



PRINCE GEORGE
HOSPICE
PALLIATIVE CARE
SOCIETY

VOLUNTEER
Policies and Procedures

Contents

- Vision, Mission, Values 3
- Our Values in Action 4
- VOL 6.00 Guest Bill of Rights..... 6
- VOL 6.01 Volunteer Rights..... 8
- VOL 6.02 Volunteer Responsibilities10
- VOL 6.03 Volunteer Onboarding11
- VOL 6.04 Boundaries and Self Care13
- VOL 6.05 Use of Personal Vehicles15
- VOL 6.06 Smoking.....16
- VOL 6.07 Food and Feeding17
- VOL 6.08 Food Safe18
- VOL 6.09 Gifts and Gratuities19
- VOL 6.12 Complaints and Grievances21
- VOL 6.13 Supervision22
- VOL 6.14 Discipline24
- VOL 6.15 Evaluative Period26
- VOL 6.17 Guest Abuse27
- VOL 6.18 Internet Access & Usage.....29
- VOL 6.19 Public Relations/Official Communication31
- VOL 6.20 Injury-on-Duty Reporting33
- VOL 6.21 Equal Access to PGHS Services.....34
- VOL 6.22 Conscientious Objection.....35
- VOL 6.23 Medical Assistance in Dying (MAiD).....40
- VOL 6.24 Animal Assisted Therapy/Pet Visitation45

The Volunteer Policies and Procedures will be reviewed every three years by the Volunteer Coordinator and confirmed by the Executive Director.

Next review date: 2024-01-01

Vision, Mission, Values

Vision

Excellence in hospice care

Mission

Our compassionate staff and volunteers provide specialized hospice care to meet the needs of the person, families, and community, through bedside care, outreach, grief support, and education."

Values

Compassionate Loving Care

Fostering personal relationships through patience and understanding

Courage

Nurturing a courageous supportive environment

Diversity

Celebrating our diversity by honouring cultural differences

Dignity

Conducting ourselves in an honest and respectful manner

Integrity

Taking personal responsibility for superior care delivery

Collaboration

Cultivating collaborative partnerships to provide quality end-of-life care

Our Values in Action

Code of Conduct guiding Hospice Team Member's behaviour in their everyday activities at Hospice and in the community.

Compassionate Loving Care

Practice self-care and self-reflection to have the capacity to care for others.

Recognize others' uniqueness and greatness and appreciate others' differences.

Strive to encourage relationships within all areas of Hospice.

Remember, you are working with people, not problems.

Understand all Hospice activities are integral in fostering compassion in our community and the Society.

Courage

Be courageous to have open conversations and speak up if needed.

Deliberately engage with team members with whom you are less familiar.

Know that your team members are there to support you, and you are a support for your team.

Think outside the box. Stay open-minded when others present new methods.

Bolster courage through mentorship, education, and support for others and yourself.

Base your actions on what is ethical and supportive for the Society.

Diversity

Exceed the expectations of those we serve.

Look for opportunities to celebrate the diversity of your team.

Understand the diversity in our community relating to different cultures, grieving styles, funerals, and ceremonies.

Dignity

Conduct yourself in a gracious, professional, and honourable way.

Be mindful of the environment and adjust your behaviours accordingly.

Respect your team members as individuals as well as supportive partners.

Honour the privilege of helping people die and grieve.

Allow the work to humble you.

Integrity

Be confident in what you are doing; if you are not, ask for help.

Be self-aware of how your actions influence your environment.

Practice the philosophy of, "What can I do today to ensure the best possible outcome in service?"

Base your actions on what will be best for the team.

Be attentive to your team members and be supportive of their needs.

Be responsible for your actions and intentions.

Be professional and provide superior care.

Collaboration

Communicate important updates with everyone in the Society.

Nurture a compassionate community by continuing to care for all those around us.

Look for opportunities to collaborate.

Stay within your scope of practice. If something arises outside of your scope, call on the appropriate team member to help you care for people.

Work synergistically with your team; the group's outcome is greater than the sum of the individuals.

Policy:	VOL 6.00
	Guest Bill of Rights
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Guest’s Bill of Rights:

1. I have the right to be treated as a living human being until I die.
2. I have the right to maintain a sense of hopefulness however changing its focus may be.
3. I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.
4. I have the right to express my feelings and emotions about my approaching death in my own way.
5. I have the right to participate in decisions concerning my care.
6. I have the right to expect continuing medical and nursing attention even though “cure” goals must be changed to “comfort” goals.
7. I have the right not to die alone.
8. I have the right to be free from pain.
9. I have the right to have my questions answered honestly.
10. I have the right not to be deceived.
11. I have the right to die in peace and dignity.
12. I have the right to retain my individuality and not be judged for my decisions, which may be contrary to the beliefs of others.
13. I have the right to discuss and enlarge my religious and / or spiritual experiences, whatever these may mean to others.
14. I have the right to expect that the sanctity of the human body will be respected after death.

15. I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

Policy:	VOL 6.01
	Volunteer Rights
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

It is expected that our Values will drive the day-to-day relationship between the Society and its volunteers and that the primary concern of all parties will be providing excellent support to our guests, families and clients.

Policies and procedures including volunteer rights and responsibilities exist to outline the standards of behavior expected of volunteers and guide volunteer program development.

Volunteers are essential to the function of the Prince George Hospice Palliative Care Society. As volunteers for the Society there are rights and responsibilities they are entitled to and expected to uphold while functioning in that capacity.

Volunteer Rights:

1. The right to feel safe
2. The right to be respected and feel valued
3. To understand how their volunteer services, contribute to the overall goals of the Prince George Hospice Palliative Care Society
4. To be involved in the selection of volunteer opportunities.
5. To receive appropriate, adequate information, preparation, orientation, training, and resources to meet the responsibilities of the volunteer placement.
6. To be given guidance, support, supervision, and have access to the Volunteer Coordinator.
7. To have the volunteer service records maintained
8. To be recognized for their service.
9. To receive reviews of and feedback on their supportive activities and have the right to respond
10. To have access to other appropriate and suitable volunteer opportunities

11. To be provided, as needed with a volunteer identification
12. To be given the opportunity to provide input regarding ways of improving the volunteer program including considerations of equity.
13. To use the Prince George Hospice Palliative Care Society as a reference for voluntary service
14. The right to resign from their volunteer position.

