a child, be patient, encouraging and supportive.
- Be courteous and patient. The person will let you know how to best provide service in a way that works for them.

Helpful Websites and Resources

These resources are listed to assist you in learning more about hospice palliative care and walking with the dying and grieving. It is not an exhaustive list, but includes resources used or cited as well as personal favorites. We do not specifically endorse the activities of these organizations, but offers their information as a sample of the kinds of materials and services that are available.

Compiled by Melanie Watson and Michelle O’Rourke
Training Resources

http://www.mcgill.ca/council-on-palliative-care/events-resources/training-videos-volunteers -
http://training.hpco.ca/- created as part of a training program for volunteers, with communication as one focus
www.virtualhospice.ca – has a section dedicated to resources for the Hospice Volunteer
http://thegilchristblog.com/2011/08/05/boundaries-in-hospice-home-care/ www.hospicevolunteer.com – A website that is specifically for Hospice Volunteers created by a Hospice Volunteer

Other Websites

Advance Care Planning – www.advancecareplanning.ca
Canadian Hospice Palliative Care Association – www.chpca.net
Canadian Virtual Hospice – www.virtualhospice.ca – expert palliative care advice

Ontario Hospice Palliative Care Assoc. – www.hpco.ca
GriefShare - www.griefshare.org - sign up for daily emails and support networks
Palliative and Symptom Management Consultation Program – education resources and courses information : (ie/ Fundamentals; AHPCE etc…) www.palliativecareswo.ca
Room 217 - www.Room217.ca - Music Therapy resources; CD’s; DVD’s
www.griefsheart.com – Thomas Attig’s website
Listening video clip – Frank Ostaseski – the Metta Institute
http://www.youtube.com/watch?v=OChqAX7hnTc&feature=youtu.be

Books:

* Befriending Death: Henri Nouwen and a Spirituality of Dying*; Michelle O’Rourke, 2009, Orbis Books


* Catching Your Breath in Grief*; Thomas Attig, 2012, Breath of Life Publishing

Dying Well: Peace and Possibilities at the End of Life; Dr. Ira Byock M.D.; Riverhead Books NY; 1997


Final Journeys: A Practical Guide for Bringing Care and Comfort at the End of Life; Maggie Callanan, 2008 Bantam Books

Kitchen Table Wisdom: Stories that Heal; Rachel Naomi Remen M.D.; Riverhead Books, 1996

Share the Care: How to Organize a Group to Care for Someone Who Is Seriously Ill; Cappy Capossela and Sheila Warnock, A Fireside Book, Simon and Schuster; 1995, 2004

What Dying People Want: Practical Wisdom for the End of Life; Dr. David Kuhl, 2003 Anchor Canada

The Fault in our Stars - John Green – great for teens

Michelle’s ‘Sanity Saving’ favourites for self-care:

Sabbath: Finding Rest, Renewal and Delight in our Busy Lives; Mulller, Wayne; Bantam 1999

A Life of Being, Having and Doing Enough; Muller, Wayne; Harmony Books, 2010

Sources to Help Grieving Children

Websites:

http://www.dougy.org/grief-resources/how-to-help-a-grieving-child/
This link is to The Dougy Center, The National Center for Grieving Children & Families. The link provides information on how to help a child grieve. This website also sells many books, brochures and DVDs that have further information, as well as activity books for children and youth.

http://childgrief.org/childgrief.htm
This website is helpful in discussing children attending funerals, informing a child of a death, and what to say to a grieving child. Activities and further resources to help grieving youth can also be located on this website by clicking the links on the left of the page.

http://www.scholastic.com/browse/article.jsp?id=3757796
This website has a few articles and a video that will provide the reader with information about grieving children and how one may be able to assist the child in coping with their grief.

http://www.centerforloss.com/
Alan D. Wolfelt’s website provides articles about grief (follow the “Articles by Dr. Alan Wolfelt” link on the left of the webpage). Also it is encouraged to look at Dr. Wolfelt’s bookstore. Many informative books are being sold in helping individuals of all ages. In the bookstore, there is a section specifically for and about grieving teens and children.

