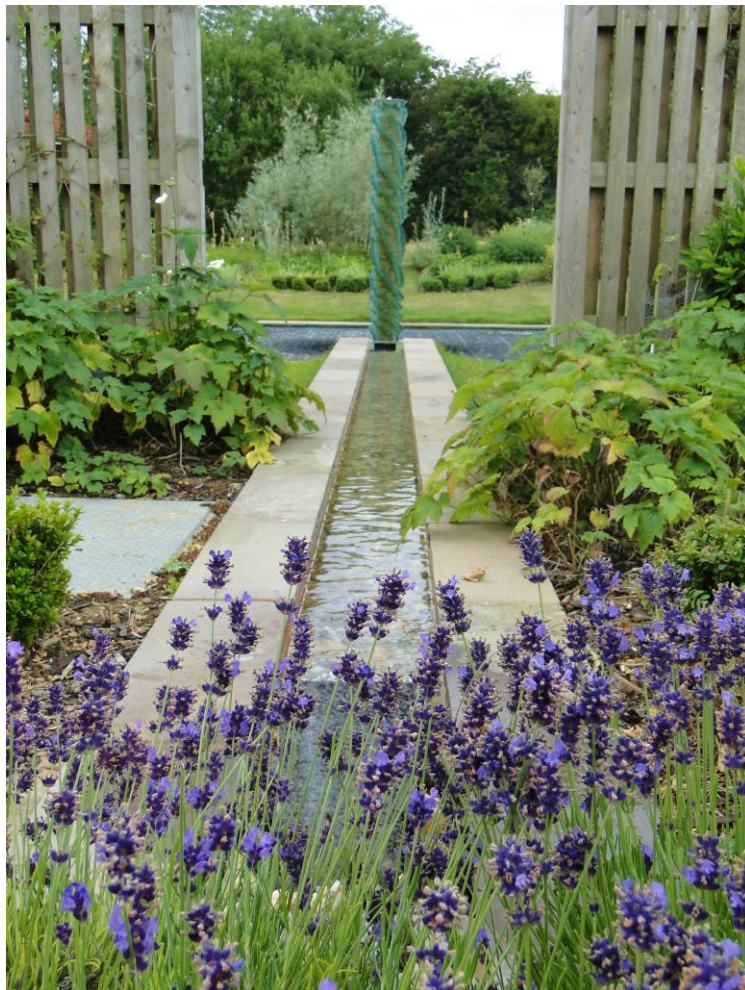




GUIDELINES FOR INPATIENT UNIT VOLUNTEERS



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WELCOME

Thank you for volunteering to help in the Inpatient Unit and welcome to a team of over 70 volunteers who, like you, generously give their time to assist us in caring for our patients and their families. We hope you find your time with us enjoyable and rewarding.



GENERAL GUIDELINES

Your role

Your core role is to assist the catering staff in their care of patients, visitors and staff. The time you give us is invaluable and even if your shift is very busy, please feel free to talk to patients and visitors where appropriate.

Mentor

- New IPU volunteers will be allocated a Mentor, who is an experienced IPU volunteer and will be responsible for your training. They will explain and expand on these guidelines and will take you through the Fire Awareness, Health & Safety Induction Forms, Risk Assessment and Lateral Flow Test declaration.
- Shadow shifts: Every new IPU volunteer will carry out at least 2 shadow shifts with experienced volunteers. The first of these should be with their mentor. During the second, they will also meet with a nurse/HCA.

Confidentially

All volunteers have a duty to ensure that personal information about others learned during the course of their duties remains confidential. Patients expect that information about them is not passed to others without their permission; this includes their relatives and friends. Similar considerations apply to personal information about others, such as other volunteers or members of staff. Particular care must be taken to avoid accidental disclosure.

You must not directly or indirectly pass onto a third party any confidential information that you hear or is given to you during the course of your volunteering duties. This includes in particular, names and/or other details about patients or their families which would make it easy for a third party to identify

them. It also includes any other information regarding the security of the Hospice and its patients, employees, premises, cash and vehicles.