Policy:	VOL 6.02 Volunteer Responsibilities
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Policy:

1. To accept and practice the Values, Mission, and Values of the Prince George Hospice Palliative Care Society
2. To adhere to the policies and procedures of the Society
3. To participate in orientation, training, and debriefing programs as needed
4. To be responsible in the use of the Prince George Hospice Palliative Care Society resources
5. To be responsible to communicate you're their needs
6. To accept guidance and decisions of their supervisor
7. To only act within the scope of your designated volunteer role as approved by hospice, despite any personal or professional designations you may have. Professional skills may be used if approved by hospice in advance and part of the recognized volunteer role.
8. To participate in any review of or feedback on, their volunteer activity
9. To appropriately display Prince George Hospice Palliative Care Society Volunteer identification while carrying out volunteer duties.
10. To treat the Prince George Hospice Palliative Care Society guests, clients, and family members, staff, and other volunteers with respect and dignity
11. The responsibility to follow through with obligations. Provide the society with reasonable notification if you are unable to do so.
12. The responsibility to take care of yourself

Policy:	VOL 6.03
	Volunteer Onboarding
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Policy:

(One or more steps may have to be repeated before becoming an active volunteer)

1. Screening is based on the position's requirements and the clients' vulnerability; the higher the risk, the more in-depth the screening process.
2. Any prospective volunteer who is deemed inappropriate for the position they applied for will be sent a letter informing them of that decision. Alternate volunteer opportunities may be selected if appropriate. A copy of the letter will stay in the prospective Volunteer's file.
3. A Volunteer may be deemed as inappropriate for volunteer service at Prince George Hospice Palliative Care Society for many reasons, which can include, but are not limited to:
 - Failure to provide two references
 - References who provide information regarding the individual to the Volunteer Coordinator, to be unfavorable, to fulfill the requirements needed for the activity applied for.
 - Failure to provide consent for criminal record check or failure to complete the criminal record check. Such a failure prevents volunteering directly with clients. If a criminal record check provides a positive result, then the prospective volunteer is prevented from direct client volunteering. Indirect volunteering may be possible upon review and approval by the Executive Director.
 - Not having a pardon for a criminal offense that includes violence, theft, any form of abuse.
 - Refused entry, or asked to withdraw from, other programs which involve vulnerable clients

- Still actively grieving a loss of someone close to them (it is advisable that individuals be at least 12 months past the date of their loss, although the final decision is left to the Volunteer Coordinator's discretion.
 - Past employees that are seeking a volunteer placement that has the same duties as the job they did when employed at the Prince George Hospice Palliative Care Society within the last six months.
 - Lack of skills and qualities required for the placement activity
 - Having a personal philosophy or belief system that is in direct conflict or incompatible with Hospice philosophy
 - Active alcohol or drug misuse or abuse
 - A health condition, identified as a public risk by public officials, that has the potential to put clients or other hospice associates at risk who are in close contact with the volunteer.
4. Volunteers who meet one or more conditions listed above may still be accepted for certain indirect positions at the discretion of the Volunteer Coordinator and the Program Director.

Policy:	VOL 6.04 Boundaries and Self Care
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

Volunteers shall not become involved in a guest's personal affairs or family, or clients, relating to legal, financial or property matters.

Policy:

1. Volunteers may not:
 - Sign any forms on behalf of clients,
 - Witness the signing of wills or other legal documents for clients,
 - Handle or manage a client's monies or assets,
 - In the event a volunteer is requested by a client to carry out any of the above, the Volunteer shall refer the individual to the Program Director or Nurse Lead, or
 - Perform any medically controlled act.
2. Volunteers should always conduct themselves in a professional manner appropriate to a hospice palliative environment, including:
 - Showing respect and compassion for the Guest and his/her family
 - Being courteous, friendly and co-operative
 - Ensuring any client physical care needs or significant health changes are immediately referred to care staff
 - Maintaining a peaceful atmosphere for guests
 - Nurturing caring relationships that avoid dependency
 - Acting with honesty and integrity in a non-judgmental way
 - Ensuring confidentiality
 - Avoiding any personal relationships with clients
 - Avoiding conflict of interest

3. It is inappropriate for volunteers to discuss their problems with clients and their families. Information shall not be shared about a guest or their family on social media or other media platforms. It is not permitted to "Friend" or accept a "Friend Request" on social media from a guest, client, or family member. No sharing of email addresses, phone, or texting numbers for guests, clients, or family members.
4. Breach of these expectations is cause for removal from the program.
5. Dual relationships – a dual relationship occurs when the Volunteer has a helping relationship with a person and engages or can engage in interaction through at least one other role with the same person. There is a real risk of blurring boundaries and breach of confidentiality. In a situation where a dual relationship does occur between the Volunteer and client, it is the responsibility of the Volunteer to disclose this information to the Volunteer Coordinator.

Policy: **VOL 6.05**
Use of Personal Vehicles

Person Responsible: **Volunteer Coordinator**

Date Created: February 2018

Last Reviewed: January 2021

Policy:

1. Prince George Hospice Palliative Care Society volunteers are not permitted to transport guests, clients, or family members in their personal vehicles.
2. When a guest, client, or family member asks a volunteer to provide a ride, the Volunteer will inform the person that they cannot provide that service. The Volunteer can explain the constraints arising from the insurance coverage.

Policy:	VOL 6.06 Smoking
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last reviewed:	January 2021

Overview:

Smoking in the workplace is prohibited except in designated areas.

Policy:

1. Volunteers wishing to smoke must do so in the designated smoking area
2. Staff will advise all visitors wishing to smoke to do so outside the building in the gazebo. Guests may smoke in the gazebo or in the inside smoking room.
3. Volunteers smoking on Hospice property outside the designated areas will be subject to corrective action.
4. Volunteers may not take guests or their families to the smoking areas.
5. There is no smoking allowed in the inside courtyard at Rotary Hospice House.

Policy: VOL 6.07
Food and Feeding

Person Responsible: Volunteer Coordinator

Date Created: February 2018

Last Reviewed: January 2021

Overview:

Volunteers are encouraged to join the guests and families for dinner to provide grief support and companionship during a meal.

