WELCOME

Thank you for volunteering, and welcome to the Friends of Caroline Hospice team!

By supporting us as a volunteer you have joined a team of volunteers who regularly give us their time and skills, which has enabled us to provide a quality service to our patients, their families and caregivers for 35 years. At Friends of Caroline Hospice, we recognize that volunteers are vital to achieving our vision of providing high quality care to all who need it in the Beaufort and surrounding communities.

As a volunteer you will be making a real difference to patients whom have been diagnosed with a life-limiting illness, directly as a Patient and Family Support Volunteer or indirectly as a Professional Services Volunteer. As a nonprofit organization, we are proud of the work we do and our hope is that you will be proud of being part of our friendly, happy team here at Friends of Caroline.

We want to make volunteering a rewarding and enjoyable experience for you, and this handbook is intended to give a brief outline of the work we do and about your role as a volunteer. Further training may be required, dependent upon your volunteer role. It is important you take the time to read through this handbook and refer to it, should you have questions. If you do not find the information you are looking for, please contact us at Friends of Caroline.

As a Friends of Caroline Volunteer, you are a part of a dynamic team, and your input is highly valued. You are encouraged to contact me any time if you need support, guidance, have questions, concerns of feedback.

Thank you for your compassion and commitment!

Cristin Casper
Volunteer Coordinator
110 13th St, Port Royal, SC 29935
cristin@friendsofcarolinehospice.com
Office: 843-525-6257
Fax: 843-525-9418
Cell (for emergencies): 843-605-2824
Office hours: Monday through Friday, 8:30am to 4:30pm
Acknowledgment

This Volunteer Handbook was designed and prepared to acquaint volunteers with Friends of Caroline Hospice and responsibilities of volunteer roles.

My signature on this form is to acknowledge I have received a copy of the Friends of Caroline Volunteer Handbook.

I understand it is my responsibility to read the Handbook. If I have questions concerning the information herein, I will bring them to the attention of the Volunteer Coordinator or Executive Director.

I understand the policies and procedure contained in the Handbook constitute management and volunteer guidelines only, and are in no way to be interpreted as a contract between Friends of Caroline Hospice and any of its volunteers.

I further understand Friends of Caroline Hospice reserves the right to add, change, modify or delete any of its policies at any time.

____________________________________________
Signature

____________________________________________
Print Name

____________________
Date
History of Hospice

The term "hospice" originated in the Middle Ages to describe way stations, which were established along the route to the Holy Land. Pilgrims would travel by day and seek shelter, food and other comforts at these hospices. The word has always had the connotation of a haven for people on a journey. In the 19th Century, the Irish Sisters of Charity cared for "incurables" in homes they called hospices.

The modern hospice originated in London, England, where Dr. Cicely Saunders opened St. Christopher's Hospice in 1965. It has been a model for all developing hospices throughout the world. In the United States, there are well over 2500 functioning programs. Increasingly, people who need and want hospice care are finding it available. The National Hospice Organization, headquartered in McLean, Virginia, is working to see that hospice care becomes an alternative in the health-care system.

Hospice is not a building. Hospice is a concept, a philosophy of care and an approach emphasizing palliative and supportive care for the terminally ill patient and family. Different adaptations of this approach include hospice facilities, hospice wards in acute care hospitals, hospice home care, etc. According to the National Hospice Organization:

“A Hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons by a medically supervised inter-disciplinary team of professionals and volunteers. Hospice services are available in both the home and inpatient setting. Home care is provided on a part-time intermittent, regularly scheduled and around-the-clock basis. Bereavement services are available to the family. Admission to a Hospice program of care is on the basis of patient and family need.”

The Hospice philosophy is: Hospice exists neither to hasten nor postpone death. Hospice affirms life by providing support for the patient and family at home whenever possible. The goal is to provide physical, emotional and spiritual care so that people can live the remainder of their lives free from pain and symptoms surrounded by the people and things they love.
In 1977, a young local woman named Caroline Sue Quann died of cancer at age 31. In order to honor her wishes to be at home for her final days, as well as die with grace and dignity, her friends resolved to provide her with companionship and medical care. This marked the founding of Friends of Caroline Hospice, the first non-profit hospice organization in Beaufort County.

Friends of Caroline Hospice has cared for generations of Beaufort County residents and is a pioneer in developing end-of-life care programming and services. The Mission of Friends remains as it was in the beginning: to ease pain, anxiety, and other symptoms surrounding a terminal illness.

1977: Caroline Quann is Veronica Tovey’s, RN, home health patient. Caroline became Veronica’s inspiration to start the hospice movement in Beaufort.

1980: In January, founder Veronica Tovey coordinated with St. Helena Episcopal Church to sponsor a pilot hospice program. Later the same year, Caroline Hospice of Beaufort County was incorporated by the State of South Carolina.

1982: Vote taken by the Board of Caroline Hospice of Beaufort County to remain fully non-profit, as government chooses to pay for hospice care, Medicare/Medicaid.

1984: Caroline Hospice of Beaufort County is recognized as a hospice model for the state and becomes 501 (c)(3) tax exempt.

1989: First Festival of Trees fundraiser held to solely benefit Caroline Hospice. A respite center and office are opened on Craven Street.

1990: Caroline Hospice of Beaufort County changes name and is reincorporated by the State of South Carolina as Friends of Caroline Hospice, Inc. of Beaufort County.

1994: Veronica Tovey, RN, founder and Executive Director of Friends, retires. Beverly Porter is named the new Executive Director. The first Friends newsletter goes out to the public.

1995: Friends of Caroline Hospice relocates the office and respite center to 810 King Street. Friends becomes computerized.
1996: The Red Door Thrift Store, benefitting Friends of Caroline Hospice, opens. A Store Manager position and Volunteer/Bereavement Coordinator position are created.

1998: Friends of Caroline Hospice is licensed as a hospice in South Carolina with the Department of Health and Environmental Control (DHEC).

1999: An Office Manager position is created. The Wardel Family Foundation helps purchase the new location for Friends of Caroline, and the respite center and office is relocated to 1110 13th Street in Port Royal.

2000: Director of Development position is created.

2006: Director of Clinical Care position is created.

2007: South Carolina State Service mark-registration of the Friends of Caroline Hospice name. A grant writer and Development Association position are created. A Memorial Garden is established.

2008: Executive Director Beverly Porter is awarded the “Palmetto Award” by The Carolinas Center for Hospice and End of Life Care for demonstrating vision and exemplary hospice leadership and thoughtful involvement.


2010: A succession plan is established. The policies and procedures are reevaluated, updated and approved by the Board of Directors.

2011: Beverly Porter retires. Heidi Owen is named the new Executive Director.

2013: Certified by Centers for Medicare/Medicaid Services as a provider.

2015: Lindsay Roberg named new Executive Director.
Mission, Vision & Values

**Mission:** Dedicated to providing home care and volunteer services that offer hope, encouragement and care to those who live with a life threatening illness, as well as support for their families, friends and for the community.

**Vision:** FRIENDS of Caroline Hospice strive to be nationally recognized for helping people to face death with peace and dignity.

**Values:** FRIENDS of Caroline Hospice faithfully provide respect, integrity, empowerment by nurturing the community with dignity and sensitivity.
Description of Services Offered

1) DIRECT SERVICES
   A. Physical Care:
      The patient's attending physician directs medical care for the patient who wishes to remain at home. Friends’ Medical Director is available for consultations, or to act as the attending physician if the patient does not currently have an attending physician. Friends coordinates patient care with the referring physician and appropriate community agencies and instructs family members in giving care. Friends’ Nurses and Certified Nursing Assistants (CNAs) help in pain relief, symptom control, and general patient care. Inpatient (facility) care is available for acute pain/symptom control and occasional respite for the caregivers.

   B. Emotional Care
      Social workers help patients and family members deal with social, psychological, financial and related factors that affect a family's ability to cope with terminal illness. Friends’ social worker and Coordinator of Support Services provide these support services.

   C. Spiritual Care:
      Friends has a pastoral care team staffed by the Coordinator of Support Services, whom also serves as chaplain. Chaplains of various denominations may be available for visits on request of a patient family.

   D. Volunteer Services:
      Trained volunteers provide support by giving limited personal care. They provide companionship for patients and respite for family members and other caregivers, run errands and spend time listening and sharing with the patient and/or family.

   E. Bereavement Services:
      Friends’ bereavement program offers support to families and loved ones for 13 months following the death of a patient. Families are offered counseling, grief education and group support, as well as informational mailings. Professional referrals are made when needed.

2) INDIRECT SERVICES
   a. Conduct public education programs on death, dying and hospice care.
   b. Provide in-service and staff development to professionals.
   c. Offer consultation on planning for hospice care.
   d. Act as a resource center on hospice care.
   e. Foster cooperative relationships with other groups serving the dying.
3) COST OF SERVICE AND FUNDING SOURCES
As a certified Medicare hospice provider, we are reimbursed by Medicare at fixed per diem rates. Medicare is a benefit the patient chooses to elect. Patients not covered by Medicare will be covered by Friends. No patient will be charged for any services received from Friends of Caroline Hospice. No one will be denied services because of lack of funds.

As a nonprofit hospice, our primary sources of funding include voluntary donations, usually made in memoriam; our three annual fundraising events (Bands, Brews & BBQ, Fashion Show and the Festival of Trees); the annual campaign; grants; and income from the Red Door Thrift Shop.

Friends is a participating agency of the United Way of the Lowcountry, which assists in supporting our programs.
Referral Process and Admission Criteria

Referral Process
Hospice care is available to anyone with a prognosis of six months or less, should the disease follow its expected course. Admission requires a doctor’s order; however, referrals may be initiated by any of several sources in the community. These include doctors, hospital discharge staff, family members or friends of the patient.