If you know someone who is admitted to the Hospice or a member of their family, please do not discuss this with anyone outside the Hospice unless you have express permission from the patient or their family member to do so.

To comply with these principles, please take care when discussing your volunteering duties outside the Hospice or if referring to your duties in any form of communication, including email.

Before you arrive

- Please ensure you have completed a lateral flow test and recorded the results on the government website. IPU volunteers are asked to complete at least 3 lateral flow tests a week.

When you arrive

- Arrive through the back entrance to the kitchen. Use the alcohol gel, then put on one of the surgical face masks provided.
 - Your mask must be replaced every time you cough or sneeze.
 - Please wear appropriate casual and comfortable clothing (for example no ripped jeans). Preferably short sleeved. Long sleeves should be rolled up.
 - As there is a lot of walking and standing about, comfortable footwear is very important.
 - Leave any personal belongings in a locker in the changing room and then put on a clean tabard or apron (trolley outside the Catering Office) and wear your name badge.
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- Please turn off your NHS App (on your mobile phone) while on site.
 - Mobile phones should be left in your locker or the kitchen office. If you are expecting an important call, you may carry your phone but please ensure that it is on silent. Mobile phones should never be used in the IPU or the kitchen.
 - Long hair should be tied back.
 - Wedding bands can continue to be worn during your shift but please remove all other jewellery, including watches.
 - Wash your hands (see page 17). Nails should be clean.
 - Check the board in the kitchen to familiarise yourself with the patients. It may be helpful to carry around an IPU Volunteer hand-over form so you know which room patients are in. This is useful when answering the doorbell to visitors. Blank copies can be found in the office. The board should also tell you when the patient was admitted so you know if they are very new to the hospice.
 - If a purple magnet is next to a patient's name on the board, this indicates that they are particularly unwell or within their last days of life.
 - If an orange magnet is next to a patient's name on the board this indicates that the patient has Covid-19 - you will not be asked to tend to this patient.
 - Throughout your shift please use the alcohol gel provided around the IPU (see page 18)
 - Do not hesitate to ask the kitchen staff or the nurses if you need to know any further information about a patient.
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Patients

- Introduce yourself to the patients when asked, e.g. 'Hello, my name is XX, and I'm one of the volunteers looking after you until 1.30pm, 4.00pm or 7.30pm.'..
 - The board should say whether a patient needs help to eat. If so, the nurses do this. Check that a nurse is available to assist the patient before taking their meal down to them.
 - Place food trays on the patient's over-bed table (or on their lap, if they prefer) and move it into an accessible position. *Please be aware to avoid knocking patients' legs, the underside is lower where the lift mechanism is situated.*
 - Smoking - there is a designated smoking area for patients, at the end of Oak corridor, under a canopy and a visitor area beyond the orchard.
 - Visitors must not smoke near the Inpatient Unit but staff can use their discretion to allow visitors to use the designated outside canopy if necessary. **Please read the Policy for patients and family who wish to smoke (C105)** in the Volunteer Information Folder.
 - Alcohol is permitted within the Hospice for patients who are well enough to be offered a drink and this is also a feature of the lunchtime shift. Patients usually know if they are allowed to drink but you may be asked to check with the nurses.
 - Some patients may confuse volunteers with nursing staff and ask you to do things that are outside your role. If this is the case, say that you will go and find a nurse to help them.
 - Nurse handovers - please try to avoid disturbing the nurses during the nurses' handover (7.30am & 1.30pm) as this slows down the handover. A nurse will be available on the Unit during handover. If you cannot find a nurse and need to disturb the handover, please knock and enter.
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Visitors

Meet & Greet Volunteers & Visiting arrangements

- There are a team of Meet & Greet Volunteers who are generally on shift 1.45pm-4.30pm each day
- Their role is to provide a warm welcome to visitors and to look after them until they can visit the person they have come to see.
- For those on an afternoon shift, check if there is a Meet & Greet volunteer on shift.

Visiting times and arrangements are consistently being reviewed. Below are the current visiting arrangements, but make sure you look out for emails updating you on any changes.