Policy:

1. Staff and a volunteer help prepare the evening meal.
2. If there is food leftover, it will be labeled and put in the refrigerator or placed in a container, labeled, and put in the freezer. All food must be identified.
3. Light snacks (baking, fruit, etc.) and refreshments are available in the dining room. Volunteers are expected to use this service sparingly as these snacks are intended for use by guests and their families.
4. While sitting and visiting with the Guest during mealtime, the Volunteer may not feed the Guest. Due to choking hazards, the Care Aide must be the one to feed the Guest if it is required.

Policy:	VOL 6.08
	Food Safe
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

There will be a minimum of one staff member with a FoodSafe certificate on duty at all times when food is being prepared in Hospice House.

Policy:

1. The FoodSafe Manual is available for reference in the kitchen.
2. Routine practices must be strictly followed by all involved with food preparation and serving.
3. Food served to residents must be prepared at Hospice House. Family or friends may bring in food for an individual guest. This food must be labeled.
4. All refrigerated or frozen prepared food must be either labeled with the date it was cooked or baked.
5. All unused refrigerated prepared food must be discarded after three days.
6. Volunteers involved in the preparation and handling of food are to report all incidences of illness, particularly those involving digestive upsets, to the RN on shift.

Policy:	VOL 6.09 Gifts and Gratuities
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

People have a strong need to share gratitude to people who have helped them.

Policy:

1. Conflicts of interest may occur and could include the following situations:
 - Where a volunteer's private affairs, professional or financial interests conflict with his/her volunteer duties, responsibilities, and obligations or may result in public perception that a conflict exists; or
 - Where a volunteer's actions would compromise or undermine the trust that the public places in the organization.
2. The honesty and impartiality of volunteers must be above suspicion. Volunteers must not place themselves in a situation where they are under obligation to any person who might benefit from or seek to gain special consideration or favor.
3. No volunteer shall accept compensation, gifts, or rewards from individuals or agencies due to their position in the organization. Money offered (in any amount) must be firmly but kindly refused. If a guest or family member offers a gift, it should also be kindly refused. It is preferable if the gift can be shared with the whole team (i.e., candy, flowers, a basket of fruit, etc.). By accepting gratuities, this may look to other guests and families that the treatment you give may be unequal or you favor one over the other. The Program Director or Executive Director has the discretion to decide if the gift can be accepted.
4. Volunteers shall not sell their goods or services to a guest or family members, nor accept money or loans from a client.
5. In situations where it would be rude to decline a gift, a gift can be accepted on behalf of the Hospice Society with the stipulation that the gift will be used in whatever way

best benefits the Society. (House, Resale Shop, etc.) Notification to program Director /ED must be given.

6. Cash accepted for the Society should be counted with two people, put in a sealed donation envelope with the donor's name and address on the envelope and the amount of the donation and the sealed envelope placed in the grocery donation box.

Policy:	VOL 6.12
	Complaints and Grievances
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

The Prince George Hospice Palliative Care Society has a grievance process to ensure that complaints are addressed efficiently and appropriately.

Policy:

1. Our policy is to hear, discuss and resolve all complaints as effectively as possible.
2. The written complaint (of a grave and severe nature) is initially brought to the attention of the Volunteer Coordinator. The Volunteer Coordinator will review the complaint, discuss the issue with all parties involved, and establish a timeline for a response. If possible, the complaint will be resolved at this level.
3. If the complaint cannot be resolved by the above process, the written complaint will be brought to the attention of the Finance Director by either the complainant or the Volunteer Coordinator. Again, a timeline for a response will be established. The Finance Director will review the complaint, discuss the issue with all concerned parties, including the Executive Director if necessary, and with due diligence, arrive at a resolution.

Policy:	VOL 6.13 Supervision
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

While providing support and services to our guests and families, and clients in the community and in Hospice House, Hospice staff and volunteers, perform as a team. All teams have someone who stands in the leadership role and from whom the team members take direction. There may be a dual reporting structure that aligns the work appropriately

Policy:

1. Volunteers ultimately report to the Volunteer Coordinator; however, each program has a lead who is responsible for directing the work required.
2. The hierarchy of supervision in Hospice House is as follows:
 - The nurse on duty is the Team Leader and is responsible for the care of the guests and coordination of duties for the members of the care team - including volunteers' activities
 - The care aide on duty is responsible for coordinating volunteer activities and supervision of volunteers under the direction of the nurse on duty.
3. Hierarchy of supervision involving Community Programs:
 - The Volunteer is subject to oversight by the Community Program Manager.
 - The Volunteer communicates with the Community Program Manager regarding any concerns they have with: their client, their loved ones, other members of the interdisciplinary team, or the volunteer assignment itself.
4. Hierarchy of supervision in the Resale Store:
 - Volunteers in the Resale store are subject to oversight by the Resale Manager. Concerns regarding volunteer's tasks and roles will be brought first to the Resale Manager.

5. Fund development hierarchy:

- Volunteers assisting with fund raising events are subject to oversight from the Fund Development Coordinator.

Policy:	VOL 6.14 Discipline
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

Prince George Hospice Palliative Care Society will undertake discipline of a volunteer in the event of culpable conduct, or behaviour that is conduct within the volunteer’s control and as such is blameworthy. Discipline is undertaken to deter such conduct from re-occurring and to provide the volunteer with the opportunity to correct their conduct in keeping with the Society’s expectations, rules and policies.

The Society will impose correction in keeping with the principles and steps of progressive discipline imposing more severe negative consequences given the magnitude of the harm done by the conduct and the facts of the case. The following corrective steps will be applied as appropriate, after consideration of all the facts of an incident or issue:

1. Verbal warning.
2. Written reprimand.
3. Suspension implying further corrective action if the offence is repeated.
4. Termination of volunteer role

Policy:

1. Except for serious offenses, progressive intervention applies, permitting volunteers to respond. If there is no positive response to the discipline, the next step in the Progressive Discipline Guideline will be followed.
2. Corrective Action for Incompetence:
 - o Set out clear, reasonable activity expectations in company policy.
 - o Communicate clearly activity expectations to all volunteers.
 - o Bring unacceptable actions to the attention of the Volunteer promptly.
 - o Provide reasonable direction, training, and instruction.