Upon referral, there is an initial assessment by a Friends’ nurse. This assessment takes into account factors not only related to physical needs, but also to the psychosocial needs considered in total-care planning and follow-up by other team members.

Admission Criteria
The Hospice program is a service primarily for persons who are facing death. The focus of care is on the quality of life remaining rather than on dying. An effort is made, through an individualized approach of honesty and concern, to determine what each dying person really needs. The patient has whatever control is possible in his or her own treatment, and the focus is on the patient's needs, feelings and what the team can do to help.

Admission to hospice services requires:
1. The patient has a diagnosis of a terminal illness or other condition, with a prognosis (life expectancy) measured in terms of six months or less, verified by the attending physician.
2. The disease or condition is determined to be beyond the stage of aggressive treatment.
3. Patient/family is aware of the hospice concept and is willing to participate in the program.
4. A patient without family will still be considered for admission into the hospice program.

Each patient is a part of the Interdisciplinary Team (IDT), consisting of Friends' Nurses, CNAs, the Medical Director, the Social Worker, the Coordinator of Support Services and the Volunteer Coordinator. The care and services planned for each patient are evaluated by the team members at bi-weekly team meetings. Patient care plans indicate realistic goals, and regular updating is essential as patients’ needs change. Record keeping includes documentation by each team participant and reflects goals as stated in patients’ plan of care.

The discharge summary includes planning for bereavement follow-up for 13 months. Should a patient be admitted to another service or facility, e.g., a hospital or assisted living facility, it is necessary to discharge the patient from Hospice with the understanding that at any time, if needed, service will be reinstated. If a patient is admitted to the hospital for only a short time, the patient remains "on service" and contact is maintained by the Hospice volunteer during the hospital stay. The nursing staff is notified by the hospital at the time of discharge so that they may resume active patient care.

Volunteer Handbook
2016 Board of Directors

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Peggy Hitchcox, LMSW, ACSW, CASWCM
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Staff List

Lindsay Roberg, RN, BSN, CHPN, Executive Director
Gordon Krueger, MD, Medical Director
Eileen Filan, RN
Lisa Shapiro, RN
Helen Brown, CNA
Shoranda Clark, Office Manager, CNA
April Hogan, CNA
Allashia Kelly, CNA
Melissa N. Viets, Physician/Community Relations Director
Cristin Casper, Volunteer Coordinator
Steve Scudder, Coordinator of Support Services
Denise Drake, RN, On-Call Nurse
Nancy Stewart, MSW
Andree Lloyd, Events/Marketing Director
Grace Drake, Accounting & Billing Specialist
Heidi Yeadon, Red Door Thrift Shop Manager
DeWayne Bell, Red Door Assistant Manager
Friends of Caroline Hospice of Beaufort, Inc.
Volunteer Policy

PURPOSE
1. To establish the Volunteer Coordinator as responsible for recruitment, utilization and supervision of volunteers throughout Friends of Caroline Hospice of Beaufort, Inc. (Friends).
2. To provide Friends constituents the benefit of an organized and consistent volunteer program.
3. To recruit, train and retain community members for an effective hospice volunteer program, thereby creating good public relations between Friends and the community it serves.
4. To provide volunteers from all segments of the community a means of meeting the need to provide service to others.
5. To provide community members (freshmen in high school or above) an opportunity to serve their community and/or become acquainted with the health care field, and to encourage their interest in health careers as student volunteers, or special project volunteers.

DEFINITIONS

Volunteer: Anyone who, without compensation or expectation of compensation beyond reimbursement, performs a task at the direction of and on behalf of Friends. A ‘volunteer’ must be officially accepted and enrolled by Friends (with the exception of special project volunteers - a group brought to a project with supervision provided by another organization – examples: high school, youth group, The Marines etc.) prior to performance of the task. Volunteers must be at least 15 years of age to be officially accepted and enrolled by Friends Volunteer Coordinator.

Special Project Volunteers: Friends also accepts as volunteers those participating in student intern projects, corporate volunteer programs, and other volunteer referral programs. Friends will consider volunteers who must complete community service hours related to a school.

GENERAL INFORMATION
1. Volunteer service is an important, honored role at Friends. Every effort is made to integrate and coordinate volunteer talents and needs with the hospice’s program.
2. Volunteer programs and activities will be monitored and evaluated on an on-going basis by the Volunteer Coordinator or his/her designee in conjunction with other staff members.

PROCEDURE

1. Potential volunteers will complete an application and submit to the Volunteer Coordinator or his/her designee.
2. A criminal background and at least two (2) reference checks will be completed on all volunteers. A sexual predator background check will also be completed for Patient and Family Support Volunteers and Child Bereavement Volunteers.
3. Volunteers will be interviewed by the volunteer coordinator, his/her designee and/or department manager to assure placement is in accordance with skills of the volunteer.
4. Departmental training will be done by department staff or trained volunteer.
5. Volunteers will be provided with a copy of the Volunteer Handbook, which serves as volunteer orientation.
6. Employees requesting volunteer assistance will complete a volunteer services request form and submit it to Volunteer Coordinator. After the volunteer coordinator or his/her designee has selected a volunteer, the requesting employee will be notified.
7. A record of individual hours of service by all volunteers will be maintained by the Volunteer Coordinator or designee.
8. The Volunteer coordinator will maintain a database record and a personnel file on each volunteer, to include:
   - Application
   - Background and reference check(s)
   - TB test, if applicable
   - Copy of licensure, if applicable
   - Copy of driver’s license
   - Evidence of completed training and annual evaluations
9. Volunteers will be honored each year for the hours they have volunteered in the previous year for Friends. Activities to honor Friends volunteers are held once a year.
Friends of Caroline Volunteer Dismissal Policy

Based on our commitment to providing the highest quality service to our patients, staff and stakeholders, and to adhering to the certifying standards, Friends of Caroline Hospice reserves the right to terminate a volunteer’s involvement within our programs.

Dismissal of a volunteer will occur only as a last resort, and will generally take place following progressive disciplinary actions where possible.

Immediate dismissal of a Volunteer may occur in extreme cases.

Grounds for volunteer dismissal may include, but are not limited to the following:

- illegal, violent or unsafe acts
- failure to abide by organizational policies and procedures
- gross misconduct
- theft of property or misuse of organization funds, equipment or materials
- being under the influence of illegal drugs or alcohol while performing Volunteer duties
- failing to perform volunteer duties as agreed

Friends of Caroline Hospice staff will investigate and document all performance concerns and incidents which may serve as grounds for dismissal. This investigation will include hearing the Volunteer’s account of the incident, or perspective on the situation.

Where appropriate, verbal warnings may be issued to the Volunteer, and documented in his/her file.

Appropriate staff will inform the Volunteer Coordinator of all verbal or written warnings issued to a volunteer. Dismissal of a Volunteer will take place after consultation between appropriate staff and the Volunteer Coordinator.

Staff supervising the volunteer, the Volunteer Coordinator, or Executive Director may dismiss a Volunteer. There will be written documentation of this dismissal.

Where appropriate, the Volunteer will be permitted to bring closure to the patient, child or youth with whom he/she is matched. If this is not deemed appropriate, Friends of Caroline staff will ensure that the patient, child and his/her family is informed of the termination by phone or in person, and followed up with a letter.

Subsequent to dismissing a Volunteer, all appropriate Friends of Caroline staff should be made aware of the dismissal.

A formal notice of termination should be sent to the Volunteer following the dismissal. A copy of this letter should be kept in the Volunteer’s file.
**Appeals Process**

If a Volunteer disagrees with the termination, he/she has the right to appeal the decision.

This may be done in writing to the Volunteer Coordinator and/or Executive Director within 7 days of dismissal. The Volunteer Coordinator and Executive Director will then review the situation and make a decision based on careful reconsideration of the issues.

If the Volunteer is not satisfied with the decision of the Volunteer Coordinator and Executive Director, he/she may appeal in writing to the Friends of Caroline Hospice Board of Directors within 7 days of the decision on appeal. The Board will consult with the Volunteer Coordinator and Executive Director and make a decision within 30 days.

The decision of the Board is final.
Role of the Volunteer

Friends has cared for generations of Beaufort County residents nearing the end of their life’s journey. Volunteers fulfill critical roles providing support to the individual, as well as their families and friends. Our volunteers serve Beaufort County as patient and family support volunteers, child bereavement team volunteers, professional service volunteers, special event volunteers, sales assistants at The Red Door Thrift Shop, and as Ambassadors in a variety of community awareness and outreach programs. All volunteers receive training for their roles. Volunteers work in conjunction with other volunteers and under the supervision and guidance of a staff member.

Role Description

Each volunteer opportunity is defined in the volunteer job description. This outlines who will supervise and support the volunteer, what activities the volunteer will normally be engaged in and any requirements and training involved for the role. Volunteers may take on more than one volunteer role, as long as they are comfortable and have the time commitment to do so. A volunteer job description for each volunteer role must be signed and placed in the personnel file.

Orientation and Training

The Volunteer Handbook serves as volunteer orientation, and is designed to ensure that volunteers are familiar with Friends of Caroline’s history and services, as well as volunteer expectations. Staff at Friends wants our volunteers to have a positive, productive and rewarding volunteer experience with us.

Training is required for the volunteer roles as Patient and Family Support Volunteer and Child Bereavement Volunteer. Patient and Family Support Volunteer training is completed online as a self-paced course with a quiz at the end. Child Bereavement Volunteer training is currently held twice a year. This training is an 8 hour training, split into a 4-hour session over two days. Other volunteer roles receive “hands on” training, when appropriate and dependent on the project.

