

**VOLUNTEER GUIDELINES FOR HAND-HOLDING ROLE**

**Line relationship**: Accountable to the Volunteer Services Manager

**Immediate responsibility**: to a health care assistant, theatre supervisor, theatre manager, Volunteers’ coordinator

**Role**: Hand-holding role is offering support to patients undergoing procedures under local aesthetics in order to reduce anxiety and improve patients’ experience and free up nursing staff for other important clinical tasks.

**Tasks**:

* On arrival volunteer are requested to change into blue theatre overalls (scrubs) and a specific volunteer theatre hat. The hat will be given on joining the scheme and volunteer must ensure it is washed for every shift. The hat must cover all of the hair when worn. Volunteers are not required to wear a theatre hat unless they are in the operating area.
* If the has not been provided please use the standard hats provided for the theatres (located in changing rooms). Please agree in advance to ensure safe storage of belongings as the theatres are not able to provide lockers.
* Volunteers wearing scrubs are required to follow guidelines on as to where there are permitted areas to go while wearing those, i.e. in City Road it is permitted to walk anywhere on the first floor. In addition it is allowed to wear a special yellow gown to enter restaurant to get some food but not to stay there (this is not to pick up contaminant bacteria).
* Volunteers are asked to mark their name and date/hour of attendance of the operating theatre in the attendance record sheet on arrival to the theatres (located at theatres reception). They are also required to sign out on exit.
* Volunteer must communicate their availability in advance and warn about any absence ahead as much as possible.
* After changing into the blue scrubs volunteer is asked to proceed to the waiting area/s to liaise with the nurse running a particular list/s that the volunteer is supporting to check for a priority patient/s who will require assistance and check the order of the list. Usually first patients on the list are likely to require some assistance. If this is not the case then proceed down the list. If there is no one requiring support on the list than the volunteer can check in the waiting area if there are any patients who might require support. As we are still running a trial, if you are going to the operating theatre please check with the surgeon for the patient if they don’t mind a hand-holder being present.
* The volunteer will speak in the waiting area to the patient prior to surgery and explain in simple terms the role of the hand-holder. (During the current trial the volunteer is asked to explain the project briefly and ask a patient if they wouldn’t mind giving a feedback via short questionnaire at the end of their recovery time and before discharge. This will help us to gather data to provide evidence on how in requested the service is. The volunteers are also encouraged to chat to the patients while they are having tea and sandwiches as it have been noticed to be the best time to ask for feedback, it opens a more relaxed conversation and patients are more likely to comment in detail.)
* The volunteer is encouraged to tell patient that they are there to support them and by holding their hand will be a channel of communication during surgery (the patient would need to squeeze their hand).
* The volunteer will carry out their role being unafraid to speak up when communicating for the patient (i.e. “the patient is squeezing my hand doctor”).
* The volunteer should reassure the patient verbally at appropriate times and when needed (not during the operating procedure, when volunteer must make no comments unless about the squeezed hand).
* Outside of the operating theatre the volunteer should not be able to ask for the information or seek help if they do not understand what is going on or feel challenged by a situation.
* Volunteers must refrain from touching blue drapes at all times.
* Volunteers are required to wash their hands with soap between patients.
* Volunteer should refer to code of conduct in operating theatre to familiarise themselves with more detailed aspects of behaviour in this particular environment. Please discuss any other tasks in question with the Volunteer Services Manager.

**Volunteers should not**:

* Assist with anything medical or nursing in nature
* Lift a patient up under any circumstances
* Read patients’ medical files
* Assist with cleaning duties within reasonable boundaries
* Repair any item of equipment
* Be alone inside closed curtains with a patient
* Let anyone in or out of a locked room or ward without permission from a member of staff
* Take photos whilst in the hospital or engage in social media in relation to their volunteering.

**Hours**: by negotiation and mutual agreement

**Uniform and Presentation**: The Trust and Friends of Moorfields have a Dress Code policy which volunteers are asked to comply with in operating theatres. Clothes must be neat, tidy, smart casual and comfortable and practical; free from obvious dirt and stains. Hair should be clean and tidy- if long should be tied back. Facial hair must be kept short. Make up should be discreet. Tattoos is visible should be discreet or covered up. Nails should be clean and well-manicured- no false nails or nail varnish. Footwear should enclose the whole foot and have ideally non-slip soft soles, low heels and provide good support. If trainers are worn they must be only worn in the operating theatre areas and not to be used outdoors. Jewellery should not be worn in theatre (unless very discreet ear studs). Clothing should not be worn below the elbow.

**Confidentiality**:

Your attention is drawn to the confidential aspects of helping in the hospital. In the course of hospital service, volunteers may see and hear things of confidential nature, including information referring to diagnosis and treatment of patients, individual staff records etc. This information must not be divulged to or discussed with any person other than relevant staff (or shared on social media). Breaches of confidence will result in the termination of your volunteering.

Volunteers are not to be regarded as substitute for paid staff and services provided by volunteers should complement and not replace those provided by paid staff.

**N.B. If in doubt, please always talk to the Volunteer Services Manager in the first instance.**

Updated 03.01.20