



Red Lake Margaret Cochenour
MEMORIAL HOSPITAL

Working together towards excellence in Rural Healthcare



VOLUNTEER HANDBOOK

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PURPOSE OF THE HANDBOOK

This handbook was prepared to give you some important information about the policies and expectations of the Red Lake Margaret Cochenour Memorial Hospital (RLMCMH).

No volunteer handbook can answer all questions you might have. Please do not hesitate to ask questions. Please see the Contact Information section for contact information of the person in charge of the program you are volunteering for. They will gladly answer any questions you may have.

If you need help with the interpretation of any part of this document, please ask and we will be able to help.

Thank you for giving your time and talents to help others. We hope that you find volunteering with RLMCMH a positive and rewarding experience.

WELCOME STATEMENT

Thank you for your interest in volunteering at the Red Lake Margaret Cochenour Memorial Hospital! We hope you find the job duties of your volunteer position to be fulfilling and your experience with us is positive. The information in this handbook includes details about our organization as well as the roles of our volunteers.

Welcome and thank you,

The Red Lake Margaret Cochenour Memorial Hospital Team

Mission, Vision and Values

Mission Statement

Compassionate, quality care - every patient, every time.

Vision Statement

Working together towards excellence in rural health care.

Value Statement

Our values define who we are and what we stand for:

- **Patient-centered:** ensuring the needs of patients and families are central to our actions and decisions
- **Caring:** responding to our patients and each other with kindness, respect and compassion
- **Integrity:** doing the right thing in all ways and in every encounter
- **Safety:** maintaining the highest safety standards in patient care and our work environment
- **Learning:** supporting and encouraging our employees, volunteers and patients in a culture of learning
- **Advocacy:** speaking up for patients and our community
- **Accountability:** operating in a medically, socially and financially responsible manner

Patient Values

- You will be treated with respect, dignity and compassion.
- We will honour your right to privacy and maintain confidentiality of your health care information.
- We will provide a safe, comfortable and accessible environment.
- You will receive the information you need to make informed decisions about your care and to help you understand our care processes.
- We invite you to take part in decisions about your care. You are an essential part of the care team and are encouraged to ask questions and voice any concerns.
- You will know the names and professions of all those who come in contact with you.
- We believe in making sure that when you leave our hospital you understand your medications and a plan of care has been put in place, including follow-up appointments.
- If you would like to involve friends or family in your care process let us know: they are an important part of your care team.

CONTACT INFORMATION

Rebecca Ross
Chief Nursing Executive
807-727-3803

Janine Maxwell
Manager of Nursing Services
807-727-3830

Nursing Station
807-727-3811

Recreation Therapy
807-727-2231 Ext. 355

VOLUNTEER PROGRAM INFORMATION

The Red Lake Margaret Cochenour Memorial Hospital welcomes you and hopes your volunteer experience will be mutually beneficial. You will be placed in a role which will support the goals of RLMCMH. We hope your volunteer experience will be rewarding and prepare you for any career and/or future endeavour.

Benefits to the Hospital

Volunteers are essential to the quality, quantity and success of our programs. Volunteers enhance existing services to patients, their families, and the hospital system programs.

Volunteers:

-) Enhance the ability to meet patients' social and emotional needs
-) Expand on the existing services
-) Bring the generations together to share ideas, opinions, and experiences

Benefit to the Volunteer

There are many benefits to volunteering for the Red Lake MCM Hospital including:

-) An opportunity to share your gifts of time and talent with a patient
-) Increase in knowledge and development of skills
-) A chance to make a difference in your community
-) Involvement in a rewarding volunteer experience

Benefit to the Patient

Benefits to the patient include:

-) New and supportive friendships
-) Regular visits to increase social stimulation
-) Enhances patient quality of life

Volunteer Programs Offered

The following is a list of current volunteer programs being offered at RLMCMH:

-) Therapeutic Dog Visitation Program
-) Friendly Visiting Program

BECOMING A VOLUNTEER

Volunteers are not involved in active personal or physical care for patients. Volunteers serve to enhance the services available to patients at Red Lake Margaret Cochenour Memorial Hospital.