Annual Review

Each volunteer role requires an annual review and signature of the confidentiality agreement, as well as an annual background check. The Patient and Family Support Volunteer role requires an annual review and signature of the confidentiality agreement and key policies, as well as a background check and annual TB test.
Confidentiality

To keep all information in strictest confidence in order to protect the privacy of patients, employees and other individuals utilizing Friends of Caroline Hospice services, all employees* shall use and safeguard patient information in a manner that is compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA).

*In this policy, employee equals volunteer, contracted staff and student/intern.

Policy HR013:
A. All interviews, observations, and conversations between authorized Hospice staff are regarded as private information and will not be discussed with other family members, individuals or professionals outside of the interdisciplinary group without written permission from the patient/family.

B. Primary interdisciplinary group members, under the supervision of the Clinical Coordinator and/or his/her designee, will have access to patient health information contained in the locked, secured medical records room.

C. The patient or their representative will be given a copy of the Hospice Notice of Privacy Practices, will sign the appropriate form indicating this was accomplished and the appropriate forms for release of information.

D. All Hospice volunteers and employees will review the confidentiality statement and Notice of Privacy Practices of Hospice, sign a Confidentiality Statement, and a statement indicating they received the Notice of Privacy Practices. All forms will be placed in the personnel file.

E. Any patient information removed from Friends of Caroline Hospice will be treated as confidential and be secured (i.e., locked in a car trunk or other secure location) until it can be returned in accordance with HIPPA guidelines.

F. All copied patient information will be returned to Hospice within 24 hours, during regular working days; and 72 hours during weekend or holiday hours.

G. Patient information in the home shall be placed in a folder designated as a Hospice Information Packet and placed in a safe area designated by the patient and/or family.

H. Any employee proven to have breached patient/family confidentiality or the Hospice Notice of Privacy Practices will be subject to disciplinary action.

I. Any volunteer proven to have breached patient/family confidentiality or the Hospice Notice of Privacy Practices will be released from volunteer activities with Friends of Caroline Hospice.
Volunteer Principles of Confidentiality

The identity of hospice patient/families is confidential information, and referring to patients/families by name should only occur within the hospice team.

- Discussions regarding patient/families must be held in private settings where others cannot overhear, and never in public places.

- Confidential information shared between the hospice volunteer and hospice patient/families must never be divulged to other family members or patient/families friends.

- Consultation with hospice staff is required to ensure the most appropriate assistance to hospice patient/families.

- When in doubt about confidentiality issues, always contact the Volunteer Coordinator or other hospice team members (nurse, social worker, chaplain) for clarification or assistance.

Note: One confidentiality exception includes cases where the patient/family have shared they either have, or plan in the future to, hurt themselves or others. Please review these exceptions with your Volunteer Coordinator.

What do you do when?

**What do you do when you know of a disclosure of information or suspect a disclosure?**

Always attempt to retrieve the information and or have the information destroyed. For example, if you faxed Patient History Information (PHI) to the wrong physician office, call that office and ask to have the information destroyed, and find out who destroyed the information. Notify your supervisor immediately. Your supervisor can then notify the Privacy and or Security Officer(s) of the situation in order for proper follow up to be done.

**Example:**
As a housekeeper you notice an empty IV bag on top of the trash. The bag has the patient’s name and other information such as the medication name. What should you do?

**Answer:**
You should take it to the supervisor as this would be a disclosure of PHI.
Example:
You are going into a patient’s room at a facility to provide care and you notice there is a therapist in the room discussing the resident’s treatment with her. What should you do?
Answer:
Explain that you will come back. Some patients may say it is okay for you to stay in the room; however, remember he or she may no longer feel comfortable to say everything while you are in the room.

Example:
You are in the back room of the Red Door sorting donations and you overhear two fellow volunteers discussing a patient’s condition and using the patient’s name. What should you do?
Answer:
Inform your supervisor immediately. And do not repeat the information you have overheard.
Volunteer Code of Ethics*

As a volunteer, I am subject to a code of ethics. I accept my assigned responsibilities and will account for my activities in response to my assignments.

I will make a firm commitment of my time, talents and skills for a definite period of time. I intend to be faithful to my commitment. If I am unable to report for duty, I will notify my supervisor.

I will conduct myself with dignity, courtesy and consideration.

I will consider confidential all information that I may learn directly or indirectly about a client, so-worker, or any member of the staff. I will not seek information regarding a client unless it is essential to my assignment.

I will take any problems, criticism, or suggestions directly to my Supervisor or the Coordinator of Volunteer Services.

I promise to take my work attitude of open-mindedness, to be willing to be trained and to accept supervision.

I am willing to allow extra time for conferences with other volunteers and agency staff supervisors, and to keep simple records.

My attitude toward volunteer work will be professional. I know that I have a commitment to my work, to those who direct it, to my colleagues, to the clients and the public.

*A signed copy of the Volunteer Code of Ethics is kept in volunteer personnel file.
Volunteer’s Bill of Rights

1. The right to be treated as a co-worker, not just free help.

2. The right to a suitable assignment with consideration for personal preference, temperament, experience, education, employment background and available time.

3. The right to know as much as possible about the agency or service, its policies, people and programs.

4. The right to preparation for the job and access to orientation that is thoughtfully planned and effectively presented.

5. The right to continuing training on the job, including a follow-up to initial orientation, information about new developments and training for greater responsibility.

6. The right to sound guidance and direction by someone who is experienced, patient, well informed and thoughtful and who has time to invest in giving guidance.

7. The right to be heard, to have a part in planning, to feel free to make suggestions and to have respect shown for an honest opinion.
Communication

Friends of Caroline works hard to keep volunteers informed about the organization and all that is going on. We do this through:

- Email updates to all volunteers who have supplied their email address.
- A quarterly newsletter for staff and volunteers: Volunteer Newsbrief. To keep costs low, the Newsbrief is sent out electronically. All new volunteers are automatically added to the newsletter group e-mail list.
- Our website (www.friendsofcarolinehospice.org) is kept up to date information. You can also keep up to date by liking Friends of Caroline Hospice Facebook.
- Interdisciplinary Team (IDT) meetings for Patient and Family Support Volunteers.
- An annual Volunteer Appreciation event.
- An annual volunteer survey.

We welcome your suggestions on how we can improve volunteering at Friends of Caroline Hospice. Please contact the Volunteer Coordinator at 843-525-6257 or cristin@friendsofcarolinehospice.com.
GUIDELINES FOR VOLUNTEERS

DRESS
· The way you dress, grooming, language, courtesy, and behavior contribute to your effectiveness as a volunteer. Good grooming and appropriate dress is essential. Clothing should not be revealing, seductive or otherwise disturbing to the residents. Neat but comfortable clothing is acceptable.
· Jeans are permitted and they must be neat and clean and without holes. Shorts are permitted but must be no shorter than three inches above the knee when sitting down.
· All Volunteers must wear name tags when on an assignment.
· See Policy HR011 regarding dress code in the Policies and Procedures binder for detailed information.

GIFTS
· We recognize that those served may wish to give the volunteer or staff member a gift in appreciation and the volunteer may want to bring gifts to his/her patient or family. Friends feels that it is important not to obligate the patient and family by our gifts.
· Home-made or home-grown items (food, flowers) may be given and received when appropriate.
· Check with the Executive Director concerning or giving any other kind of gift.
· No cash may be given or received. Donations to Friends of Caroline Hospice may be made if the patient or family wishes to make a financial contribution.

SMOKING
· The Friends of Caroline Hospice office, including the parking lot and Memorial Garden, are tobacco free. The use of tobacco inside or adjacent to any of our facilities is prohibited.
· For the comfort and health of our patients, smoking is not permitted while on assignment as a Patient and Family Support Volunteer.

WORK RELATED ILLNESS AND INJURY
· Friends complies with OSHA guidelines in recording information about all work-related illness and injuries that involve loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
· All employees and volunteers should report a work related illness or injury to his/her supervisor immediately and complete the required OSHA paperwork.
· See Policy HR027 in the Policies and Procedures binder for detailed information.

INFECTION CONTROL
· As a volunteer, you have a responsibility to help prevent and control the spread of infection. If you develop symptoms of an infection, you are responsible for reporting them, as soon as possible, to your immediate supervisor or the Volunteer Coordinator, who will help you secure medical care, if necessary and appropriate.
· If you are not feeling well, have a cold or flu symptoms, please do not come in to work. Our patients may contract infection and suffer serious complications as a result of a simple cold or flu. Not exposing patients to illness is a good method of infection control.

TB TESTS
· All volunteers having any direct interaction with Friends’ patients are required to have a TB test at the beginning of their volunteer service and annually thereafter. Those people who have tested positive in the past will either be requested to have a chest x-ray or meet with a nurse to fill out a questionnaire dealing with signs and symptoms related to TB.
Patient and Family Support Volunteer

Expectations of Direct Care Volunteers
Volunteers assigned to active hospice patients and their families.

A. Criteria
1. Mature persons with time, patience, energy, warmth and a willingness to make a commitment.
2. Be in good physical and mental health.
3. Provide own transportation. Volunteers can deduct the cost of transportation (at a standard rate per mile) from their tax returns.
4. An assessment of a volunteer’s time availability will be made periodically to ensure a successful volunteer experience. Volunteers can become inactive for a specific period of time. On a yearly basis, each volunteer will be asked to complete a volunteer survey to evaluate the Volunteer Services department, and to give the volunteer a chance to give feedback, suggestions and criticisms.

B. Screening and Selection
1. The volunteer will fill out an application and conduct an interview with the Volunteer Coordinator. The interview will help the Volunteer Coordinator identify skills, interests and experiences to determine the best type of placement. The interview will also give the volunteer a chance to ask questions or express any concerns about the organization or volunteer opportunities.
2. The volunteer will complete the on-line training program.