If there is not a Meet & Greet volunteer on shift or a patient visitor has come in the morning, follow the below guidance:

- Ask the visitor if they have been here before and who they have come to see
 - If they are a first time visitor please ask them to take a seat on the benches outside, and find a nurse or speak to Tracy or Jackie - first time visitor should be expected.
 - Visitors are asked to show proof of lateral flow test before entering the building. Visitors are told that we have very limited availability for undertaking the test at the hospice so are asked to ensure this is performed and uploaded before they arrive.
 - Once proof of negative lateral test has been provided the visitor can come into the entrance - they must remove their mask, gel their hands and put on one of our surgical face masks.
 - Each patient may have 4 named and constant visitors throughout their stay with the exception of families visiting at the end of life when we will discuss and agree flexible
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visiting. Of the 4 visitors we ask there are only 2 in the patient's room at any one time. We do not have waiting room facilities, so visitors are asked to coordinate their own visiting times.

- There is a list of visitors, but note these can change, so if someone doesn't appear on the list, please check with Jackie, Tracy or a nurse. Kindly ask the visitor to wait outside while you check.
 - Then check with a nurse that they can go down to the room.
 - Please note that the situation for every family and patient could be different and every day on the unit the situation with visitors can change a very short notice.
 - Visiting is currently every afternoon 14.00-17.00, and Tuesday and Thursday evenings 19.00-20.00.
 - All visitors must continue to use the hand gel when they arrive and **MUST** wear a mask provided by us throughout the visit.
 - Once in the Hospice visitors are to remain in the room of the patient they are visiting. Should they require anything or wish to speak to a member of staff they should use the call bell as we are trying to minimise movement around the unit.
 - Currently we are unable to offer food for visitors at the hospice.
 - No children under 16 permitted except in exceptional circumstances and following discussion with the Doctor or Nurse in Charge.
 - Doctors or other medical professionals, members of religious orders or chemists delivering medication may call. You are unlikely to recognise them, so find a nurse to deal with them. Healthcare professionals should also check with a nurse before going to see a patient and they should wear a badge.
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- There may be other visitors dropping off donations or gifts for the Hospice. Ask them for their name and bring any gifts/donations to the attention of the nursing or catering staff before the person leaves. There are donation forms available from the nurses' station and these must be completed so the Hospice has a record of the donor's details.
 - If you accept a package please take the delivery to the clinical office where they make sure it is handed over to a member of the nursing, pharmacy or clinical admin staff. It should not be left in Reception. If there is no one in the clinical office (they are usually only away for very short times) and if there is no nurse to see easily on the unit, the package should be taken to the main Spring Centre Reception and handed over to a member of the Reception team. It can then be kept safely there and IPU informed that it is there for collection, or Reception can bring it across.
 - If you are unsure of who a visitor is or what they want, ask the nursing staff to deal with them.

Serveries

- There are two serveries - the large one on the left (viewed from the kitchen side) is for nurses, staff and volunteers, as well as those using the bistro. The smaller servery on the right is for use by volunteers and nurses to make a visitor a drink if requested. Both have a microwave, fridge, hot water, cold water, cutlery and crockery. The visitor servery also has a freezer.
 - Patients' and visitors' crockery is white, and is stored in the patient servery. All other mugs are staff mugs and are stored in the staff servery or the kitchen.
 - Ensure that the serveries are kept stocked with tea, coffee, sugar and milk. Check that there is a plentiful supply of
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cups and spoons available and stock up from the kitchen if not. It is a good idea to do this at least twice on a longer shift. Tea, coffee and sugar can be found in the kitchen or dry store and milk in the fridge.

- You may be asked to take on some extra tasks during your shift, such as preparing trolleys of drinks, food or both for meetings and events at the Hospice. However, answering the door and caring for the needs of patients and visitors should always take priority.

Patients' rooms

- If the light above a bedroom door is on, it usually indicates a nurse is in the room (they switch this on if they are going to be in the room for a long time).
- If the door is shut or a curtain is across, do not go in the room.
- If you need a nurse and cannot find one elsewhere in the unit, do knock.
- Yellow bins in the bedrooms are for clinical waste only.