To Begin the process of your volunteer service with RLMCMH, please complete the following steps:

- ^ Complete and return the Volunteer Application Form found on the RLMCMH website
- ^ Provide two letters of reference – Please use Reference Form attached to the Application Form
- ^ Complete a Vulnerable Sector Criminal Record Check (forms provided by the Hospital)
- ^ Provide Vaccination Records
- ^ Obtain TB skin test (or provide documentation if completed within the last year)
- ^ Attend Hospital Orientation

Volunteers can expect the Following:

-) Volunteer job descriptions (found in this handbook and on our website)
-) Training during your initial hospital orientation
-) Supervision
-) Ongoing support
-) Recognition through an annual volunteer recognition event

VOLUNTEER RIGHTS AND RESPONSIBILITIES

As a volunteer, you have the right:

- To work in a healthy and safe environment
- To be given accurate and truthful information about the organization for which you are volunteering
- To be given a copy of the organizations volunteer policy and any other policy/procedures that affect your role
- Not to fill a position previously held by a paid worker
- To have a role description and agreed commitment
- To be provided with orientation to the organization and role
- To be provided with appropriate training and support to carry out your role

As a volunteer, you have the responsibility to:

- Be reliable
- Respect Confidentiality
- Carry out the specified position description
- Be accountable for your actions
- Be committed to the organization
- Undertake training as required by RLMCMH
- Ask for support when you need it
- Be courteous to patients, staff and other volunteers
- Notify your designated contact person if you can no longer hold your commitment to volunteer
- Value and support other team members

VOLUNTEER PROGRAM DESCRIPTIONS

THERAPEUTIC DOG VISITATION PROGRAM

Purpose

The purpose of the Therapy Dog program is to provide therapeutic dog visits to increase physical, social, emotional and cognitive well-being for long-term patients who show interest through regular contact and friendship given by a dog.

Program Description

The Therapeutic Dog Visitation program involves co-facilitated visits with the Recreation Therapist for long-term patients residing in the hospital. This program provides an interactive, stimulating activity that has been shown to get a response from patients who are withdrawn or have limited abilities. Therapy dogs provide an opportunity for patients to give and receive physical touch, display affection, and increase positive emotion.

Volunteer Responsibilities

-) Arrange in advance a suitable time to visit through calling/emailing the Recreation Therapist
-) Maintain confidentiality of client information
-) Promptly report any problems or concerns to the Recreation Therapist
-) Ensuring personal and patient hand hygiene through use of hand sanitizer prior and post visit
-) Sign in and out at nursing station

Commitment

Volunteers are asked to make regularly scheduled weekly or bi-weekly visits at a specified time for approximately one hour which will be tracked through a sign in & out sheet.

Requirements & Desirable Characteristics

-) Must be 18 years of age or over
-) Reliable and trustworthy
-) Punctual, warm and caring, cheerful, patient and friendly
-) Interested in working with older adults
-) Ability to respect the privacy and feelings of others
-) Be a good listener
-) Ability to initiate a conversation
-) Successful completion of a Vulnerable Sector Police Clearance
-) TB Skin Test
-) Successful completion of RLMCMH dog screening appointment

Training

-) Initial orientation to agency and program
-) Volunteers will be provided with resources to enhance visits with patients (found in this handbook and discussed during orientation)

FRIENDLY VISITATION PROGRAM

Purpose

The purpose of the Friendly Visitation Program is to provide long-term patients within the hospital with social interaction in efforts to add on to the programs and services currently being offered in hospital.

Description

Friendly visitors work on a one-to-one basis with long-term patients residing in the hospital. They spend quality time and become a friend with patients who may be socially isolated or not receiving the social stimulation or emotional support they may require. Companionship is the key to this program. Depending on their interests and abilities, the pair may have a friendly conversation, play a game or discuss the news.

Volunteer Responsibilities

-) Provide friendly visits to patients identified by staff
-) Maintain confidentiality of client information
-) Promptly report any problems or concerns to Nurse manager on duty
-) Sign in and out at nursing station

Commitment

Volunteers are recommended to visit once a week for approximately one hour which will be tracked through a sign in and out sheet.

Requirements & Desirable Characteristics

-) Reliable and trustworthy
-) Punctual, warm and caring, cheerful, patient and friendly
-) Interested in working with older adults
-) Ability to respect the privacy and feelings of others
-) Be a good listener
-) Ability to initiate a conversation
-) Successful completion of Vulnerable Sector Police Clearance

Training

-) Initial orientation to agency and program
-) Volunteers will be provided with a list of appropriate activities and/or conversation topics specific to the patient they will be interacting with.
-) Volunteers will be provided with resources to enhance visits with patients (found in this handbook and discussed during orientation)

HOSPITAL POLICIES AND GUIDELINES

CONFIDENTIALITY

PURPOSE

-) To protect the privacy and confidentiality of all patients.
-) Patients will have confidence in the integrity of all health care professionals, volunteers, students, and visitors to preserve all such information as private.