C. Scheduling and Coordination
1. The Volunteer Coordinator will match the volunteer with the patient/family, based on the assessment of needs. The Volunteer Coordinator (or designee) will explain each new assignment and give background information about the patient/family to the volunteer. The volunteer may decide whether to make the initial visit to the patient/family alone or with a hospice member.
2. A hospice member will maintain regular communication with the volunteer about changes in the patient/family situation. A volunteer will always be informed about patient’s transfers or death as soon as possible.
3. The volunteer is responsible for keeping track of volunteer time and services that are provided.

D. Expectations of Volunteers who Accept Patient Assignment
1. Volunteer will follow through and make patient contact in manner agreed upon.
2. Volunteer will treat all patient/family information as confidential, including the name of the patient.
3. Volunteer will keep Volunteer Coordinator informed about any significant patient changes.
4. Volunteer will track all patient contact.
a) Record all volunteer hours (including travel time, patient care conferences, in-service programs, phone calls, etc.) on the Volunteer Visits Progress Notes form, and return this to Volunteer Coordinator.
b) Return all forms immediately upon the death of the patient.

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

BEING WITH THE PATIENT/FAMILY AS A VOLUNTEER
The most important role for you as a volunteer is to assist the patient and/or family in providing the best quality of life during their time with us. Here are some guidelines that may help:

1. Genuineness: Be Yourself. Aside from modifications in behavior to assure the comfort of the patient, e.g., quietness, less talking and more listening, conscious attentiveness, you need to relate with the same "personality" you display in any other situation. People who are ill appreciate being treated naturally, and in this way are reassured that their illness has not set them apart any more than in the obvious ways. Relate to the patient, not the illness. This holds true for family members as well. The volunteer role is that of friend and supporter, not expert, authority, or therapist. You are not expected to know all the answers. It does not take long for the family and patient to know that the medical and technical questions are best answered by the nurse and physician. You are there to facilitate this communication, not to offer medical advice or theories. This role definition comes about most easily when you feel comfortable being yourself.

2. Communication with Nurse (Case Manager): Clear communication between the nurse and volunteer is essential. The two of you are part of a mini-team and can be of great help to one another and to the patient/family. When needed, maintain regular contact and keep one another current with what is going on with the patient/family. Don't be afraid to take the initiative in establishing this relationship.

3. Communication with the Family: It is your responsibility to state clearly to the family what you can and cannot offer in terms of time and availability. This will prevent awkward and possibly painful misunderstandings at another time. It may be helpful to ask the family their needs and expectations at the beginning (with the understanding that they may change as the patient's condition changes); and to indicate how you can help fill these needs. Regular
phone calls to "check in" are often appreciated. As families can be exhausted, stressed and forgetful, it is up to you to take the initiative to get things going.

4. **Dependability**: To people in crisis whose lives are subject to so much unpredictability, it is essential to know that they can count on someone or something. Never offer more than you know you can deliver. The life of a seriously ill person has little variety and few distractions. Each outside contact assumes larger than usual proportions and importance. What may be a minor part of your week may be the single event that the patient has been eagerly awaiting. It may also be an opportunity for the primary caregiver to have some private time away from the responsibilities of patient care.

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

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

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

8. **"Meet Them Where They Are"**: Over and over again in your training, the concept of tuning in to the family and meeting them in terms of their own values and life patterns are stressed. Regardless of how much you may disagree with a family's way of dealing with their situation, it is never appropriate to give unsolicited advice. Patterns of interaction between family members, no matter how counterproductive they may seem to you, have been formed over years of association and are rooted in a history of which you are not a part. Your responsibility is to work as helpfully and harmoniously as possible within the given structure and try not to change it.
9. "Little Things Mean A Lot"
   a) Your personal grooming and manner of dress can affect a patient's mood.
   b) Color and attractiveness can help the spirit.
   c) Perfume or after-shave can be unpleasant to people on medication.
   d) A positive attitude and pleasant expression mean a lot. This does not mean phony cheerfulness or overly chattiness, but a clear message of caring and attention.
   e) Cards and flowers brighten a room and remind the patient that people care even when they cannot be present.
   f) Sometimes not talking, but sitting with a patient and letting him/her know you care by being there is the greatest gift of all.

Visiting with Hospice Patients
One on one visitation provides the volunteer and the patient a wonderful opportunity to share with one another and establish friendships. Patients have a wealth of experience to share with someone who is willing to take time to listen. The volunteer has the opportunity to bring some of the outside world inside to share what is going on beyond the walls of the patient’s residence, for those who cannot go out to experience it themselves.

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

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

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

**Communication with a Hearing Impaired Person**
Make sure the hearing impaired person knows you are in the room before speaking. Face the “hard of hearing” person directly when speaking to them and, if possible, sit at the same level.

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

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

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

GUIDELINES FOR ALL VISITS

1. Before your visit, knowledge of the patient's needs, general condition and personal information are provided by the Volunteer Coordinator or other staff member.

2. Be sure to call ahead to remind your patient/family that you’re on your way. Bring your Patient Plan of Care Sheet with you to each visit. It contains all the important phone numbers you’ll need.

3. For respite visits, try to get an update on the patient’s condition before the caregiver leaves. Ask if there’s anything you should do / not do with the patient while they are gone. Be sure you know where the medications are stored.

4. Remember —Doing vs. Being. It’s ok to sit quietly, to reflect, to allow space in a conversation. Be patient-centered and meet them where they are. A calm and benevolent presence goes a long way.
5. The length of time you stay with the patient may depend on several things. If the patient tires, or is in pain, the visit may necessarily be short. It is important that we be sensitive to the patient; yet not retreat because of discomfort in being with the patient. Please try to confirm your next visit before you leave.

6. Within a week of your visit, please complete a Volunteer Visit Progress Note Form summarizing the visit. Send it to the Volunteer Coordinator. Use this note to capture what you did with the patient during your visit, what behaviors you observed in the patient and what condition the patient was in. Changes are especially important to note.

7. REPORT TO HOSPICE all information that shows any change in the patient’s condition, or needs that indicate a crisis. (E.g. patient is experiencing pain, is bleeding, agitated, noticeable bruises or signs of patient neglect.)

8. Contact Friends of Caroline for additional supervision and consultation whenever you feel it is necessary for the sake of better patient care or for your own support.

THOUGHTS ON VISITS

1. Be a good listener. Be attentive to "leads" about the patient's areas of interest.

2. Many patients are on some kind of special diet regime. It is best to check before providing "sweets" or other foods. Most patients face changes in all food interests, coupled with varying degrees of nausea. Food may become very uninteresting.

3. DO NOT SMOKE in a patient's presence. Many patients are very nauseated, and smoke can make this worse. (The same is true of perfumes, so please do not wear perfume or cologne during your visits.) An exception may be made if the patient or family member smokes and invites you to do so. It is not appropriate for volunteers to smoke at any time if there is oxygen present in the home, regardless of whether or not the patient decides to smoke.

4. Recognize that there is nothing wrong with silence and that much support is given by just being in the room. You can maintain a presence while being silent.

5. Remember to save something of yourself. Do not become involved beyond your capabilities--physical or emotional. Maintain your lifestyle with favorite activities and recreational outlets.

6. We do not need to feel we have all the answers or solutions to all problems. It is an honest answer to say, "I don't know. I'll try to find out."

7. Do not judge people or their reactions. Listen to and, when able, act upon needs that they express.
8. If family members and friends wish to talk to you, allow them to do so; you may obtain much helpful information about the patient and family dynamics. Be aware that the family may share information with you that Friends should know. Remember all information is confidential and our team is available to respond to this information. If you have doubts about sharing information, check with your Volunteer Coordinator.

LIMITS OF CARE

Following common sense and insurance restrictions, there are some limits within which a Patient and Family Support Volunteer must function.

1. If a patient is seen to have immediate nursing needs, the office should be called, and the nurse will be contacted and a visit made that day. Sometimes a phone call by the nurse to the patient will suffice. It is important that you let us know of any change in a patient's condition that, in your estimation, needs attention.

2. Volunteers may assist patients with transferring in and out of a chair, wheelchair, from bed to commode or toilet, provided they have determined it is safe to do so. Unless you have previous experience, it’s best to learn these techniques during the Occupational Therapy/Transfer Safety in-service.

3. Should you choose to do so, you may help with household chores, prepare meals, feed patients, relate to children and family (babysitting children is prohibited), provide transportation or run errands. Volunteers are also allowed to provide light grooming upon request (make-up, nails, etc).

4. Volunteers do not give medications. They may only remind the patient when to take their medications, and hand the patient their medication, but volunteers DO NOT administer medication.

5. Volunteers do not assist with daily living activities, such as bathing, shaving and toileting. A Certified Nursing Assistant is provided by hospice to provide those services. Should the patient need a bath or help using the bathroom, call Friends of Caroline and a nurse or CNA will be dispatched to assist the patient.

NOTE: If there is any question on any of the above or any other area of similar service, please contact the office before taking any action. Friends Volunteers should not act as sole practitioners. Remember that as a team member, there is a shared responsibility for each family.
Volunteer Charting

Friends’ Volunteer Visit Progress Notes reports** are a part of the permanent patient medical record. It is essential that Patient and Family Support Volunteers understand the legal and moral implications of such personal medical data. The need for strict confidentiality is essential. The volunteer notes, along with other Team members’ reports, are filed concurrently, and provide a well-documented report of comprehensive hospice patient service. Careful education and audits are practiced to ensure accurate records.

1. Items to be completed on the Volunteer Visit Progress Notes form include general information such as the names of patient and volunteer, type of service performed, hours, mileage, etc. Please keep a separate sheet for each visit. Be sure to include travel time with the total hours and round off to the nearest quarter (.25) hour. Volunteer hours are reported to the Board of Directors and Medicare. Timesheets are due to the Volunteer Coordinator are due within a week of your visit.