- Give reasonable warning that failure to meet these expectations could result in removal from the program.
 - Allow for time and opportunity to meet the role expectations.
 - Have a written plan for improvement
 - Meet to discuss if planned improvements were met or if revisions to the plan are needed.
 - As a final step in the process, if no improvement, removal from the program
 - Keep complete written records.
3. Corrective Action for Misconduct:
- Allow the Volunteer to tell his/her story about the misconduct.
 - Collect all the relevant facts surrounding the misconduct.
 - Give a verbal correction.
 - Give a written warning with an improvement plan
 - Suspend the Volunteer's activities
 - As a final step in the process, remove the Volunteer from the program.
 - Keep complete written records.
 - Volunteers will not be subjected to negative action when refusing to carry out instructions that could reasonably be considered unethical or unlawful activity.
4. A volunteer will be subject to immediate removal from the program for the following actions:
- Arriving for a shift with the smell of alcohol on their breath.
 - Arriving for a shift in a marked and observably impaired condition (eg. Drugs or alcohol).
 - Handling open medications of guests or their family members, and clients.
 - Abuse toward a guest, client or family member.
 - Theft of property or money from a guest, client or family member, or from staff, or the Society.

Policy:	VOL 6.15
	Evaluative Period
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Policy:

1. All volunteers will be subject to a three-month evaluation period upon becoming a volunteer. Volunteers may require a third or fourth shadowing shift to feel more comfortable in their role as a Hospice volunteer. Prince George Hospice Palliative Care Society is flexible in finding the right fit for each Volunteer. Volunteers may move to a different volunteering area that may be more suited to their skillset and preferences.

Policy:	VOL 6.17 Guest Abuse
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Policy:

1. Prince George Hospice Palliative Care Society is committed to creating and maintaining a safe and comforting environment for its guests and takes a zero-tolerance approach to abuse of its guests.
2. Abuse is defined as any act or behaviour by an employee or volunteer, which may result in physical, emotional or mental harm to a guest.
3. Examples of abuse include: physical assault, unnecessary force or handling during lifts or activities of daily living; gross physical neglect: e.g., withholding food, personal or medical care; verbal and/or emotional abuse; inappropriate or unprofessional care; non-compliance with physician orders, over-sedation or withholding of medication; theft of money or property; solicitation for compensation; sexual interference or sexual assault.
4. Furthermore, guests, and their families, have the right to expect such behaviours will be dealt with thoroughly, professionally and in a timely fashion by Prince George Hospice Palliative Care Society while maintaining privacy and confidentiality.

Procedure:

1. Concerns by guests, families, employees, volunteers, or other persons, of possible abuse are to be reported immediately to the Executive Director or delegate.
2. An employee or volunteer who has knowledge of an incident of suspected abuse has the responsibility to report such an incident immediately to their supervisor. Failure to do so may result in corrective action up to and including dismissal from their volunteer role.

3. Upon identification of suspected abuse of a guest, a thorough investigation shall be undertaken by the appropriate Manager of Prince George Hospice Palliative Care Society.
4. Depending on the nature and the severity of the suspected abuse, the volunteer may be removed from the Society location pending the outcome of the investigation. Such removal is not to be considered a corrective response to the alleged incident.
5. Depending on the nature and severity of the suspected abuse, Prince George Hospice Palliative Care Society may contact the RCMP and/or the applicable professional or regulatory body or registry to which the employee or volunteer belongs.
6. A volunteer who, upon investigation, has inflicted abuse on a guest will be subject to discipline up to and including termination of association with PGHPCS.
- 7.

References:

Policy HR 5.12 Privacy and Confidentiality

Policy HR 5.27 Discipline

Policy HR 5.30 Respect in the Workplace

Licensing Policies

Policy:	VOL 6.18 Internet Access & Usage
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Policy:

1. Volunteers are not to use the internet for personal use while volunteering at the Hospice Society. Phones are to be put away when volunteering at the Hospice Society. When a volunteer is required to use the internet for the tasks they are performing for the Society, the organization's internet and telecommunication system, including emails, must be lawful, ethical, and consistent with the organization's policies, procedures, and high standards of professionalism. Volunteers must exercise good judgment and follow the spirit of the policy.
 - Those with access to Prince George Hospice Palliative Care Society data must ensure safe storage on the network.
 - Volunteer must not share their unique program access names and passwords
 - Understanding that all activities on the internet (including email) may be traced back to the Society, activities on the internet shall be conducted professionally and objectively.
 - Internet users must not access sites that carry offensive material or detract from productivity. These sites include but are not limited to pornography, gambling, games, weapons, violence, travel, and stock market trading sites.
 - Internet users must not download files, including software, screen savers, or music files, unless authorized by their Supervisor. This reduces the chances of the system being infected by viruses and other invasive, disruptive programs.
 - The use of internet chat programs, Bulletin Boards, List Servers other than for task-related business is prohibited, as are social networks (such as Facebook, Twitter, and dating sites).

- Internet use must not detract from volunteer productivity.
- All email correspondence should be treated with the same care and diligence applied to hard-copy memoranda.
- The Executive Director must approve the acquisition of software packages.
- Volunteers may not make copies or modify copyrighted software, except to the extent permitted in the license agreement.
- Volunteers must not make any unauthorized disclosure of any database or computer information, in whole or in part, to any third person or entity.

Policy:	VOL 6.19 Public Relations/Official Communication
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

Communication and marketing will increase awareness of Prince George Hospice Palliative Care Society and facilitate access to its services.

Policy:

1. The Executive Director (ED) is the designated spokesperson for Prince George Hospice Palliative Care Society and ensures effective communication between Prince George Hospice Palliative Care Society and the public.
2. All Prince George Hospice Palliative Care Society public statements and advertisements will safeguard Prince George Hospice Palliative Care Society's integrity and reputation and will protect Prince George Hospice Palliative Care Society clients.
3. All Prince George Hospice Palliative Care Society public statements and advertisements require ED approval prior to being issued.
4. Public presentations are conducted by the ED or Designate.
5. Public presentations are subject to review and prior approval by the ED.
6. Prince George Hospice Palliative Care Society will use client photos in one-time promotional materials only with authorized Media Release forms. Ongoing program materials will not include client photos.
7. Volunteers must provide approval by signing the Media Release form prior to any media coverage. There is implied consent when being interviewed by a member of the media.
8. Prince George Hospice Palliative Care Society logo appears on all official communication generated by Prince George Hospice Palliative Care Society — both

internal and external. The use of the Prince George Hospice Palliative Care Society logo by external organizations must receive prior approval by the ED.