POLICY

-) All staff, volunteers, students, board members and contracted individuals and employees of firms and corporations performing contract work for the hospital are bound by the corporation's obligations to protect the confidentiality of all information acquired in the exercise of patient care.

CONFIDENTIALITY

-) Includes all information disclosed by the patient or learned or observed about the patient in the course of treatment, including:
 -) The nature of the patients' illness, cause and treatment.
 -) Everything the Doctor learns from his examination of the patient.
 -) The reactions of the patient, his conduct in the hospital.
 -) His financial state, his domestic life, any personal information.
 -) All records of any kind accumulated during the course of treatment.

PATIENT PROTECTION

CRIMINAL CHECK

As with all public service industries the RLMCMH has adopted this policy to protect our vulnerable population. Criminal checks are offered free of charge from the OPP for all volunteers in our community with a letter from the hospital. This background check must be completed before any volunteer work can begin.

GIFTS FROM RESIDENTS

Gifts from residents are not to be accepted by staff or volunteers. However, if a resident insists on giving a gift; the gift may be accepted but this must be reported to the nurse manager for recording.

PERSONAL APPEARANCE

When visiting, volunteers are expected to practice and maintain good hygiene.

PERSONAL TELEPHONE CALLS

Personal telephone calls during visiting hours other than for Hospital business, are discouraged. Emergency calls are always acceptable.

PUBLIC RELATIONS AND RESEARCH

Approval of Hospital administration must be obtained prior to the release of media items, before presentations are made to outside agencies and before research is conducted in the Hospital.

SENSITIVE ISSUES

When information is received regarding alleged stolen property, resident abuse, or inappropriate behavior by a staff member, volunteer, student or visitor such information will be documented and presented to the Nurse in Charge.

SOLICITING

Soliciting of any kind or the sale or distribution of materials, other than specifically approved by the Hospital, is discouraged.

INFECTION CONTROL

Begins with the individual and the section in which he/she is working or doing placement. Volunteers are required to wash hands with hand sanitizer upon entering and exiting patient rooms. Proper hand washing is one of the easiest but most effective means of arresting the spread of infection. Other major areas include proper food handling and storage, bagging and laundering of soiled linens, use of gowns and gloves, thorough disinfection and cleaning of the buildings and equipment.

Staff and volunteers who are ill are requested not to return to the workplace until they are no longer infectious.

EMERGENCY ACCESS TO NURSING SERVICES

Nursing staff will provide immediate assistance in the event of any Resident/patient emergency occurring in the Hospital.

Any person identifying an emergency or situation which requires nursing assistance should use the nearest call bell available. Extension 340 will ring at the Nurses station.

TEN FUNDAMENTAL RULES FOR SAFETY

Safety is everyone's business and as a volunteer you should:

1. Report any unsafe condition or act that you observe.
2. Report any foreign material that you see on floors or remove it at once to prevent injury to others.
3. Report defective or damaged equipment immediately.
4. Walk, do not run, especially in halls and on stairs. Keep to the right using special caution at intersecting corridors.
5. Know the Hospitals' Fire Safety and Emergency Response plans; know the locations of fire alarms and extinguishers, as well as how to use them.
6. Become familiar with the relevant work procedures and safe work practices.
7. Beware of swinging doors and doors opening into corridors. Be sure the other side is clear before opening slowly, then proceed with caution.
8. Report all injuries, however slight, to your supervisor and get immediate first aid.
9. Realize that horseplay and practical jokes often result in serious injury; the Hospital is no place for them.
10. When in doubt about what should be done, ask the nearest nurse.