2. The Visit Progress Notes Form is a record of your observations. These are legal forms and are part of the patient’s permanent medical record. When writing observations use non-judgmental, descriptive words to record them. Your opinions or ideas on these observations are not to be recorded. Be concise: State only that which is pertinent and factual. Note forms are due within a week of your visit.

If the family expresses any concerns, doubts, fears, or needs to you, please note them. Remember, however, that you are stating their concerns, not yours, nor your interpretation of their concerns. State concisely what needs you identify and their priority. You may need to call the Volunteer Coordinator or nurse (including the on-call nurse) if, in your opinion, the need to be met is immediate. If in doubt about how to complete these forms, please call the Volunteer Coordinator for assistance or clarification.

Forms may be emailed to the Volunteer Coordinator as attachments with the patient’s name redacted, to protect their privacy. Forms may also be submitted online via http://friendsofcarolinehospice.org/word/volunteer-forms/

Remember, "if you did not write it down it did not happen". Try to keep current and write your notes down after each visit. It only hurts to fill out forms when you are several visits behind—so please do them on time and turn them in on time.

**Example of form follow.

**PLEASE submit these forms to the Volunteer Coordinator within a week of your visit.**
FRIENDS OF CAROLINE HOSPICE
VOLUNTEER VISIT PROGRESS NOTES

Patient Name_____________________________ Date ________________

Length of Visit ____________ Driving Time (round trip)_________ Mileage (round trip)______

Visit Type:  
_____ Home Visit  
_____ Phone Call  
_____ Helena House  
_____ Summit Place  
_____ NHC  
_____ Beaufort Memorial Hospital

Patient Appeared:  
_____ Agitated  
_____ Cheerful  
_____ Coping adequately  
_____ Crying  
_____ Disoriented  
_____ Forgetful/Confused  
_____ Friendly  
_____ Increased stress  
_____ Tearful  
_____ Withdrawn  
_____ Depressed mood  
_____ Unresponsive  
_____ Calm

Family/PCP Appeared:  
_____ Agitated  
_____ Cheerful  
_____ Coping adequately  
_____ Crying  
_____ Disoriented  
_____ Forgetful/Confused  
_____ Friendly  
_____ Increased stress  
_____ Tearful  
_____ Withdrawn  
_____ Depressed mood  
_____ Unresponsive  
_____ Calm

Interventions:

_____ Offered emotional support/active listening  
_____ Sat with patient to give rest to caregiver  
_____ Read to/visited with patient/family  
_____ Referred patient/family to the appropriate Hospice team member  
_____ Drove patient to appointment/therapy/errands  
_____ Provided alternative services (Massage, Pet, Chaplaincy, etc)

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Volunteer Signature __________________________________________ Date ______________

Volunteer Coordinator (initials)____________ (date)____________
The Volunteer as a Team Member

TEAM MEETINGS
Bi-weekly, members of our Interdisciplinary Team (IDT) meet to discuss each patient/family case. All active volunteers are invited to attend the portion of these meetings pertaining to his/her patient; both to give and gain information felt to be important to the overall care of the patient. The Volunteer Coordinator attends all IDT meetings and can act as your representative at those meetings. Your input is an important part of the plan of care and you are encouraged to call and give pertinent information to the Volunteer Coordinator to share at those meetings if you are unable to attend. This is also why it's important to submit your Volunteer Visit Progress Notes – information shared in those notes may be included when the Team discusses your patient. The Volunteer Coordinator is responsible for providing you with pertinent outcomes of those team meetings.

FRUSTRATIONS
Becoming involved as a Patient and Family Support Volunteer may present unexpected frustrations for some people. The team approach is delicately balanced and is driven by the needs of the patient and/or family. In most cases, the Nurse Case Manager assumes the primary support role for the hospice team. The patient and/or family may not see a need for a volunteer, or may have difficulty sharing time/space with a stranger who is not a "professional". In other cases, the patient might need a friend more than professional nursing. Bear in mind that families may more often readily accept the presence of medical staff over volunteers. Volunteers have been frustrated by this and have wondered how to negotiate this. From those who have experienced this problem, the advice is: "tread lightly and hang in there." As always, your Volunteer Coordinator should be consulted if you have questions or concerns.

PERSONALITY CONFLICT
There might be a personality conflict between patient and nurse; volunteer and patient or family member; between nurse and volunteer. Remember, this is O.K. because we are human. Talk it over with the Volunteer Coordinator, or if you have a personality conflict with the Volunteer Coordinator, talk it over with another member of the Team.

PERSONAL REACTIONS
The relationship a volunteer has with a patient/family is sometimes a deeply personal one. Sometimes the volunteer is involved in helping support family members immediately following the patient's death. You may feel grief reactions as would be expected in the death of a friend or any other important person in your life. Sometimes these reactions are immediate and easily identified. Others may be delayed, perhaps making it more difficult to identify the source. It is important to understand that these reactions are normal and to realize that Friends staff stands ready to support you through the grieving process.
The team approach offers several avenues for us to talk through experiences. The Volunteer Coordinator and/or the nurse are always available to talk with you about your concerns and feelings. You are encouraged to "buddy up" with one or more fellow volunteers, so that you might have another person to talk with about your feelings and experiences. Volunteers are also encouraged to attend our monthly bereavement groups, which are walk-in style and open to the public, if they feel they need bereavement support.

On occasion, we have had some volunteers who have passed through the fear of death for themselves or some close member of their family. At the same time, many volunteers have not been as close to or this involved with death before. For some volunteers, working with hospice brings up prior grief. If you find this happening or are confused about your feelings, please talk to someone on the team. We hope that your experience as a Friends Volunteer might better equip you to handle your own or a loved one’s death.

**SUPPORT FOR THE VOLUNTEER**

We've talked about support through team members and informal support from other volunteers. Hospice Hawaii has also hosts quarterly Volunteer In-Services. There are different topics each month: lecture/demonstration time is followed by group processing. In-service topics are suggested by volunteers themselves and provide continuing education on subjects relevant to your volunteer experience. Volunteers are also invited to our public Bereavement Groups, which are open to support you as well as to help you learn about grieving families, etc.

**Support Group Schedule**

Bereaved Parent Support Group – 1:00 to 3:00 pm on the first Wednesday of every month
Bereaved Spouse Support Group – 1:00 to 2:00 pm on the second Tuesday of every month
Four Week Bereavement Series - 4 week series open to any adult who has lost a loved one. Offered from 1:00 to 2:30 pm on Thursdays, October 8, 15, 22 and 29.
Signs & Symptoms of Approaching Death

In an effort to indicate what may happen during this particularly difficult period of time that the patient, their family and perhaps the volunteer, may be experiencing, we offer the following signs and symptoms of approaching death. These are normal physiological changes that may occur in the body's preparation for the final stage of life. Not all these symptoms will appear at the time and some may never appear.

These signs and symptoms are not meant to frighten in any way. Friends wants to prepare caregivers, volunteers and staff when and if these symptoms do occur, and give an idea of how best to care for the patient at this time.

Changes may occur in:
CIRCULATION
Skin may develop a grayish pallor.
Arms and legs may feel cool to touch.
Underside of body may deepen in color.
Mouth and nail beds may turn bluish color.

METABOLISM/LEVEL OF CONSCIOUSNESS
Periods of sleep may increase during the day.
Difficulty may occur in awakening or rousing from sleep.
Confusion may be apparent in regard to time, place & people very familiar to patient.
Increase in restlessness may occur; patient may pick/pull at bed linens.
Pain sensation may increase or decrease suddenly.
Speech problems may develop.
Pitting edema, an abnormal swelling of fluid in the body tissues, may develop in the arms, legs, or sacrum.

SECRETION
Oral (mouth) mucous may increase and collect in back of throat (sometimes called the "death rattle").
Amount of secretions increases due to a decrease of fluid intake and inability to cough up saliva.

RESPIRATION
Irregular breathing patterns are common due to decrease in blood circulation and build-up of waste products in body.
10 - 30 second periods of no breathing may occur.
ELIMINATION
Loss of control (incontinence) of urine & bowel may occur when death is imminent.
Urine may decrease in amount and turn a darker color.

HEARING AND VISION
Vision may decrease in clarity, become dim, or blurred.
Hearing usually is the last of the senses to diminish.

NUTRITION
Eating habits may change, there is a diminished need for food and drink because the body
naturally begins to conserve energy.
Quantity of food taken in becomes less important.
Swallowing may become difficult or impossible.

Useful Actions

CIRCULATION
Keep patient warm with blanket.
Avoid use of electric blankets.

METABOLISM/LEVEL OF CONSCIOUSNESS
Plan to be with patient when he/she is most alert.
Identify yourself, day and time when talking with patient.
Use calm confident tones when speaking with a confused patient to reduce changes of
startling/frightening them more; a gentle touch can be very important and comforting.
Cool, moist washcloths applied to head, face & body may relieve dehydration and promote
comfort.

SECRETIONS
Cool mist humidifier, to increase room humidity, may help loosen oral secretions, if there is a
build-up.
Ice chips, sips of fluid through a straw or on spoon may thin secretions.

RESPIRATIONS
Elevating the head of bed or propping patient's head and chest on an angle with pillows may
relieve some breathing difficulties.
A hospital bed may be useful in positioning the patient.
Placing your hand on the patient's chest and breathing with him/her may help promote
relaxation and reduce fears.
Some patients find relief near open windows, or with the use of a fan, blowing near or at
them.
ELIMINATION
Using disposable pads under the patient may help keep the patient clean and decrease number of linen changes.

Consult Nurse or family regarding:
Hygiene techniques for cleanliness.
Need for diaper change.