**Books for individuals who are supporting grieving children:**

**Magic Kisses A Grief Journey from Heartache to Hope, by Dana Romualdi**
This Windsor, ON author provides a story told from a child’s view that highlights common thoughts and experiences of children who experience the death of a loved one. The book also provides a discussion guide, advice for talking to grieving children, and suggestions for starting conversations with children who have experienced the death of a loved one.

**Helping Children Grieve When Someone They Love Dies, by Theresa M. Huntley**
This book explores how children of different ages and developmental stages deal with the death of a loved one. It also examines how to talk to children about the death and how to help the child grieve.

**Bereaved Children and Teens, edited by Earl A. Grollman**
This book teaches the reader about how to talk with bereaved children and teens, learn about different cultural and religious beliefs, and what strategies are effective for children and teens.

**Finding the Words: How to talk with children and teens about death, suicide, funerals, homicide, cremation, and other end-of-life matters, by Dr. Alan D. Wolfelt**
Dr. Wolfelt provides guidance in how to discuss difficult matters with children. This book encourages adults to be honest with children about death, illness, funerals and other difficult life events.

**Books for children:**

**Waterbugs and Dragonflies, by Doris Stickney**
This book is useful in explaining death to young children. This will teach children how our deceased loved ones will not come back to talk to us, but they are waiting for us in a better place.

**Heaven is for Real for Kids as told by Colton Burpo**
If children have questions about what heaven is like, this book can be used to help
children understand where their loved one goes.

**Help Me Say Goodbye, by Janis Silverman**
This is an activity workbook for children who have a loved one that is terminally ill. The activities will provide support to the child during the process of their loved one dying.

**Grief is Like a Snowflake, by Julia Cook and Anita DuFulla**
No one will process their grief the same as someone else. This children’s book will discusses how to rely on familial support and allow the loved one’s memory to carry on. This book shows children how the grieving process is normal and everyone will process their grief differently.

**What is Death, by Etan Boritzer**
*What is Death* addresses many different questions that children might have about the subject of death. It examines the different beliefs and customs that are from various cultures and religions, and it lets the reader think about identity, tolerance, and generosity. It’s based on reality and uses a tone that is gentle as well as comforting.

**Lifetimes, by Bryan Mellonie and Robert Ingpen**
*Lifetimes* refers to all living things having a beginning and an end. The authors normalize illness and death in simple language for children to understand.

**When Dinosaurs Die, by Laurie Krasny Brown**
*When Dinosaurs Die* deals with children’s worries and fascination head-on, through responding to a few standard questions. Alternative questions address feelings, and there is a portion regarding death traditions.

**I Miss You: A First Look at Death, by Pat Thomas and Leslie Harker**
This book is explains death to children by describing how the body stops functioning. This book helps children understand that death is a natural part of life, and that grief and a sense of loss are normal feelings for them to have following a loved one’s death.

**Gentle Willow by Joyce C. Mills**
This book is written for the children who are ill themselves or that of a loved one. It relates the journey of a terminally ill character from first signs of illness and the emotions that are common to both, the terminally ill and the supporting loved ones.

For additional resources recommended by an American Agency, see the link below:

[www.kidsgrief.org/sites/default/files/Booklists.pdf](www.kidsgrief.org/sites/default/files/Booklists.pdf)
Interpersonal Communication Techniques

Techniques that help communication:

**Giving recognition**
- Good morning, Mr. Smith
- You’ve written some letters today.
- I notice you’ve chosen..
- Favourite music for today.

**Giving information**
- my name is......
- I’m here because..
- be taking you to the...

**Giving broad openings**
- how do you feel?
- Is there something you’d like to talk about?
- Where would you like to begin?

**Accepting**
- I understanding... I agree..... I hadn’t thought of that.....

**Using silence**
- Yes, Uh-huh, Hmm, nodding

**Offering general leads**
- Go on and then?
- Tell me about it.

**Placing the event in time or in sequence**
- What seemed to lead up to...?
- Was this before or after....?
- When did this happen..?