HANDLING WHEELCHAIRS

-) Wear low-heeled, soft-soled shoes when pushing a wheelchair, especially when going up or down ramps.
-) Consult with the person you are to push and introduce yourself. Let the person know where you are taking them or ask them where they would like to go.
-) Take care that hands and feet are not positioned in places where they will suffer injury. (i.e.: hands or fingers near wheel spokes, feet dragging, and elbows jutting out where they can be banged).
-) Always push wheelchairs slowly. A rapid pace can lead to danger and is frightening to the person in the wheelchair.
-) Care should be taken so that there is never a chance of a resident in the wheelchair falling, tumbling, or being thrown forward out of the chair by the momentum of its movement, or by a sudden stop. A seatbelt may be necessary.
-) Never leave a resident without both brakes on. Wheelchair braking systems are different, so check out how they work on each individual chair.
-) Never leave a resident unattended near a staircase or ramp.
-) When entering an elevator, wheel the resident ahead of you and be careful that the door doesn't shut on either one of you.
-) When getting a wheelchair down from a curb to the street, turn yourself and the chair backwards. After you have stepped onto the street, ease the chair down until the large wheels hit the pavement. To get the wheelchair onto the sidewalk from the street, have the chair in front of you, then tilt the chair back enough so that you may be sure the small wheels are on the sidewalk first. It will then be easy to lift the rest of the chair up onto the sidewalk.
-) When using a ramp, always turn yourself and the chair around and go down backwards. The pusher's body will then keep the chair from picking up momentum. A second person is sometimes needed to grasp the lower part of the chair to help keep the chair under control.

RESOURCES

COMMUNICATING WITH THE AGED

Regardless of the presence or absence of disability, there are certain principles which will assist us all in communicating more efficiently, however, these concepts become even more important when attempting to communicate with individuals who are impaired in any way.

Principles and Techniques of Communication with the Aged

ENVIRONMENT:

- Avoid noise, background sights and sounds cause distractions and often interfere with the successful transfer of information.
- Keep on the individual's good side, i.e. vision, hearing or limb movement that is better on one side, approach and carry out interaction on that side.
- Position yourself so that the other person can hear and see you easily.
- Assume a position at the clients' level, you may stoop or sit down. Remember, leaning over may be interpreted as threatening or smothering.

VISION:

- Ensure all people involved can see each other clearly.
- Make sure glasses are being worn and are clean.
- Face the people you are dealing with, facial expression, gestures and posture conveys a wealth of meaning for both parties.
- Use facial expressions and gestures that are natural to you, don't distort or overuse gestures as this will lead to further confusion.
- Never assume everyone has complete visual integrity. Usually in the center line but sometimes one side or the other is best.
- For those able to read and write, consider what tools are needed to facilitate the task. I.e.: large print, light books, large paper etc.... ask.

AUDITION:

- Be sure all involved are close enough to hear clearly.
- Hearing aids if needed are being worn.
- For hearing impaired, increase the volume of your voice and observe the listener for voice level effectiveness.
- Never shout. Words could get distorted and understanding can be more difficult.
- Sometimes when it's impossible to convey a spoken message, a few written words will help.

VERBAL OUTPUT:

- Make sure people are wearing their dentures, the presence of teeth facilitates speech.
- An upright posture will aid in better voice production.
- Stereotyped responses, such as "OK" or "Hello" and even "yes" and "no" may be spoken with no real meaning, when in doubt don't automatically assume they understand

everything they hear or always means exactly what they say.

- When someone speaks very little, structure situations and questions so there is an opportunity and a need to talk within their ability to perform.

CONTENT OF CONVERSATION:

- Before beginning conversation set the framework by using a salutation such as “Hello”, “Good morning”, etc., followed the other person’s name and then introduce yourself.
- Always use the other person’s proper name or the one he/she prefers.
- Most of us like to discuss matters that are familiar to us. Choose topics of a personal interest, such as hobbies, family, past work etc.
- Share information about yourself but avoid using them as a sounding board of complaints, gossip etc.
- Elderly who are restricted by lack of mobility etc. Become overly concerned with themselves, expand their world with such topics as weather conditions, current events.

GENERAL PRINCIPLES TO ASSIST IN EFFECTIVE COMMUNICATION:

- Before beginning to talk to someone, gain their full attention. Touch their arm; call their name; stand in front of them.
- Hop scotching from topic to topic can be confusing.
- Learn to recognize when a person is rested and alert, these are good times for conversation and stimulation.
- Use short sentences with a distinct interval following each one, but do not talk like a telegram. Short pauses enables the listener to grasp the message and gives him an opportunity to respond.
- If language production and comprehensive is difficult for someone, attempt communication for short periods and then allow them to rest.
- Try to make an intelligent guess with those having difficulty expressing themselves. Often facial expressions, tone of voice, gestures or even the situation will give you clues to the message.