HEARING AND VISION
Leave lights on as vision decreases; do not use bright lights.
Never assume patient cannot hear you; hearing is the last of the senses to decrease.
Continue to speak with and reassure patient of your presence.

NUTRITION
Sips of water may be given if person can swallow.
Keep lips moist with lip balm or Vaseline.
Cleanse mouth with lemon-glycerine swabs, water moistened washcloth, or toothettes moistened with water or mouth wash.

Signs & Symptoms of Death
It is rare for patients to pass away during a volunteer shift, but of course it’s always possible. Remember, these are only preparations for what to expect. Not all of these symptoms will occur. It is likely that none will occur. Our goal is to prepare you for when and if they do occur.

Signs that death has occurred:
- Absence of breathing
- Absence of heartbeat
- Loss of control of bladder and bowel
- Eyelids slightly open
- Eyes fixed on a certain point
- Relaxation of jaw with mouth slightly open
- No response to verbal communication or touch

If you believe the patient has passed away, call the Friends office (525-6257). Then call the family. DO NOT tell the family member that the patient has passed away – you may be incorrect! Calmly state that you’ve noticed some changes and that you believe it would be good for him/her to return home as soon as possible.
10 Commandments of Body Mechanics

1. Check your footing. Your feet should be apart to give you a broad base to support. (Good Balance)

2. When you lift a patient, be sure that he/she knows about the move, how you plan to do it, and where you are moving him/her to.

3. Size up the load to be lifted. Do not attempt to lift alone if you have any doubts about your ability to do so.

4. Get close to whatever is being lifted, instead of reaching for it. Move in and hold close.

5. Get yourself "lined up", keep your back straight, and bend at the knees and hips.

6. Straighten your legs to lift.

7. Lift smoothly. Avoid strain produced by jerky movements. Coordinate lifting with the person helping you. (Count 1 - 2 - 3)

8. Shift the position of your feet to turn. Never twist your body.

9. Whenever you can, push or pull an object instead of lifting. This way it is safer and easier.

10. Spread these hints to other so that all of us will lift well and safely.

Patient Safety

Suicide Precautions:
A voiced/demonstrated ideation of suicidal thoughts or intent must be reported to management, the Medical Director, and the patient’s attending physician. Stay with the patient and/or ensure family members will stay with patient.

Incident Reporting:
An incident is defined as any occurrence or event that creates or could create the risk of injury, liability, or both. Examples of occurrences include:

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

**In the event of a patient occurrence:**
· Volunteer shall notify the Nurse Manager or designee that there has been an occurrence
· Volunteer may be asked to complete the *Occurrence Report Form* within one working day of the occurrence and must submit it to the Nurse Manager for review.
· Documents the nature of the occurrence in the patient’s clinical record.

**Wheelchair Safety**

**Important to Remember:**
· Be sure the resident is comfortable and in correct body alignment.
· Wheelchair must be large enough to allow resident to shift body position.
· The position **must not** create pressure
· If the wheelchair is too large, use pillows to provide support.
· A pillow should be used to support a weak arm.
· The resident's back, from hip to shoulder, should be positioned against the back of the chair.
· A pad in the chair seat promotes comfort and skin protection.
· Before resident stands, be sure footrests are raised and positioned off to the side or removed so chair won’t tip over.
· Be sure resident’s feet do not slip off footrests and drag under chair.
· Do not allow resident's arms or clothing to get caught in wheels.
· Fingers may be pinched in the wheels, especially if there is no handgrip.

**Transporting Down a Ramp:**
· Turn the wheelchair around and back down the ramp. You stand behind the wheelchair and pull it backward.
  o *This allows you to control the chair, and prevents the resident from tipping forward and falling out of the chair.*
  o *Keep close to the wall rail, if available.*

**Entering An Elevator or Passing Through a Doorway:**
· You go in first, and pull the wheelchair in behind you.

**Potential Hazards – Surroundings and Uneven Floors:**
· Inclines and curbs - dangerous and too strenuous
· Doorsills and transitions between carpet and other flooring
· Torn or rumpled rugs/carpets
· Loose rugs
· Wires or other obstacles
· Automatic doors or elevators
· Never attempt to use revolving doors!
Fire Safety

Patient, visitor, and staff safety always comes first:
R.A.C.E.
· R – Rescue: Move anyone in the vicinity of the fire to the other side of the fire doors.
· A – Alert: Activate the fire alarm at nearest pull box, or instruct another person to do so.
· C – Contain: Close the door to the room where the fire is located.
· E – Extinguish/Evacuate: Only attempt extinguishing the fire if you feel confident in your possibilities of success. Evacuation of the building is at the direction of emergency personnel.
· Follow the directions of emergency personnel when they arrive on the scene.
· Evacuation meeting sites are the north and south parking lots.

Infection Control

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

Standard/Universal Precautions are used when providing any patient care:
Hand Washing Hygiene:
· Soap, water and friction for at least 15 seconds
· Alcohol based hand sanitizer if soap and water is not available
· Soap/anti-microbial soap only when dealing with Clostridium Difficile (c-Diff).
· Personal Protective Equipment is used, as appropriate, if there is a danger of contact with blood and other body fluids:
  - Gloves, Mask, Goggles/Face Shield
  - Gown & Booties

WASH HANDS before & after contact with patients

Personal Safety

Traveling to and from the Patient’s Home and while in the Patient’s Home:

1. Ensure the patient's location, have a map in the car and, if possible, a cell phone to contact family (if lost) or in any emergency.

2. Lock purse in car trunk before leaving home.

3. Dress simply and without jewelry.

4. Knock on door before entering a home (or ring bell).
5. Observe traffic signs, wear seat belt, follow defensive driving rules and follow posted speed limits. When driving Hospice patients, be sure all your patients use their seat belts.

6. Keep fuel level at over 1/4 tank.

7. Give details of expected visit to someone else, as a safety measure in case of emergency.

Neighbors

If you patient has neighbors, ask them about their relationship with them. Ask the patient “do you know your neighbors?” It is important to express to our patients the importance of their safety. Be sure that you are aware of hazards such as animals in the neighborhood.

Suggest to your patients safety guides such as:

- “Be sure to lock your doors even when it is daytime and you are home with others.”
- “Make sure a loved one or caregiver knows where you are going and when to expect your return.”
- “If you have cell phone be sure to have it charged and carry it with you”

Facilities

Occasionally, our patients need to be transported to facilities for care. When visiting patients in the facilities, be sure to wear identification. Safety measures are just as important in the facilities as at home. Be sure to know your surroundings and check for dangers/hazards.
**HOME SAFETY GUIDE**

**Home Exterior**
- Are steps in good repair?
- Do steps have handrail securely fastened?

**Home Interior**
- Are lights bright enough?
- Is there a night light?
- Are throw rugs secured?
- Are there uncluttered passageways?
- Do chairs and stools provide sufficient support for sitting down and getting up?
- Is there adequate heat, hot water and ventilation?
- Do door thresholds impair mobility?
- Are smoke detectors installed and working?

**Stairs**
- Are stairways well illuminated?
- Are steps in good repair?
- Are handrails available and securely fastened to the walls?

**Kitchen**
- Is the gas stove pilot light in good repair?
- Are storage areas easily reached?
- Are mats non-skid?
- Are spills promptly cleaned up?

**Bathroom**
- Is there a mat, or are there skid-proof strips in the tub or shower?
- Will the patient need an elevated toilet seat to get on and off easily?

**Bedroom**
- Are the beds and chairs of adequate height to allow for getting on and off easily?
- Are rugs/ carpets non-skid or well anchored to the floor?
- Are night lights available?
- Are electric outlets covered?

**Child-proofing**
- Are medications, sharp objects, dangerous tools, cleaning substances and poisons out of reach?
- Are there window guards on windows?
- Are electric outlets covered?

**Miscellaneous**
- Are all electrical cords free from fraying and cracking?
- Do electrical cords run along walls?
- Are appliances turned off when not in use?
- Are emergency phone numbers posted near the telephone?
- Is there an emergency escape route in case of fire?
Friends of Caroline Hospice will provide a channel of communication that is recognizable to all staff members within the organization and will provide assistance in a timely manner, to all staff that is in a threatening situation.

**Patient Home Setting:**

A. If you feel it is necessary and possible, leave immediately. Call the office as soon as you have reached a safe place and inform them of your safety concerns.

B. If leaving is not warranted or possible, call the office at 525-6257 during office hours. If after 4:00 p.m. or on weekends, contact the Clinical Coordinator by cell phone.

1. State your name and the name of the patient you are visiting so your location is known.
2. State: “I need to speak to Dr Sharp or Loretta Sharp” (depending whether or not you are in a position where it is likely you would be speaking to a doctor). This alerts the staff that a threatening condition exists.

C. If you are the recipient of a phone call requesting Dr. or Loretta Sharp, immediately ask yes or no questions in a calm, slow manner and allow time for these questions to be answered.

   1. Are you hurt? If yes, ask if they want you to call 911. If they refuse, continue with questions.
   2. Are you in physical danger?
   3. Are you able to leave?
   4. Do you need assistance?

   911?
   Police?
   A Nurse?
   A Social Worker?

D. Dispatch necessary help as soon as possible. Keep the caller on the phone, if possible, until help arrives.

* If you call to report trouble from a home and leave that home, call the office as soon as possible to assure them of your safety. *
Red Door Volunteer

Expectations of Red Door Volunteers
Volunteers assist the manager and assistant manager with the profitable operation of the Red Door Thrift Shop.

A. Criteria
1. Mature persons with time, patience, energy, warmth and a willingness to make a commitment.
2. Be in good physical and mental health.
3. Provide own transportation
4. Meet all application and screening requirements, including personal references, a criminal background check and a driving record check.
5. An assessment of a volunteer’s time availability will be made periodically to ensure a successful volunteer experience. Volunteers can become inactive for a specific period of time. On a yearly basis, each volunteer will be asked to complete a volunteer survey to evaluate the Volunteer Services department, and to give the volunteer a chance to give feedback, suggestions and criticisms.