VOL 6.20

Policy: **Injury-on-Duty Reporting**

Person Responsible: **Volunteer Coordinator**

Date Created: February 2018

Last Reviewed: January 2021

Policy:

1. All workplace incidents resulting in injury, however minor, must be reported promptly to the immediate Supervisor.

Policy:	VOL 6.21
	Equal Access to PGHPCS Services
Person Responsible:	Volunteer Coordinator
Date Created:	February 2018
Last Reviewed:	January 2021

Overview:

All members of the Prince George Community shall have equal access to Prince George Hospice Palliative Care Society services.

Policy:

1. All community members shall have the same access to Prince George Hospice Palliative Care Society services: employees, volunteers, or employee/volunteer family members and donors.
 - All shall follow the same admission procedure with no special access or services available to staff, volunteers, family members, or donors.
 - If a volunteer's family member is referred for admission to Hospice House or any Hospice services, the Volunteer will remain at arm's length from the Prince George Hospice Palliative Care Society process. The Volunteer would take a leave of absence from Volunteering.

Policy:	VOL 6.22
	Conscientious Objection
Person Responsible:	Volunteer Coordinator
Date Created:	August 2020
Last Reviewed:	January 2021

Overview:

PGHPCS exists to provide quality end-of-life care for all in Northern BC.

PGHPCS is committed to honoring Volunteer conscientious objection to the degree where such objection does not impact the quality of end-of-life care and access to legally available health care services for our Guests.

Definitions:

- **Conscientious Objection:** Objection on grounds of freedom of thought, conscience and/or religion.
- **Conscientious Objector:** An individual who claims the right to refuse a specific type of care, treatment or procedure on the grounds of freedom of thought, conscience and/or religion.
- **Dignity:** The sense of quality or state of being worthy, honored or esteemed. Dignity in end-of-life care is how people see themselves and how they believe they are seen by others. Health care workers are the 'mirror' by which patients and their families judge their own status within the system. Health care workers have a responsibility to work towards understanding all the differing factors that affect an individual's sense of dignity.

Policy:

1. In the event that Volunteers' personal views become a conscientious objection, PGHPCS Leadership Team members, Employees and Volunteers are required to meet all the ethical and professional standards of their role and are required to ensure that Guests receive quality end-of-life care, consistent with the Canadian Hospice Palliative Care Association (CHPCA) Norms of Practice.
2. PGHPCS Leadership Team, Employees and Volunteers will provide their direct

Supervisor or designate with as much notice as possible of their conscientious objection.

3. Any Volunteer with a conscientious objection must complete the form at the end of this policy or in the related policy **VOL 6.23 Medical Assistance in Dying**, indicating their objection, and provide it to their Manager or coordinator.

Responsibilities:

1. PGHPCS Leadership Team has a responsibility to
 - Ensure quality end-of-life care, consistent with the CHPCA norms of practice, continues to be provided to the Guests in our facility when PGHPCS Employees and Volunteers express a conscientious objection.
 - Support the PGHPCS Volunteer with a conscientious objection to safely and respectfully transfer care of a Guest to a PGHPCS Volunteer who does not have a conscientious objection and who will then be fully responsible for their care. This will be done in a collaborative manner in such a way that the Guest's dignity and comfort are maintained and operational requirements are not compromised.
 - Manage records of conscientious objections for Volunteers, and ensure that adaptations as described in this policy are implemented.
2. PGHPCS Volunteers with a conscientious objection are responsible for:
 - Ensuring quality end-of-life care, consistent with CHPCA Norms or Practice is maintained until they can safely transfer care to another PGHPCS Employee who does not have a conscientious objection and who will be fully responsible for their care. This will be supported by their direct Supervisor or designate and done collaboratively so that the Guest's dignity and comfort are maintained and operational requirements are not compromised.
 - Ensuring their conduct is consistent with **H&S 2.03 Workplace Conduct and other workplace conduct related policies**. When they realize they may have a conscientious objection.
 - Volunteers who have a conscientious objection should complete the conscientious objection form indicating this, so that they can be informed of scheduled MAiD services in advance. This will provide time to fill their shift or activity period covered by another person.

3. PGHPCS Volunteers with a conscientious objection are responsible for:
- Ensuring quality end-of-life care is maintained until they can safely transfer care to another PGHPCS Volunteer who does not have a conscientious objection and who will be fully responsible for their care.
 - Transfer of care will be supported by a staff, volunteer coordinator or designate and done in a collaborative manner in such a way that the Guest's dignity and comfort are maintained and operational requirements are not compromised.
 - Ensuring their conduct is consistent with policies **VOL 6.11 Bullying and Harassment, VOL6.16 Conduct and Behavior with Clients and VOL 6.17 Abuse of Clients** when they realize they may have a conscientious objection.
 - A request for an activity period change, as per **VOL 6.23 Medical Assistance in Dying**), can be submitted to the Volunteer Coordinator or the Manager and RHH Admin Staff in order to accommodate their conscientious objection. This will be implemented on a case-by-case basis.

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Interior Health Authority MEDICAL ASSISTANCE in DYING (MAiD): Nurses Aiding a

Physician or Nurse Practitioner in Provision of

[file:///C:/Users/clara/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/634T8KFC/Medical%20Assistance%20in%20Dying%20-%20RN%20Aiding%20a%20Physician%20\(005\).pdf](file:///C:/Users/clara/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/634T8KFC/Medical%20Assistance%20in%20Dying%20-%20RN%20Aiding%20a%20Physician%20(005).pdf)

Island Health, Medical Assistance in Dying: Responding to Patient Requests. 12.6.28P

[file:///C:/Users/clara/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/634T8KFC/medical-assistance-dying-responding-patient-requests%20\(002\).pdf](file:///C:/Users/clara/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/634T8KFC/medical-assistance-dying-responding-patient-requests%20(002).pdf)

Island Health, Medical Assistance in Dying (MAiD) In Island Health: Questions and Answers for Health Care Professionals (HCPs)

Shanawani, H. The Challenges of Conscientious Objection in Health care. *J Relig Health* **55**, 384–393 (2016). <https://doi-org.ezproxy2.lib.sfu.ca/10.1007/s10943-016-0200-4>

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<https://doi.org/10.1007/s11017-019-09514-8>

Conscientious Objection Form

To be completed if you have an objection to MAiD services

I _____ (your name here)

Have a conscientious objection to the provision of Medical Assistance in Dying (MAiD) services. My objection is made on the grounds of freedom of thought, conscience and/or religion. As such, I am making a request to be excused from involvement in the provision of MAiD services.