ATTITUDES:

- With someone who has difficulty in oral communication, do not over enunciate or use “baby talk”, speak in a normal adult manner.
- Encourage and accept all attempts at conversation even when someone does not function at a very high communicative level.
- A single request for repetition is sufficient, don’t ask him to repeat over and over, endless repetition may cause more errors or embarrassment.
- Never assume that someone cannot hear or understand you. Don’t discuss their condition or their future in front of them as if they are a stick of furniture.
- Treat each individual as you would wish to be treated in a similar situation. Remember that he/she is a mature adult who has difficulty in specific areas, such as communication, but deserves consideration for their human status.

DEVELOPING RELATIONSHIPS

As a volunteer, relationship building is extremely important. It allows the patients you are visiting to feel comfortable during friendly visits. It also enables the patient to open up during the visit which may make the interaction more beneficial. Below are ways to enhance relationship building.

Behaviors that Enhance Interpersonal Relationships

- Conveying an attitude of openness, acceptance, and lack of prejudice.
- Being Honest
- Taking initiative and responsibility; responding to others' concerns.
- Being reliable
- Demonstrating humility
- Showing respect for what others are, have been, or may become.
- Accepting responsibility.
- Being confident and prepared.
- Showing genuine interest.
- Conveying appreciation for others' time.
- Accepting expression of positive and negative feelings.
- Taking enough time.
- Being frank and forthright.
- Admitting when we've been wrong.
- Apologizing if we've caused distress or inconvenience.
- Being willing to forgive and forget.
- Showing a positive attitude.
- Conveying a sense of humor.
- Allowing others to control.
- Giving credit where credit is due.
- Being cognizant of other's communication styles (e.g. some people find eye contact or touch uncomfortable or culturally unacceptable, while others require it.)
- Be courteous.
- Showing respect for others' territory.
- Working to understand others before trying to be understood.
- Focusing on common goals.
- Looking for solutions.

ALZHEIMER'S DISEASE AND DEMENTIA

Alzheimer's disease is a common form of a large group of disorders known as "dementias". It is a disease of the brain, characterized by deterioration of thinking ability and of memory, caused by the progressive degeneration of brain cells. The disease also affects mood and emotions, behaviour and one's ability to perform activities of daily living.

There is currently no cure for Alzheimer's disease nor can its progression be reversed. Related dementias include Vascular Dementia, Frontotemporal Dementia, Creutzfeldt- Jakob Disease and Lewy body Dementia.

Alzheimer's disease typically follows certain stages which will bring about changes in the person's and family's lives. Because the disease affects each individual differently, the symptoms, the order in which they appear and the duration of each stage vary from person to person. In most cases, the disease progresses slowly, and the symptoms of each stage may overlap, often making the move from one stage to another quite subtle. The duration of the disease is usually seven to ten years but may be much longer in some people.

Dementia-Related Behaviours

More than half of people with dementia have behavioural symptoms that affect their moods and behaviour. These behaviours are more common in the middle or later stages of dementia. Some behaviours you may notice during a visit may include:

-) Restlessness or over-activity
-) Depression
-) Irritability, anxiety or suspicion
-) Aggression (verbal or physical)
-) Hallucinations (seeing or hearing things that aren't there)
-) Delusions (being disturbed by thoughts, and believing things that aren't true)
-) Tendency to shout repeatedly or become noisy
-) Loss of normal inhibitions

A lot of times, friendly visits can help reduce these behaviours. If you are visiting a patient that is experiencing any of the above, talk to the nurse. Depending on the patient and the nature of the behaviour, they may recommend an activity to engage the patient in, or they may recommend that you come back another time to visit the patient.

How do we communicate?

Communication is a critical component of our life; it enables us to express who we are and allows us to relate to one another. When we communicate, we convey messages or exchange information to share needs, opinions, ideas, beliefs, feelings, emotions, experiences and values. Communication is more than talking and listening, it involves understanding and interpreting.

Information is conveyed in many ways:

Verbal: words we use

Non-verbal: body language (facial expression, posture and gesture)

Para-verbal: tone, pacing and volume of our voice

When a person has changing abilities as a result of dementia, communication is affected and this can cause misunderstanding and mutual frustration.

How does dementia affect communication?

Although each individual is unique, dementia has a profound effect on the language abilities of people living with the disease and therefore affects the way they communicate. This language degeneration is known as aphasia. Individuals with aphasia experience difficulty expressing themselves, finding the right words, understanding the words heard, reading and writing. As the disease progresses, communication can become increasingly challenging. Recognizing those changes will help you find ways to communicate more effectively.

What is a person-centred approach to communication?