B. Screening and Selection
1. The volunteer will fill out an application and conduct an interview with the Volunteer Coordinator. The interview will help the Volunteer Coordinator identify skills, interests and experiences to determine the best type of placement. The interview will also give the volunteer a chance to ask questions or express any concerns about the organization or volunteer opportunities.
2. Volunteers should have excellent communication skills and the ability to interact professionally with the public and other Red Door stakeholders, including Friends’ staff and Board.

C. Scheduling and Coordination
1. The Volunteer Coordinator will share the volunteer’s information with the Red Door Manager and Assistant Manager.
2. The Red Door Manager or Assistant Manager will contact the volunteer to determine a scheduled start-date. On the start-date, Red Door staff will orientate the volunteer to Red Door operations, policies and procedures.
3. The volunteer is responsible for keeping track of volunteer time and services that are provided.

Role of the Red Door Volunteer
The Red Door Thrift Shop exists to provide an ongoing revenue stream in support of Friends of Caroline Hospice. All who come to the Red Door are welcomed with dignity and respect. Red Door Volunteers assist the manager and assistant manager in raising funds that provide hospice services to the indigent, and fund bereavement and caregiver support to the community.

Red Door assignments - Volunteers may contribute by sorting and displaying incoming donations; providing customer service; and running the cash register.
INTRODUCTION
The Red Door Operations and Policy Manual has been formulated by the Red Door Manager. It is designed to enable management and volunteers to function effectively and consistently in fulfilling their responsibilities to ensure success of The Red Door’s mission.

MISSION STATEMENT
The Red Door Thrift Shop exist to provide an ongoing revenue stream in support of Friends of Caroline Hospice. All who come to our store are welcomed with dignity and respect. We hope they leave as friends to shop with us again.

Everyone, including our customers, is treated equally without regard to race, color, creed, age, sex, or national origin.

THE RED DOOR MANAGEMENT TEAM
The Store Manager, oversees operational issues, hires, schedules and coordinates store volunteers for The Red Door, and is a focal point for daily activities.

The Assistant Manager, assist the Red Door Manager in the overall profitable operation of the Red Door.

The Driver, coordinates the pick-up schedule, picks up the scheduled pick-ups in a timely fashion, unloads the items picked up, and helps with miscellaneous projects around the store.

STAFFING
With the exception of The Red Door Management Team, the staffing of The Red Door is exclusively through volunteers.

Store Volunteers – Store Volunteers are sought via any means possible, the only prerequisite being a commitment to and compliance with The Red Door Policies and Procedures Manual.

Scheduling – Volunteers determine individually the times and days that they come in and volunteer at the Red Door. The Store manager keeps a schedule of when the volunteers work on a weekly basis. If a volunteer is to be absent on a day they are normally scheduled, they are to give the Manager or Assistant Manager a week to 24hrs notice. This will allow ample time to find a replacement for that day. Call the Store Manager as soon as possible in case of an emergency that could keep you from coming in. Please do not assume there will be someone to take your place, as others may have had to cancel as well.

It must be understood that any volunteers may be asked to resign, without prejudice, at the discretion of the Store Manager.
STORE POLICIES

Store policies are established by the Store Manager with the assistance of the Executive Director and Community Outreach Director of Friends of Caroline Hospice. Policies are not options. If there is a disagreement as to policy, it should be brought up to the Store Manager. Policies can be changed, but we cannot effectively run our thrift store if policies are open to individual interpretation. As policy is made/changed, it will be communicated to all.

Store Policy is as follows:

Pricing Policy: Set Prices are determined for many items in the store. We do not price anything lower than 25¢. Clothing, shoes, books, music, movies, linens, and some household items are priced according to the standard pricing lists. Designer items, furniture, and other miscellaneous items not listed in standard pricing are to be given an individual price. No prices should be changed at the register. Any price changes need to be approved by the management team. Items that need a price or that are missing a tag will be taken to the sorting area, where an independent price can be made on the item. Do not price an unmarked item in front of a customer.

Specials/Sales: Weekly sales are determined by the Store Manager and Assistant Manager. Items such as shoes, purses, accessories, books, household items or seasonal items may be put on sale at any time if overstocked.

Discounts: A storewide discount applies to all volunteer purchases at the Red Door. No other discounts or special pricing should be given to customers other than specials/sales. Volunteers are to use discretion in discussing their discount in front of customers. There are no additional discounts to volunteers on sales such as: Bag Sale, 25%-50% off furniture, and 50% off entire store.

Merchandise Leaving the Store: Merchandise should leave the store ONLY through sale. The Store Manager must personally approve any exception. This applies to both customers and volunteers. Since donors donate items for the benefit of Friends of Caroline Hospice, it is wrong to take items home on a trial basis, or to have them leave the store for any reason other than purchase. All sales are final. All items are sold “as is.” Customers are encouraged to test out electrical items before leaving the store. Our thrift store has no refund policy.

Holding Items: No items shall be placed on hold at The Red Door, for customers and volunteers. There is not enough room in our store to hold items, and we could miss out on a sale if items are on hold. The only exception is when furniture is purchased, customers have 48 to return to pick up their items.

Providing Receipts: The IRS rule is that the donor determines the value of donated items. Volunteers and employees do not give or suggest value and cannot sign a receipt with value assigned. The donor fills in the description and value of the items donated. The volunteer,
should sign and date the form and give the donor the white copy. The yellow copy stays inside the receipt book.

Sorting Donated Items: We do not keep everything that gets donated. Not all clothing donations will be usable in the store. Everything in some bags will be quality, in some, very little will be usable. Look for cleanliness, quality, and stylishness. We want to offer our customers the best, and we want to maintain our reputation for quality at reasonable prices. No price is reasonable for any item that is dirty, stained, out of style, or torn.

**TICKETING AND PRICING**

The Red Door prices are always posted in the store. Men’s and women’s clothing, children’s clothing, and shoes are always a fixed price, both on STAGE and in the regular rooms. The only exception is higher quality designer clothing that we price above the fixed price. Stuffed animals, books, CDs, some linen and household items also have a fixed price that are posted in the rooms and in our sorting area. Furniture, purses, bags, and other miscellaneous items will be individually stickered.

Since this store stocks an enormous variety of items, you are encouraged to seek the advice of the Management Team if you have any uncertainty when pricing an item. Items that are thought to hold value should be looked up to see what it sells for online so that we can accurately price it. Bear in mind that we want to get maximum value for our merchandise, but at the same time offer items at fair prices.

**VOLUNTEER CHECKLIST**

There are numerous tasks that must be performed by our volunteer organization. The number of assignments that can be made in any given day is dependent on the number of volunteers available to complete the assignments.

- Check store racks making sure all clothing is on hangers and is salable
- Put items in their place in the store
- Sort donations
- Work up front at the register
- Hang or place items on sales floor
- Accept donations and stack them properly
- Take trash to the dumpster
- Help customers find what they’re looking for
- Make sure all displays stay neat and orderly

**HOUSEKEEPING**

**Maintaining an orderly store:**

Store should be maintained in a very orderly fashion. This requires ongoing observation of all racks and displays, and in the case of clothing, removing empty hangers and replacing
display clothing that has been sold. The dressing room should also be picked up and items returned to their original location.

Linens should be refolded, houseware items placed appropriately, etc. Shoe racks should be straightened as well at the tops of counter and racks. Look for items that have become unsalable due to rough handling or breakage and dispose of them.

**SAFETY AND SECURITY**

**Guidelines:**

1. For Staff and Volunteer safety, The Red Door will not be opened with fewer that one employee and one volunteer. Volunteers who are not able to keep their commitment should give ample notice so that other arrangements can be made and store operations can continue on a day to day basis.
2. Each volunteer is asked to complete a volunteer information packet that contains a form with the name and phone number of an emergency contact in the event of an incident.
3. IMPORTANT! If the store is “held up” and the money in the register or other goods is demanded, volunteers and staff must give the thief whatever they desire. We will not put ourselves or others in danger. Immediately call 911 after to notify the police. The manager will notify the necessary people in the Friends of Caroline office.
4. In the event of an emergency, evacuate the building and contact the proper utility and landlord immediately. There is an evacuation route located in the hallway and 2 fire extinguishers located in the front and back of the building. In the event of a major fire, call 911, evacuate the building, and alert neighbors to the danger.

**DAILY OPERATIONS**

**Opening the Store**

Store hours are 10am – 5 pm, Monday to Friday and 10am – 3pm on Saturday. The store should be opened promptly at the designated time. The management team should arrive early enough to place the money in the cash register and check the store. Only the main entrance should be unlocked and left unlocked. The back door should be unlocked only when a volunteer is in the sorting room.

**Closing the Store**

At 4pm all pricing should stop and staff and volunteers should start end of procedures.

- Park truck by the road and make sure all outside bins are locked up.
- Bring in all full carts and place in hallway
- Clear off countertop in sorting area
- Put away clothing and items on the cart
✓ Check all rooms: rehang fallen clothing, straighten items and return to proper place, pick up any messes
✓ Clean bathrooms
✓ Vacuum all rooms
✓ Take all trash to the dumpster outside
✓ Sweep main floor and sorting area
✓ Turn off all lights, music, and AC
✓ Close out register, prepare deposit
✓ Lock front and back doors

Manager’s Checklist

1. Arrive at the store at 9:30am so that the cash drawer can be verified, any store specials can be listed on the white board, and any last minute tasks completed before opening.
2. Open the store on time. Change the sign on the door from “Closed” to “Open.” Turn on all lights, music, and AC.
3. Set up cash register
4. Make volunteer assignments for the day.
5. An hour before closing, begin end of day procedures.
Student Bereavement Volunteer

Expectations of Student Bereavement Volunteers
Volunteers facilitate a grief support group in a school setting to children, kindergarten through 12th grade.