Equipment

- Beds and over-bed tables can be adjusted but are temperamental. As we have already noted previously, please be aware that the underside of the over-bed table is lower where the lift mechanism is situated.
 - Ask a nurse to show you how to adjust these but you should never handle a patient to sit them up or get them in or out of bed. Always get a nurse to do this.
 - If you are in difficulty in a ward or room, use the Aid Call Buttons:
 - **Orange** will summon a nurse
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- **Red** will summon everyone = emergency call
 - There is a lot of electrical equipment in each room - beds, mattresses, oxygen concentrators (try not to stand on the tube; it will bleep to warn you if you do!), pumps for fluid and blood, suction machines, syringe drivers, nebulizers.
 - If there is a sensor in place, a nurse will provide a demonstration of how to disable or use the sensor.
 - If you want to know about any particular piece of equipment, ask a nurse to explain at an appropriate time.

When a patient dies

- The nurses will let you know if a patient has died and they should write "RIP" on the kitchen board. A candle will usually be lit in the corridor.
- If relatives of the deceased are there, please ask if you can assist by making drinks, etc. The relatives may have been there through the night or for a long period during the day. Be sympathetic and discreet in this situation and remember that other visitors for the deceased's family may start to arrive and will need to be shown where to go.
- If screens are pulled across a corridor, this usually implies a body is being moved in the vicinity.
- Undertakers should be directed to the back door (ask a nurse if you do not know where this is).

Volunteer Support

- If you are affected by a patient's illness or death and would like to take some time to reflect, do take time to have a quiet sit down or perhaps a walk in the garden. It is understandable that we might be affected by the difficulties facing the patients and their families at times, and we do not want anyone going home worrying about
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something they have seen or experienced. If you would like to talk to someone, please let a peer or colleague know.

What you should do if you cannot do your shift

- There is a team of volunteers who look after the IPU Rota who can be contacted on IPURota@stfrancis.org.uk
- Please add your regular shifts to your calendar/diary and make a note of any you cannot do due to holidays etc. Do this at least 1 month in advance so that you have time to let the IPU Rota team know.
- If you know you are unable to make a shift please contact IPURota@stfrancis.org.uk as soon as possible.
- If you are unable to do your shift at short notice, please phone 01442 869550 and asked to speak to the kitchen or 01442 869553 during evenings and weekends.

What you should after returning from illness?

Please keep an eye out for emails from the:
ipurota@stfrancis.org.uk mailbox for updates around Covid guidelines and returning after illness etc.

Accepting Gifts

- Hospice staff and volunteers must refuse any inducement or reward that may be interpreted as seeking to exert influence to obtain preferential treatment.
- Please see the 'Offering and Acceptance of Gifts' Policy And Procedure' in the Volunteer Information Folder.

Training

- New IPU volunteers will be asked to complete the Fire Awareness Form and Health & Safety Induction Checklist.
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- All Hospice volunteers are expected to complete annual Mandatory Training at a level appropriate to their role. We offer free, online training to all volunteers.

DBS Checks

- DBS checks are carried out prior to starting the IPU Kitchen Volunteer role
- DBS checks are renewed every 5 years

HEATH AND HYGIENE

Our patients are especially vulnerable to infections and therefore we need to be consistent in our standards of care in the food area and across the IPU.

Personal Hygiene

- Wash your hands **EACH** time
 - You start your shift;
 - You have been to a patient's room (or use the alcohol cleansing gel outside each room);
 - You have handled any item given to you from a patient's room (or use the alcohol cleansing gel);
 - You use the toilet or blow your nose;
 - You touch raw food, e.g. meat, fish and vegetables.
- Watches and jewellery are a source of infection and should not be worn, but wedding bands are allowed.
- Wear short sleeves, or roll up long sleeves above the elbow.
- Cover any cuts with a blue plaster, which can be found in the first aid box in the kitchen, near the staff servery.
- Protective clothing (i.e. tabards and aprons) must be worn at all times.