A person-centred philosophy views people with dementia first and foremost as individuals, with unique attributes, personal values and history.

A successful person-centred approach to communication is based on:

-) Learning about dementia, its progression, and how it affects individuals.
-) Believing that communication is possible.
-) Focusing on the abilities and skills.
-) Reassuring the individual with dementia and being positive.
-) **Meeting people with dementia where they are and accepting their reality.**

The quality of life for people with dementia is largely dependent on their connection with others. Maintaining a relationship can be a complex and challenging process, especially when verbal communication is lost.

WHAT SHOULD I EXPECT?

People with dementia lose particular communication abilities during the early, middle, and late stages of the disease. As the illness progresses, they will experience a gradual deterioration of their ability to communicate, to express themselves clearly and to understand what others say. *However, communication does remain possible at every stage of the disease.*

Dementia creates distinct challenges in regards to how people express themselves and understand what is being communicated to them.

The following changes are common among people with dementia:

-) Difficulty finding a word.
-) Creating new words for ones that are forgotten.
-) Repeating a word or phrase (perseveration).
-) Difficulty organizing words into logical sentences.
-) Cursing or using other offensive language.
-) Reverting to the language that was first learned.
-) Talking less than usual.

Communication challenges that may occur during each stage of Alzheimer's disease:

At the early stage, the person often cannot find the right words – particularly the names of objects.

They may substitute an incorrect word, or they may not find any word at all.

At this stage, the person may:

-) Have difficulty understanding humour, jokes, and fast talk
-) Have difficulty following multiple step instructions
-) Require increased concentration to follow conversations
-) Have trouble staying on topic
-) Need more time to respond to questions
-) Experience increased frustration
-) Have trouble finding the right word
-) Lose their train of thought more often

At the middle stage, more and more words are becoming lost, and the person needs to think longer before expressing their thought. The person loses spontaneity, their vocabulary is more and more limited and sometimes they repeat the same word over and over again.

At this stage, the person may:

-) Have trouble understanding everyday conversation.
-) Often ask the speaker to repeat simple sentences.
-) Find it difficult to follow long conversations.
-) Have difficulty understanding reading materials.
-) Repeat the same word or information over and over (perseveration).
-) Not be able to interpret facial expressions (like a wink or the nod of the head).
-) Have trouble explaining or understanding abstract concepts (e.g. "I feel blue").
-) Experience decreased speech and ability to raise or lower voice.
-) Have difficulty finishing sentences.
-) Lose interest in talking.
-) Speak in vague and rambling sentences.

At the late stage, individuals appear to lose the capacity for recognizable speech, although words or phrases may occasionally be uttered.

Non-verbal communication will become increasingly important as, at this stage, the person may:

-) Be unable to understand the meaning of most words
-) Lose their capacity for recognizable speech, although words or phrases may occasionally be uttered. Language often does not make sense to others
-) Become totally mute in some cases

WHAT SHOULD I TRY?

As dementia progresses, communication can become more and more challenging. You may find that individuals with dementia have good days and bad days; this can depend on the quality of their sleep, stress level and other medical conditions.

Respectful, sensitive, ongoing communication remains critical, no matter what stage of dementia the person is at and how confused they may appear.

Believing communication is still possible and there is always a meaning

Every person, regardless of abilities, maintains a core of self that can be reached. Communication remains possible at all stages of dementia. What a person says or does and how a person behaves has meaning; however, the disease affects their ability to communicate with us in a way that we can always understand. Never lose sight of the person. No matter how the disease affects the individual, it is important to treat them with dignity and respect.

Focusing on the person's abilities and skills

Although dementia affects certain abilities, the person's emotions and feelings will remain, as will the need for companionship, purpose and belonging. Focusing on the person's abilities and skills will go a long way in adding to their quality of life and will help the person maintain a sense of self. If the person's speech has become hard to understand, use what you know about them and what you feel they might be trying to say to help you interpret.

Reassuring and being positive

As a volunteer, it is important to encourage the person in their attempts to express themselves when they have trouble communicating. Instead of criticizing and correcting, ignore failures and remember to be supportive, positive and encouraging. **New activities can be stimulating yet confusing for a person with dementia, so use familiar things to create a sense of comfort and reassurance.** Laughter and humour are positive ways to help you get through difficult times.