A. Criteria
1. Mature persons with time, patience, energy, warmth and a willingness to make a commitment, and lack of own pressing personal issues (i.e. own grief). Be in good physical and mental health.
2. Complete a background check with the Beaufort County School District.
3. Provide own transportation. Volunteers can deduct the cost of transportation (at a standard rate per mile) from their tax returns.
4. Complete the 8-hour Child Bereavement team training.
5. An assessment of a volunteer’s time availability will be made periodically to ensure a successful volunteer experience. Volunteers can become inactive for a specific period of time. On a yearly basis, each volunteer will be asked to complete a volunteer survey to evaluate the Volunteer Services department, and to give the volunteer a chance to give feedback, suggestions and criticisms.

B. Screening and Selection
1. The volunteer will fill out an application and conduct an interview with the Volunteer Coordinator and the Coordinator of Support Services. The interview will help staff identify skills, interests and experiences to determine the best type of placement. The interview will also give the volunteer a chance to ask questions or express any concerns about the organization or volunteer opportunities.
2. Volunteers with a background in education, or whom have experience a significant loss at a young age are preferred.

C. Scheduling and Coordination
1. The Coordinator of Support Services will contact Volunteer Teams once a need for a team is presented. The Coordinator of Support Services will explain each new assignment and give background information about the child/ren to the volunteer. The Volunteer Team will coordinate an appropriate time to hold an hour long support session with the school designee, usually the school guidance counselor or school social worker.
2. The volunteer is responsible for keeping track of volunteer time and services that are provided.

D. Expectations of Volunteers who Accept School Assignment
1. Volunteer will follow through and make contact with the school designee in manner agreed upon.
2. Volunteer will treat all information as confidential, including the name of the child/ren.
3. Volunteer will keep staff informed about any significant patient changes.
4. Volunteer will track all grief support sessions. Record all volunteer hours on the Child Bereavement Team Report form and Team Member Information Sheet, and return this to Coordinator of Support Services at the end of a 6 week grief support session.
Goals and Objectives

Goal: The Friends of Caroline Student Bereavement Support Team helps children cope with the death of a loved one. The Team fosters recovery by allowing the child to express his/her thoughts and feelings in a safe setting, and by providing reassurance and support in ways a child can absorb and understand. This service can be provided through individual sessions, or in a group at school.

Objectives: Utilize the group approach to:

1. Help children feel understood, accepted and supported throughout the group bereavement sessions.

2. Help children acknowledge their grief.

3. Recognize where each child is in the grief process.

4. Provide a safe, non-judgmental opportunity for bereaved children to express their feelings.

5. Help children recognize their individual support system by helping them to realize they are not alone.

6. Provide children with acceptable coping strategies to use outside the group.

7. Help them understand their feelings may be exaggerated during the grief process.

8. Help children create a memory of the person who died.
Group Process Description

**Rationale**
Groups held during school hours are effective because attendance is better, and parents do not have to bring children to a specific place at a specific time. Meetings are planned one week at a time when the least amount of class work is missed. Groups are typically comprised of two to 8 students continuing together for four to 6 sessions, with the option to continue if needed.

**School Responsibility**
Children are referred from within the school system or by parents. Guidance counselors or social workers in the school coordinate with the Bereavement Team, supplying the background of the children participating in the group, the space to hold meetings, and the arrangements with the child’s teachers. The school is responsible for sending out and collecting permissions slips signed by a parent or guardian. An agreement with the school is signed by the school representative and the Principal. No child is seen unless permission slips are signed and returned to Friends of Caroline.

**Friends of Caroline Responsibility**
For liability and emergency purposes, teams of two people are always present in the group, and meet in the space provided by the school. It may be necessary to meet on a one-on-one basis with a child. In that event, the student and team member will meet in an open space in view of school staff personnel.
Student Bereavement Team Volunteer Charting

Friends’ Student Bereavement Team Report and Team Member Information Sheet** are a vital part of program documentation. It is essential that Student Bereavement Team Volunteers understand the legal and moral implications of such personal data, even for a child/ren. The need for strict confidentiality is essential. These volunteer forms provide a well-documented report of this comprehensive bereavement service. Careful education and audits are practiced to ensure accurate records. These records are used for securing grants to enable programs such as the Student Bereavement program to continue, and if necessary, expand. Data pulled from these records is shared in partnership with the Beaufort County School District.

1. Items to be completed on the Student Bereavement Team Report includes general information such as the names of each child attending the support session, the date and time of the session and an overview of the session. This report is completed for each one-hour session during the 6 week period.

2. The Team Member Information Sheet is an overall record of the 6 week series. This sheet lists each date and time of the 6 weeks, each child participating, their age, grade and the relationship of the person who passed.

3. The school designee and student will complete an evaluation at the end of the 6 week series.

Forms may be emailed to the Coordinator of Support Services as attachments with the child/ren’s name redacted, to protect their privacy. Forms may also be submitted online via http://friendsofcarolinehospice.org/word/volunteer-forms/

**Example of forms follow.

PLEASE submit these forms to the Coordinator of Support Services at the completion of a 6 week grief support series.
STUDENT BEREAVEMENT TEAM REPORT

Date _________________________  Time _________________________

Attendees

1.  4.  
2.  5.  
3.  6.  

Session Overview:

Team Member Signature _________________________________________________
FRIENDS OF CAROLINE HOSPICE

TEAM MEMBER INFORMATION SHEET

School: ___________________________    Date: __________________

Hospice Volunteer ____________________________

Session's Dates & Total Hours

1. _______  _______  _______  _______  _______
2. _______  _______  _______  _______  _______
3. _______  _______  _______  _______  _______
4. _______  _______  _______  _______  _______
5. _______  _______  _______  _______  _______
6. _______  _______  _______  _______  _______
7. _______  _______  _______  _______  _______
8. _______  _______  _______  _______  _______

All permission slips have been signed and are retained in the Friends of Caroline Hospice Office.
Professional Service Volunteer

Expectations of Professional Service Volunteers
Volunteers provide support services to Friends of Caroline Hospice main office, departments and programs

A. Criteria
1. Mature persons with time, patience, energy, warmth and a willingness to make a commitment. Be in good physical and mental health.
2. Must provide a copy of any licensure documentation (ex: massage therapy, social work).
3. Provide own transportation. Volunteers can deduct the cost of transportation (at a standard rate per mile) from their tax returns.
4. An assessment of a volunteer’s time availability will be made periodically to ensure a successful volunteer experience. Volunteers can become inactive for a specific period of time. On a yearly basis, each volunteer will be asked to complete a volunteer survey to evaluate the Volunteer Services department, and to give the volunteer a chance to give feedback, suggestions and criticisms.

B. Screening and Selection
1. The volunteer will fill out an application and conduct an interview with the Volunteer Coordinator. The interview will help the Volunteer Coordinator identify skills, interests and experiences to determine the best type of placement. The interview will also give the volunteer a chance to ask questions or express any concerns about the organization or volunteer opportunities.
2. Meet all application and screening requirements, including personal references, a criminal background check and a driving record check.

C. Scheduling and Coordination
1. The Volunteer Coordinator and volunteer will determine a schedule that best accommodates the needs of both Friends and the volunteer. The Volunteer Coordinator will explain any assignments and give background information necessary and if applicable.
2. The volunteer is responsible for keeping track of volunteer time and services that are provided. Volunteer time is documented in a blue binder in the main office, labeled “Professional Service Volunteer Hours”.
Other Volunteer Roles

Veteran Volunteers
As a partner of We Honor Veterans, Friends aims to pair volunteers with hospice patients who have been identified as Veterans. Once paired with hospice patients who also have military experience, Veteran Volunteers have the unique ability to relate and connect with each patient, thereby creating an environment where life review and healing may occur.

Veteran Volunteers are an extension of the Patient and Family Support Volunteer, and should follow Patient and Family Support Volunteer guidelines and practices. Veteran Volunteers will receive additional training specific to volunteering with Veteran patients.

Licensed Massage Therapy Volunteers
Massage Therapy Volunteers are a combination of Professional Services Volunteers and an extension of the Patient and Family Support Volunteer. LMI Volunteers should follow Patient and Family Support Volunteer guidelines and practices. In addition, LMI Volunteers must provide a copy of state licensure.

Pet Therapy Volunteers
Pet Therapy Volunteers will provide an opportunity for patients and families to participate in a healing environment involving qualified dog therapy volunteers. Pet Therapy volunteers must complete Friends on-line volunteer training and complete a national standard pet therapy program, such as Therapy Dogs Incorporated, with their dogs. A copy of the pet therapy program certification, insurance and health record will be required.

Pet Peace of Mind Volunteers
Friends of Caroline is proud to announce a partnership with Banfield Charitable Trust's program, Pet Peace of Mind (PPOM). The PPOM program enables hospice patients to keep their pets at home with them throughout their end of life journey. Volunteers with the PPOM program will assist families with the care of their pet's needs, such as exercise and transporting pets to the groomers. Experience with pets and pet handling preferred. Volunteer training to be provided.

Maintenance Team Volunteers

Special Event Volunteers
Special Event Volunteers co-lead, plan, organize and/or work at one of Friends’ annual fundraising events: Bands, Brews & BBQ (February); Fashion Show (April); The Festival of Trees (December); Annual Fund Drive. Special event volunteers may also assist with special projects, such as acting as an ambassador and manning a table at a health fair; assisting with bulk mailing (newsletter); gardening and other on-off events that may occur.