Food and Drink

- All food and drink items that have been to any patient **MUST** be thrown away, i.e. sugar, biscuits, butter etc. Used

tray mats must also be disposed of. This may seem wasteful but **MUST BE DONE** to prevent cross-infection.

Work Area

- Put any dirty items on the worktop to the left hand side of the dishwasher and keep away from any clean items.
- Use drinking water from any tap in the kitchen to wash and prepare food.

Dishwasher

- All items of crockery and cutlery that go out to the patients **MUST** go into the dishwasher. Plastic water flasks should also be washed in the dishwasher (but at a lower temp).

Trays

- Use paper tray mats and throw away after each use.
- Trays from the patients need to be sprayed with anti-bacterial spray and wiped over (both sides) with a blue paper towel. They can be washed in the dishwasher if there is time, and if particularly dirty.
- Never place trays returned from patients' rooms on any of the food preparation surfaces.

Tea Breaks

- All volunteers may take a break, at an appropriate time, if on duty for 4 hours or more. Refreshments are available.
 - During quieter periods please take the opportunity to look on the noticeboards and in the **Volunteer Information Folder** (on the trolley by the back entrance) for any communications to volunteers. This is especially important if you are not on email.
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Accidents and Illness

- Report any accidents on duty to the head chef on duty as soon as possible, or the nurse in charge.
- Make sure any accident is entered on an incident form: these are kept in the nurses' office.
- Do not come in to the Inpatient Unit or food areas if you are suffering from diarrhoea or vomiting, or are infectious. You must be clear of this for at least 48 hours before returning.
- Be extra vigilant about Covid symptoms - do not come in for your shift if you have any cold or flu symptoms.

INFECTION CONTROL

Occasionally the clinical staff may limit access to patients in order to protect both patients and staff. You will be notified of this.

Careful hand washing and hand care is the key to safety and hygiene and to preventing the spread of infection of all kinds.

- Hands must be washed using warm water and soap and dried thoroughly.
- The hand washing technique in this booklet demonstrates the 6 steps to ensure all the areas of the hands are thoroughly washed.

Using Alcohol Cleansing Gel

- Hand washing can be time consuming and may not be possible in all circumstances. The application of alcohol cleansing gel to the hands is a fast, simple and effective method of reducing micro-organisms present on the hands and reduces the risk of transmission of infection.
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- Alcohol cleansing gel does not remove dirt and debris from the skin. If these are present the hands should be washed thoroughly.

When to apply alcohol cleansing gel

Alcohol cleansing gel should be used when hands are visibly clean. Some examples of when their use is appropriate include:

- Before and after patient contact;
- Before and after contact with any piece of patient equipment;
- When staff believe they may have contaminated their hands.

Location of Gel and Procedure

- Alcohol cleansing gels are widely available in the clinical area, both at the entrance to rooms and in other strategic places so that visitors and staff can use them.
- Use the same technique that is used for handwashing to apply alcohol cleansing gel - See next page.

What if I have a skin injury or skin disorder?

Skin injuries should always be covered with a waterproof dressing. If you have eczema, dermatitis or psoriasis please inform the nursing staff on duty.

Hand washing techniques

Wet both hands before application of soap (liquid is preferable). Follow the technique overleaf for 15-30 seconds, ensuring that each step consists of at least three strokes backwards and forward.

Washing your hands properly takes about as long as singing "Happy Birthday" twice.

Finally, rinse and dry hands thoroughly.

Special attention should be paid to fingertips, thumbs and other areas of hands likely to contact a contaminated site. Hands should be rinsed in clean water. Care should be taken to dry the skin with paper towels to avoid skin damage. If frequent washing has been performed hand cream should be applied at the end of duties to prevent skin desiccation and cracking.

Step 1

Rub palm to palm

**Step 2**

Right palm over back of left hand and left palm over back of right hand

**Step 3**

Palm to palm, with bent and spread out fingers

**Step 4**

Backs of fingers to opposing palms with fingers interlocked

**Step 5**

Circular rubbing of left thumb in closed right hand and vice versa

**Step 6**

Circular rubbing, backwards and forwards with closed right hand fingertips in left palm
And vice versa



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