Meeting the person where they are and accepting their new reality

With the progression of the disease, a person's perception of reality can become confused. However it is their reality. Try to accept their reality and meet them where they are. **Avoid contradicting them or convincing them that what they believe is untrue or inaccurate. Trying to bring them to your reality or disagreeing with them will cause frustration and make things worse.** If they say something you know isn't true, try to find creative ways around the situation rather than reacting negatively.

Consider the following when communicating with a person at the middle stage of dementia:

The middle stage brings a greater decline in the person's cognitive and functional abilities. Not only will they be unable to find the words of objects, they may even forget the names of friends and family. This can be very distressing for the person, however it is a predictable aspect of memory loss associated with dementia.

At this stage, the person with dementia may be trying to interpret a world that no longer makes sense to them because their brain is interpreting information incorrectly. Sometimes the person with dementia and those around them will misinterpret each other's attempts at communication. These misunderstandings can be upsetting and frustrating for the person with dementia and caregivers. However, there are ways to help make sure that you understand each other.

Non-verbal communication will become increasingly important.

Watch for behaviour changes, body language and non-verbal signs that may be used to express a feeling or indicate physical discomfort, in which case you may wish to contact the patient's nurse.

Consider communicating primarily through the senses from the late stage of the disease to end of life:

The person will lose their capacity for recognizable speech, although words or phrases may occasionally be uttered. However, even if the person can no longer communicate verbally or recognize you, they likely will still be able to communicate in other ways and feel your affection and reassurance. At this stage, non-verbal communication will become increasingly important. People in this stage experience the world primarily through their senses, so use the senses to maintain a connection.

Touch: Hold the person's hand. Give a gentle massage to the hands.

Vision: Videos can be relaxing, especially ones with scenes of nature and soft, calming sounds.

Hearing: Reading to the person can be comforting, even if they may not understand the words. The tone and rhythm of your voice may be soothing. What you say is not as important as how you say it. Speak gently and with affection. Your tone can help the person feel safe and relaxed. Read a favourite story or poem. Music is a universal language that promotes wellbeing for most of us. Sing together, play music, especially the type of music the person has enjoyed throughout their life.

As the disease progresses, delusions – namely paranoid beliefs or false accusations – may occur. It is common for people with dementia to believe that their food is poisoned or that their belongings have been stolen. Others may believe that someone is spying on them or trying to hurt them. And some may even accuse their partner of having an affair. These suspicions or accusations may be due to the person's failing memory or difficulty understanding what is happening around them.

Although these accusations can be hurtful, remember that they are a result of the disease. It is important not to argue with a person with dementia or try to convince them that their perception of reality is not correct. It doesn't matter who is right. What is important is that the person's feelings are respected and understood. Living with dementia at any stage can be very challenging.

Finding Appropriate Activities to Engage Patients during Friendly Visits

Patients with Dementia have difficulty structuring their own activities and communicating their desire for specific activities. As cognitive and physical abilities change over time, activities that were once found as enjoyable, may no longer be appropriate and may lead to frustration and dementia-related behaviours because of the cognitive demands placed on a person.

Activities matched to cognitive and physical abilities as well as style of interest results in greater engagement, more positive mood and fewer dementia-related behaviours. **In order to find appropriate activities and/or topics of conversation for the patient you are visiting, the patient's nurse can provide you with this information/where to find appropriate resources.**

TIPS FOR COMMUNICATING WITH PATIENTS LIVING WITH DEMENTIA

Reduce distractions: Communicating is always easier if other things are not happening at the same time. For example, if the TV or radio is distracting the person, turn it off.

Gain attention: Face the person. Making eye contact with the person will help focus their attention. Get close enough so they can see your facial expressions and any gestures you may use. As some people have problems recognizing family and friends, you might want to introduce yourself and remind them who you are.

Be aware of your tone and body language: Remain calm and speak in a relaxed tone of voice to put them at ease. Brusque or hurried movement as well as a sharp tone or raised voice may cause distress.

Be clear and concise: Talk slowly and clearly, using short and simple sentences. Use closed-ended questions which are focused and answered using a simple “yes” or “no” instead of open-ended questions, which are time-consuming, may result in unnecessary information, and may require more effort on the part of the person with dementia. Avoid phrases that can be interpreted literally, such as “it’s the cat’s pyjamas” or “up to my eyeballs” which might be confusing.

Be respectful: Use the person’s name when addressing them to help them retain a sense of identity. Do not patronise or speak down to the person. Avoid using childish or “elder” talk or any demeaning language. Avoid talking about the person as if they aren’t present. Do not talk over the person. They may still understand what is being said even though they have lost the ability to form the words that are in their mind.