I acknowledge that I have an ongoing duty for those under my care, and will maintain continuity of care of high quality. I will not be asked to participate in any part of the provision MAiD services by Prince George Hospice Palliative Care Society (PGHPCS).

I acknowledge that PGHPCS will make reasonable efforts to advise staff who have such an objection, in advance whenever possible, of an anticipated MAiD service provision. If operational requirements permit, and the objecting staff member requests it, attempts will be made to relieve the objecting staff from duty for their shift when MAiD is to occur. I acknowledge that this shift will not be rescheduled.

PGHPCS will maintain a list of staff with a conscientious objection, for the purpose of advising such staff of upcoming provisions of MAiD services.

By checking this box, I am indicating my request not to be present at Rotary Hospice House during the provision of MAiD services.

I have read, understood and agree to the conditions above, and indicate this by signing below:

Signature

Date

Policy:	VOL 6.23 Medical Assistance in Dying (MAiD)
Person Responsible:	Volunteer Coordinator
Date Created:	August 2020
Last Reviewed:	January 2021

Overview:

Prince George Hospice Palliative Care Society (PGHPCS) strives to offer quality end-of-life care to all in the Northern British Columbia. PGHPCS joins with the person and their family in providing dignity and respect at the end of their life. Medical Assistance in Dying (MAiD) is now authorized in circumstances as set out in Bill C-14 by the Government of Canada. PGHPCS allows the provision of MAiD services by Northern Health Authority (NHA) within Rotary Hospice House (RHH), based on the conditions described in this policy.

Definitions:

- **Conscientious Objection:** Objection on grounds of freedom of thought, conscience and/or religion.
- **Conscientious Objector:** An individual who claims the right to refuse a specific type of care, treatment or procedure on the grounds of freedom of thought, conscience and/or religion.
- **Dignity:** The sense of quality or state of being worthy, honored or esteemed. Dignity in end-of-life care is how people see themselves and how they believe they are seen by others. Health care workers are the 'mirror' by which patients and their families judge their own status within the system. Health care workers have a responsibility to work towards understanding all the differing factors that affect an individual's sense of dignity.
- **Independent Witness:** A person who is at least 18 years of age, understand the nature of the request and is not a beneficiary under the person's will or would otherwise benefit from the person's death. Individuals responsible for the person's personal care, the health care treatment team and those responsible for

any facility where the person resides or is being treated, would not be considered independent witnesses. A family member could witness a person's request if none of these circumstances apply to them.

Policy:

1. In accordance with Bill C14 and British Columbia Ministry of Health, PGHPCS allows MAiD procedure to be performed at RHH. All residents admitted to RHH must fulfill the admission criteria as per **RHH 4.06 Admission Criteria**.
2. No person shall be admitted to RHH who already has a date set for the MAiD procedure.
 - If a Person with a set date for MAiD services is seeking admission from the community into RHH for symptom management, staff must contact the Manager to discuss the merits of the admission, prior to admitting the Person.
3. PGHPCS and RHH will not become a choice destination expressly for the receipt of MAiD services.
 - Persons who are admitted to RHH, and who subsequently choose MAiD services, will be permitted to receive MAiD services as provided by and through NHA, without disruption to their care or location.
4. Northern Health Authority will provide the MAiD health care team to assess, assist and provide MAiD to those residents of PGHPCS facility.
 - PGHPCS Volunteers and Staff will not be involved in the provision of MAiD at RHH while employed at PGHPCS.
 - PGHPCS Staff or Volunteers will not act as an independent witness in the MAiD process, as per **RHH 4.04, Boundaries and Self Care (new) and VOL 6.03, Boundaries and Self Care**
5. PGHPCS respects the values, beliefs and interests of all Guests and Families, PGHPCS Staff and Volunteers. PGHPCS Staff and Volunteers who have a conscientious objection to MAiD, must still continue to provide quality end-of-life care before and after the MAiD procedure as outlined in this policy.
6. PGHPCS expects that all Volunteers will adhere to ethical standards and continue to provide quality end-of-life support before and after the MAiD procedure. Please see

Appendix 1 of this policy for the Conscientious Objection form, to be completed by all Volunteers who have such an objection.

7. PGHPCS Employees and Volunteers will act in good faith, and will not discriminate against Guests who request MAiD, will not delay, impede or block access to a request for MAiD and will continue to provide care other than that directly related to the provision of MAiD.
8. PGHPCS Employees and Volunteers will at all times respect the privacy and confidentiality of the resident by making no public comment about the resident requesting or receiving MAiD. PGHPCS Employees and Volunteers (those involved in the 'Circle of Care') will continue to maintain strict confidentiality as per **RHH 4.19 Guest Information – Privacy and Access, VOL 6.05 Confidentiality and the Confidentiality Agreement signed upon joining PGHPCS as a Volunteer.**

Procedure:

1. If a Guest requests information on MAiD services, notify staff, who may provide the information brochure or who will refer the question to the NHA MAiD coordinator.

NHA MAiD Coordinator Contact:

Melinda Allison, MSW, BSc

Adult Abuse and Neglect Specialist

Northern Health Authority

Suite 600-299 Victoria St

Prince George, BC V2L 5B8

Phone: 250-645-8549

Fax: 250-565-2640

Email: Melinda.allison@northernhealth.ca

2. Upon NHA MAiD Coordinator's request Staff may provide the Patient Request Record to the MAiD applicant. Staff should ensure that they are accessing the latest, up-to-date form at the link provided.

- The current document can be located on the BC Ministry Health website <https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf> .
3. Once MAiD is scheduled, PGHPCS Volunteers will advise the Volunteer Coordinator and RHH Administrative person, who will check to see if there are staff scheduled to be present who have a conscientious objection and advise staff. Attempts to adapt the schedule as much as possible will be based on operational needs.
 - Volunteers with a conscientious objection should follow the policy **VOL6.22 MAiD and Conscientious Objection**, in order to register their objection.
 4. PGHPCS will request from the Guest and Family information on preferred visitors for the procedure, time of procedure or any other requests pertaining to procedure to ensure that there are no unwanted interruptions.
 - Anyone visiting, not indicated by Guest and Family as permitted, will be prevented from visiting at the time of the MAiD procedure. No information on the MAiD procedure should be shared with anyone not expressly permitted to have personal health information by Guest consent or BC Freedom of information and Privacy Protection (FOIPPA) legislation.
 5. All PGHPCS Staff and Volunteers will continue to provide care and support, up to the time of handover of care to NHA providers of the MAiD service. PGHPCS care and support will resume upon completion of the MAiD procedure and handover of care from the NHA providers of the MAiD service.
 6. PGHPCS Staff and Volunteers are absolutely not permitted to participate in any part of the MAiD procedure. PGHPCS Staff and Volunteers are not permitted to be in the room for the provision of MAiD service.
 7. PGHPCS Nursing will advise the MRP of the patient's passing upon receipt of the certificate of death from the MAiD practitioner. All other supports and processes normally occurring upon death of the Guest should be followed as usual.