**Making observations**
- Are you uncomfortable when you..
- I notice you are biting your lips

**Encouraging description**
- Tell me when you begin to feel...

**Restating**
- Resident: I seem to hear the clock strike every hour during the night
- Volunteer: You have difficulty sleeping?

**Note:** When using restating, do not overdo the obvious. Only restate complex statements or those that seem to have an unspoken message behind them.

**Reflecting**
- Resident: Do you think I should tell the doctor
- Volunteer: Do you think you should?

**Attempting to translate feelings**
- Resident: I can’t talk to you or to anyone. It’s a waste of me of time.
- Volunteer: Do you feel no one understands?

**Seeking Clarification**
- I’m not sure that I follow.
- What would you say is the main point of what you said?

**Focusing**
- This point seems worth looking at more closely.

**Encouraging a plan of action**
- Next time this family problem comes up, what might you do to handle it?
- What could you do to let your anger out harmlessly?
Offering Self
I’ll sit with you a while.
I’m interested in making you comfortable
Perhaps you and I can discover what might reduce your anxiety

Requesting an explanation
Why do you think that?
Why do you feel this way?
What made you do that?

Techniques that block communication:

Offering false reassurance
I wouldn’t worry about.....
Everything will be all right
You’re coming along fine.

Expressing judgement
That’s good. I’m glad that you...
That’s bad. I’d rather you..
Wouldn’t....

Advising
I think you should...
Why don’t you....?

Disagreeing
I definitely disagree with....
I don’t believe that.
Resident: I’m nothing
Volunteer: Of course you’re something, everybody is somebody

Defending
No one here would lie to you
But Mrs. B. is a very capable caregiver.

Making stereotyped comments
It’s for your own good.
Keep your chin up.
Just listen to your doctor....he knows

Introducing an unrelated topic
Resident: I’d like to die.
Volunteer: Did you have any visitors today?

Using jargon
Volunteer: I hear you saying that

Active Listening Skills

Attentive listening is a highly developed skill that is essential for hospice volunteer. It is an active process that requires energy and concentration. It involves attention to the person’s total message, both the spoken verbal messages and the non-verbal messages that modify what is spoken. The listener must also be aware of the resident and/or family member. The listener must make a special effort not to select or listen to solely what he or she wants to hear. Instead, he or she must focus on the other person’s needs, rather than his/her own, to get the full picture. Here are some guidelines for active listening:
Be silent. Silence is more than staying quiet or not interrupting while someone is speaking. Before you start to talk, pause to allow the speaker to catch his/her breath or gather his/ her thoughts. He/she may want to continue if the message is complete, this short break gives you time to form your response and helps you avoid the biggest barrier to listening: listening with your answer running. If you make up a response before the person is finished, you miss the end of the message that often contains the main point. At the same time, use common sense. Pausing for several seconds may be inappropriate. For example when someone asks for assistance with moving or for a comfort measure.

Remain at eye level. Make certain that you are eye level with the resident. Whether or not you look directly at the resident depends on the resident’s comfort level. Cultural considerations come into play. However, in most cases, looking at the other person while he/she speaks demonstrates your attention and helps keep your mind from wandering. Sit beside a person at 45-degree angle, if possible, to allow them to look away from your eye contact if wish. Try be the same height as the person. If your resident is in bed or sitting down, do not stand over them while you talk. If it is appropriate, go for walks with people. They will choose when eye contact is necessary by stopping and looking at you.

Display openness. You can communicate openness by your facial expressions and body positions. Uncross your arms. Sit comfortably and informally. Sit beside the person facing a person directly opposite them may be very intimidating.

Listen without response. This doesn’t mean never respond. It means wait. When listening to another person, we often interrupt with our opinions, suggestions and inappropriate comments. Watch your non-verbal response too, a look of “Good grief! from you can keep the other person from fishing his/ her message.