Listen carefully: Listen carefully to what the person is saying and observe both verbal and non-verbal communications. Try not to interrupt the person even if you think you know what they are saying. If the person is having difficulty finding the right words, you can offer a guess as long as they appear to want some help.

Be patient: The person may need more time to process the information so be patient. Provide reassurance. If they are having trouble communicating, tell them that it’s fine and encourage them to keep trying to put their thoughts into words. If they sense you are impatient or agitated, they may feel stressed or frustrated.

Encourage exchange: Make your communication a two-way process that engages the person with dementia. Involve them in the conversation. If you don’t understand what is said, avoid making assumptions. Check back with them to see if you have understood what they mean.

Show and talk: Use actions as well as words. For example, if it is time to go for a walk, point to the door or bring the person’s coat or sweater to illustrate what you mean. Use body

movements such as pointing or demonstrating an action to help the person understand what you are saying. Of course, this should be done tactfully so the person does not feel you are treating them as a child.

Encourage humour and laughter, respect sadness: Humour can bring you closer, can release tension, and is good therapy. Laughing together over mistakes or misunderstandings can help. If the person seems sad, encourage them to express their feelings, and show you understand.

Don't forget to account for hearing or vision problems! Make sure that the person is wearing a working hearing aid and/or clean glasses, if prescribed. Check in with the patient's nurse if you notice they are not wearing their hearing aids and/or glasses.

VOLUNTEER BURNOUT AND COMPASSION FATIGUE

Volunteer burnout is just like work-related burnout. Burnout means “emotional and physical exhaustion resulting from a combination of exposure to environmental and internal stressors and inadequate coping and adaptive skills.”

For volunteers, signs that you are headed for burnout include:

-) Losing enthusiasm for the mission of the organization and your tasks
-) Worrying about your volunteer job when you're not there
-) Feeling uninspired
-) Personal devaluation

Compassion Fatigue occurs when caregivers are repeatedly exposed to sad, shocking or traumatic events. Volunteers who listen to many sad and traumatic experiences of the patients they are visiting may be at risk of developing compassion fatigue. Common symptoms include the following:

-) Sleep disturbances
-) Increased emotional intensity
-) Isolation
-) Depression
-) Loss of hope and meaning

If you are feeling any of the above, you may need to:

-) Acknowledge feelings
-) Ask for help
-) Review limits/boundaries of your role
-) Learn to say “no”

Preventing Compassion Fatigue and Burnout:

Managing stress can help prevent/minimize compassion fatigue and burnout. Below are ways to help manage stress:

-) **Physical Self-care**
 - o Have an annual physical check-up
 - o Eat a balanced healthy diet

- Drink lots of liquids
- Get regular physical exercise
- Get enough daily good quality sleep
- Get enough hours of rest every week

) **Emotional self-care**

- Be gentle/patient with yourself and others
- Acknowledge and express feelings to supportive people who understand
- Have a good cry
- Ask for help and look for support from trustworthy friends, family members and professional counsellors

) **Cognitive Self-Care**

- Be aware of changes in thought patterns, behaviours and emotions
- Do not self-medicate
- Practice mindfulness, relaxation and meditation
- Continue learning and engaging in healthy activities and hobbies

) **Social Self-Care**

- Maintain regular social contact
- Create a supportive circle of care, friends, family members, spiritual and professional counsellors
- Avoid long periods of isolation

) **Psychological Self-Care**

- Act from own set of principles, values and goals
- Ask for support
- Seek opportunities for solitude and self-reflection
- Journal about your experiences
- Value self

Acknowledgement of Receipt of Handbook

I acknowledge that I have been given a copy of the RLMCMH Volunteer Handbook. I understand that this Handbook summarizes the hospital's volunteer guidelines, and that it is supplied to me solely for my information.

I further understand that volunteering with the RLMCMH is not for a specified term and is at the mutual consent of me and the hospital. Accordingly, the hospital or I can terminate the volunteer relationship at will, with or without cause, at any time.

I further understand that the statements contained in the handbook are not intended to create any contractual or other legal obligations. I also understand that the hospital may modify or rescind any of its policies, or practices described in the Handbook at any time, except for those policies required by law.

I acknowledge that it is my responsibility to read and become familiar with the contents of the Handbook.

Volunteer Name (Printed) _____

Volunteer Signature _____

Date ____/____/____