References:

BC ministry of health.

<https://www.parl.ca/documentviewer/en/42-1/bill/c-14/royal-assent>

British Columbia college of nursing professionals: professional standards

https://www.bccnp.ca/standards/rn_np/professionalstandards/pages/default.aspx

British Columbia college of nursing professionals: professional standards

https://www.bccnp.ca/standards/rn_np/practicestandards/pages/default.aspx

Criteria for eligibility: defined by bill c14

<https://www.parl.ca/documentviewer/en/42-1/bill/c-14/royal-assent>

Northern health authority medical assistance in dying (maid): nurses aiding a physician or nurse practitioner in provision of

[file:///c:/users/clara/appdata/local/microsoft/windows/inetcache/content.outlook/634t8kfc/medical%20assistance%20in%20dying%20-%20rn%20aiding%20a%20physician%20\(005\).pdf](file:///c:/users/clara/appdata/local/microsoft/windows/inetcache/content.outlook/634t8kfc/medical%20assistance%20in%20dying%20-%20rn%20aiding%20a%20physician%20(005).pdf)

Island health, medical assistance in dying: responding to patient requests. 12.6.28p

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Memo: May 9, 2018, circle of care- palliative rounding, from Karyn Morash & tony yip

<g:\administrative\policies and procedures\residential\reference material\circle of care memo - palliative rounding.pdf>

Parliament of Canada; bill c-14

<https://www.parl.ca/documentviewer/en/42-1/bill/c-14/royal-assent>

Policy:	VOL 6.24 Animal Assisted Therapy/Pet Visitation
Person Responsible:	Volunteer Coordinator
Date Created:	August 2020
Last Reviewed:	June 2021

Overview:

- Prince George Hospice Palliative Care Society (PGHPCS) in fulfilling its functions has a legal duty to provide access and to accommodate the needs of clients, employees, physicians, students, volunteers and members of the public with disabilities. PGHPCS is also responsible for providing a healthy and safe environment in which individuals can work. Consequently, PGHPCS recognizes the need to have on sites specially trained animals that assist persons with disabilities as well as animals used for therapeutic purposes in residential settings.
- PGHPCS recognizes the need to minimize the potential health and safety risks to employees and patients that may result from the presence of other animals/pets on the sites.
- Animals have been found to benefit people socially, psychologically, and physiologically.
- The goal of resident pets, personal family/friend pets, pet visitations and pet therapy programs are to promote and improve wellness and independence by providing opportunities for recreational, motivational, and therapeutic benefits.
- As animals can transmit infectious diseases to humans and humans can transmit infectious diseases to animals, it is necessary to minimize these risks.
- Service animals are permitted in all PGHPCS facilities and are exempt from the screening process and regulations outlined in this document for pet therapy and pet visitation animals.

Policy:

PGHPCS will make every reasonable effort to facilitate and/or accommodate animal assisted therapy and pet visitation; however, pets are not permitted in PGHPCS vehicles. Staff who are scheduled to work should not have their pets present at any PGHPCS locations, as they are unable to continuously monitor their pet.

Rotary Hospice House (RHH) leader for considerations related to therapy animals will be the nurse lead on duty. The nurse lead, or staff members with an interest in pets,

may act in conjunction with the Volunteer Coordinator. The Volunteer Coordinator will coordinate the arrangement of animal assisted therapy and pet visitation activities, including communication of applicable rules and regulations listed within this document as well as collection and maintenance of pertinent documentation as necessary.

All visiting animals must:

- Be declared to be in good general health and free of contagious disease by a licensed veterinarian annually and have all vaccinations up to date. Documentation must be collected and maintained by the person designated to be the facility's designated Pet Visitation Coordinator for all staff and volunteer pet visitors. In the case of family/resident pet visitors, this documentation is to be made available upon request;
- House trained and good-tempered;
- Be clean, groomed, and have nails trimmed a few days prior to visitation to ensure they are not sharp;
- Be of the minimum age to have received their first vaccinations;
- Be on leash or in a carrier at all times OR under the complete control of the handler as determined by facility's designated Pet Visitation Coordinator (e.g., consistently and quickly follows basic commands such as sit, stay, and come);
- Be constantly supervised by the handler or left in a safe, enclosed environment;
- Not be fed a raw diet of animal origin within the past 90 days prior to volunteering; and **Note:** A raw diet carries a higher risk for *Salmonella* spp. and multi-drug resistant *E. coli* bacteria which may be shed into the health care environment.

Note: For the purpose of this policy, dehydrated animal treats (e.g., rawhide, etc.) are not considered to be part of a raw diet that excludes the animal from visiting. This is due to the fact that the process of dehydration takes places at a high enough temperature to kill pathogenic bacteria that may be present in raw meats.

- Not be allowed in dining rooms during meal times, where clean supplies (including linen) or chemicals are being stored, medication rooms, where any medical/care procedures are being completed, and/or any other area as identified specifically by individual facilities.

Therapy animals must:

- Be certified and temperament tested by a recognized pet therapy program, such as the Therapy Dog Program offered through St. John Ambulance, and/or by a Certified Pet/Dog Trainer.

- Therapy animals will be re-evaluated for suitability at least every three years by the Therapy Dog Program Coordinator or designate;
- Be declared to be in good general health and free of contagious disease by a licensed veterinarian at minimum annually (ideally every six months), and have all vaccinations up to date. Documentation is to be collected and maintained by Therapy Dog Program Coordinator (e.g., St. John Ambulance contact, or designate);
- Carry identification or other clearly visible sign that identifies it as a therapy animal;
- Animal handlers or owners must be healthy and free of symptoms that may indicate a communicable disease (e.g., cough, diarrhea or fever).
- Effects/responses to animal assisted therapy must be reported to appropriate personnel to allow for effective documentation and record-keeping. Questions may include:

Did the individual enjoy the experience of pet visitation? Why? What was the best part?