Send acknowledgements. Periodically, it is important to let the speaker know you are still there. Your words or non-verbal gestures of acknowledgement let the speaker know you are interested and you are interested and that you are with him/ her and his/ her message. These include “Uh uh, “Ok” and head nods. These acknowledgements do not imply your agreement. If someone tell you what he/she does not like about you, your head nod doesn’t mean you agree. It just indicates that you are listening.

Use physical contact only with permission. Communication through touch can be very effective. However you must ask permission first. It can be as simple as asking the resident if you may hold his/her hand or “give them a hug”. It is essential to obtain this “consent” from the resident and/ or family member before touching.

What will I talk about?
For many new volunteers, one of the biggest fears about visiting residents revolves around the question: “What will I talk about? Before starting your visit, make sure that you have reviewed with the hospice coordinator the resident’s likes, dislikes and any sensitive topics that you should avoid. Be prepared to share information about yourself and do not be afraid to describe your own feelings when appropriate. Remember that part of your role as a hospice volunteer is to relate any information from the resident and/ or family to the hospice coordinator. Review the interpersonal communication techniques and active listening skills to help you form open-ended questions and to
prepare. “Take the temperature of room” by asking family members how the resident is and how they are coping. When greeting the resident, remember to introduce yourself, something you may have to do several times with some residents. And be prepared to just be yourself!

**Suggestion for starting conversation:**

**The resident’s room or home** - cards on display, plants, pictures, furnishings, views from windows, colour or style of decor, garden and/ or surroundings.

**The resident and their family** - Where they grew up, siblings, children, grandchildren, family achievements, education.

**General** - Weather, current event, how their week was, activities in the past week by family members, planned activities.

**Social** - hobbies, favourite pastimes, sports, travels, job, friends, movies, and community involvement.

**Psycho-spiritual** - feelings, dreams, fears, hopes, expectations, etc. for themselves and for family members.

**Communicating with someone in a coma**

Coma is a state of unconsciousness. Touching, shaking or calling cannot rouse a person in a coma. This does not mean that a person in a coma cannot hear and understand your voice or feel your touch. Coma is not always permanent, nor does it mean that death is always near, even in the terminally ill. Some people will slip in and out of coma; some with suddenly just wake up. Whatever the cause or duration of the coma, it must not keep you from communicating with the person. When someone we knew or love goes into a coma, it triggers feelings in us. We can feel hurt, cut off, helpless, depressed, confused, angry, and grief-stricken. The person has changed and the Life force and personality have been turned inward. To communicate with a person in a coma, you need to become aware of both your own and the other person’s inner feelings and perceptions. You need to look for tiny clues, subtle messages. Changes in breathing pattern, tiny facial changes, and changes in relation or rigidity of the person’s body are all clues to how he or she is feeling. Once you are aware of these clues you will be able to send and receive messages. Trust your “sixth sense” your intuition when you are trying to communicate with a person in coma.

**Speak normally.** Tell him/her what you see and feel. Encourage him/her to feel what he/she is feeling.

**Use touch as way of communicating.** Placing your hand on the person’s chest and breathing when he / she breathes will help you to tune into the person’s inner world; (Tell them that you will be placing your hand on their chest before starting.)

**Remember that a coma is an inner experience.** Do not try to make the person come out of it. The inner experience is a part of drying and for most people it is a necessary experience.

**Be relaxed and calm inside yourself.** You do not have to communicate all the time. The person experiencing the coma has less awareness of the external environment. **Remember that your touch, tone of voice, and inner feelings are all perceptible to the person in the coma.**
Mourner’s Bill of Rights

1. You have the right to experience your own unique grief.
2. You have the right to talk about your grief.
3. You have the right to feel a multitude of emotions.
4. You have the right to be tolerant of your physical and emotional limits.
5. You have the right to experience “griefbursts.”
6. You have the right to make use of ritual.
7. You have the right to embrace your spirituality.
8. You have the right to search for meaning.
9. You have the right to treasure your memories.
10. You have the right to move toward your grief and heal.

Thank you! The key to our success rests in people like you, who embody the spirit of greatness by saying, “Yes I can, and you can, too!”