- What was the individual's affect throughout the session?
- How did the individual respond to the animal (e.g., afraid, withdrawn, enthusiastic, emotional etc.).
- Does the individual wish to continue to receive visits?

Resident pets must:

- Have a designated person(s) responsible for the health and personal needs of the pet including annual veterinarian check-ups, immunizations, licensing, feeding, exercise, and hygiene;
- All pertinent information including immunization records and care plans must be kept in one place and be accessible to all staff;
- Prior to obtaining a resident pet, the parties responsible for covering the costs associated with the care and maintenance of said pet(s) must be established and agreed upon. Possibilities include, but are not limited to: Resident/Family Council, general Resident/Patient care budgets, and/or Recreation Therapy Department budgets;
- Not outnumber one to every ten residents;
- Have their own safe and secure area for sleeping and eating;

- Be groomed, nails trimmed, and if applicable, bathed on a regular basis;
- Have their animal habitats (e.g., bird cages, fish tanks, litter boxes, food dishes, etc.) cleaned and disinfected on a weekly basis. Person(s) responsible for these tasks should wear a gown or apron, gloves, and/or a mask as appropriate. Hand hygiene must be performed after completing such tasks.
- Be confined to non-affected units for the duration of any infectious disease outbreak if at all possible. Extra attention to hand hygiene practices must be observed.
- Receive veterinary attention immediately upon showing signs and symptoms of illness.

Owner/Handler Responsibilities:

- If interaction with an animal is not as a result of a direct request from the resident/patient or Substitute Decision Maker, permission must be obtained from the resident/patient or Substitute Decision Maker prior to interacting with an animal. For visits in other guest rooms, obtain the verbal permission of all those housed in that room. If for any reason verbal permission is not possible to obtain, defer to substitute decision maker(s) or staff members who are familiar with the individual(s) for guidance.
- Every reasonable and practical effort shall be made to keep animals away from residents/patients with allergies, phobias, dislikes, or those who are significantly immune suppressed. Handlers shall be notified of such individuals prior to visitation.
- Place a sign outside the door indicating “Pet Therapy/Visit in Progress” when visits are taking place in a resident/patient room. This will ensure awareness of the presence of an animal and reduce the risk of interruptions and the possibility of startling the animal.
- Owner/handler is solely responsible for the needs of the animal (food, water, and outdoor breaks), including the proper disposal of waste and thoroughly cleaning up after any animal waste that may occur during the visit. The facility will provide the materials necessary: gloves, plastic bags, paper towel, disinfectant, etc.
- RHH Staff may have their pets attend RHH to visit guests for limited times, considering that constantly attending to the pet, as required by this policy, would interfere with the staff member’s work. Otherwise, staff and their pets must all meet the same conditions as visiting animals required by this policy.

Note: An “accident” may be a sign of animal distress and therefore, the visit should end.

- Residents, patients, family, staff, visitors, and volunteers must practice hand hygiene (washing thoroughly with soap and warm water or using alcohol hand sanitizer) before and after handling/touching the pet.
- Owners/handlers must practice hand hygiene between residents when there is direct contact (e.g., shaking hands) and after direct contact with the pet and their waste.
- Where possible, if residents/patients are going to hold animals or wish to have animals on their beds, a disposable or washable barrier such as a soaker pad, towel, or sheet (available from the facility) should be placed between their clothes/blankets and the animal. After the visit, the barrier must be disposed of or placed in the laundry; a separate barrier must be used for each resident/patient.
- If an animal bites, scratches, or displays any other inappropriate behaviour, the visit must be stopped immediately. Any such incident must be reported to staff for follow-up and treatment of any injuries. In the case of accidental scratches, measures must be put in place to prevent this situation from reoccurring. All injuries related to contact with pets require the completion of a Patient Safety Learning System (PSLS) report.
- If an animal should develop symptoms of any illness following a facility visit, the handler will immediately notify the facility for follow up with the Infection Control Department.
- Visits must be cancelled immediately if the animal is experiencing any of the following symptoms:
 - a. Episodes of vomiting or diarrhea
 - b. Urinary or fecal incontinence
 - c. Episodes of sneezing or coughing of unknown origin
 - d. Open wounds
 - e. Ear infections
 - f. Skin infections
 - g. Orthopaedic conditions
 - h. Heat stress
 - i. Enteric parasites

Note: The animal must be symptom free for one week prior to their next visit.

- Visits must be cancelled if the owner/handler is experiencing any signs or symptoms of illness. The individual should be symptom free for a minimum of 72 hours prior to their next visit.
- During any infectious disease outbreak, there will be no pet visits until the outbreak is declared to be over by Public Health Services, unless extenuating circumstances exist (e.g., palliative care). Extra attention to hand hygiene practices must be observed if any exceptions are allowed.
- The following animals are considered to be high risk species and will not be suitable for pet visitation:
 - a. Rodents, reptiles and amphibians; and
 - b. Exotic, wild, stray, or recent shelter animals (due to possible unpredictability).

DEFINITIONS

Animal Assisted Therapy: A goal-directed intervention directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of their profession.

Animal Assisted Activities: The casual “meet and greet” activities that involve pets visiting people.

Guide Animal: This term refers to an animal, usually a dog, which is in a working harness and is certified to guide blind or hearing-impaired person by an accredited canine school that is engaged in this specific type of training.

Service Animal: This term refers to an animal, usually a dog, which is certified to assist disabled people by an accredited canine school that is engaged in this specific type of training.

Therapy Animal: Animals that are brought by specially trained professionals, paraprofessionals, and/or volunteers to provide opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life.

Pet Visitation Animal: Any animal which belongs to a patient/resident, family member, staff member, and/or volunteer, and whose presence in the facility is requested by the patient/resident and/or their physician/health care worker.

Resident Pet: Any pet that resides within the healthcare facility or visits on a regular (e.g., daily) basis.

Pet Visitation Coordinator: The individual or group/department designated by each facility/unit to oversee all Animal Assisted Therapy and Pet Visitation activities, including communication of rules and regulations as well as collection and maintenance of pertinent documentation as necessary.

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Attached Documents:

- Pet Visitation Screening Checklist (# 10-300-7025)



Pet Visitation
Screening Checklist