Procedural Agreement for Volunteer Chaplains
___________ Regional Medical Center

Purpose:
To fulfill patient rights and meet patient needs by offering spiritual care. To help our patients heal more quickly. To ensure patient privacy and confidentiality. To provide guidelines to Volunteer Chaplains.

Policy / Procedure
1. The Chaplains Committee will serve under the supervision of the Staff Chaplain, liaison Hospital Manager/Administrator and the HMA Corporate Chaplain.
2. The Chaplains Committee will consist of the Staff Chaplain as Chairperson (or Volunteer Chaplain Coordinator), a Vice Chairperson, and Secretary and the liaison Administrator/Manager and other members as desired.
3. The Staff Chaplain must be ordained, with a Masters of Divinity and CPE (Clinical Pastoral Education) with four units (1,600 hours) or working toward four units.
4. The Volunteer Chaplain Coordinator / Chairperson should preferably be ordained and have some theological training and have taken the HMA Volunteer Chaplains Seminar.
5. The Committee will recruit, interview applicants, shadow and train new chaplains, orchestrate the schedule, encourage, schedule annual continuing education, and when necessary discipline and/or terminate volunteer chaplains according to the following policies and procedures.
6. A new Volunteer Chaplain must attend the regular hospital orientation, have a TB (PPD) test, drug screening, background check, HIPAA training, Corporate Compliance training, Standard Precaution education, and the HMA Volunteer Chaplains Training.
7. Annually the Volunteer Chaplains will have an review by the Volunteer Chaplains Committee, have an annual TB (PPD) test, have annual HIPAA training, Corporate Compliance training, Standard Precaution training and annual chaplain’s continuing education from the HMA Corporate Chaplain.
8. Volunteer Chaplains will clock in and out (according to the Volunteer’s system) when beginning and ending a shift. The only time this may not happen is during a crisis event when they are called in STAT.
9. Non-ordained Volunteer Chaplains will not be able to perform weddings according to the State laws. Sacraments and services such as Baptism, Anointing, Holy Communion, and Funerals may be performed by a non-ordained volunteer chaplain at the discretion of the Volunteer Chaplains Committee and at the Patient’s request.
10. Volunteer Chaplains may work various hours and days according to their availability and the needs of the hospital to do patient rounds and to fulfill patient requests. Volunteer Chaplains may be available to be on call.
11. The Volunteer Chaplains will call a church or minister when the patient requests or gives this permission. The first goal is to contact the patient’s own minister and never to take the place of a patient’s minister, but serve alongside a patient’s minister. A hospital volunteer chaplain may offer spiritual care to any patient, family member, friend, staff, or visitor.
12. A census (list of all patients) will be available for the volunteer chaplain. All patient information must be kept confidential and should not be shared unless another employee or volunteer chaplain needs to know that information to treat the patient. If someone else wants information they should see the nurse, patient, or family member.
13. Volunteer Chaplains will shred all patient censuses at the end of the shift. No patient information may be taken out of the building.
14. Volunteer Chaplains will wear the hospital badge – “Volunteer Chaplain” -- while on duty. Volunteer chaplains may introduce themselves as “chaplain” or “a hospital chaplain”, or a term
agreed on by the Staff Chaplain or Chaplain’s Committee.

15. Volunteer Chaplains will follow Corporate Compliance. No Medical Staff, Employee, or Volunteer may profit financially from their connection with the hospital. It must be disclosed if they have a connection or if they know about someone’s connection. (One example might be: a Chaplain’s profiting from providing funerals where the family or funeral home gives a financial gift. It must be disclosed that it is not something the Chaplain promotes.)

16. Volunteer Chaplains will dress professionally (which is appropriate to their area of the country), unless it is a situation such as an on-call crisis event. No one may wear cologne or perfume which could distress a respiratory patient. No one may wear artificial fingernails that may carry infections. No one may wear open-toed shoes in control infection.

17. Volunteer Chaplains who are local ministers will be able to wear their denomination attire or jewelry while on duty if that is expected by their religion or denomination, but will try to appear as a minister to all faiths.

18. According to the discretion of the local hospital Administration, Volunteer Chaplains will have strict limited access or no access to the chart to but will at least give information to a designated person to be placed in the chart or kept in a separate file for spiritual care visits.

19. Volunteer Chaplains will not seek to proselytize or push their faith, opinions, or persuasions on another person in the hospital. They will refrain from preaching, teaching and persuasive counseling, however they will focus on listening and ‘reading’ the patient’s needs in order to meet the patient’s preferred option or opinion.

20. Volunteer Chaplains may not distribute personal or denominational materials in the chapel, waiting rooms or in lobbies, which have not been approved by the Volunteer Chaplains Committee, unless a patient requests them.

21. It is always advisable for the volunteer chaplains to speak with the patient’s nurse or nurses station concerning the appropriateness and timeliness of their visit and to see what other patients need spiritual care, and to see how the staff is doing.

22. Volunteer Chaplains must be aware of all hospital signs to protect themselves and the patient. If they do not understand a sign, they should ask. All volunteer chaplains must wash their hands before seeing and after seeing each patient. They will follow signs that warn to use a mask, gloves or even a gown. They will dispose of protective attire in that room so as not to contaminate the hallways.

23. Other signs may include “NPO” (which is Latin for “Nothing by mouth”) this includes Communion / Eucharist / Lord’s Supper or even a small slip of water that could be fatal during a procedure. Volunteer Chaplains should ask a nurse before helping a patient eat from the food tray or fill a cup of water.

24. Volunteer Chaplains must never seek to do any moving, treatment, or therapy with patients.

25. Volunteer Chaplains should refrain from giving opinions or medical advice to patients and family members.

26. If a Volunteer Chaplain, themselves, are not well or has a fever, cold, diarrhea, uncontrollable cough, etc. they could call a patient but not visit and call in a chaplain who can serve. If a Volunteer Chaplain is an organ recipient or have a low immunity, they should be aware of their own health risks

27. A list of other chaplains will be used to call another chaplain.

28. Volunteer Chaplains should let staff know if the patient has any concerns or complaints. After asking if the patient wants it to be resolved, the Volunteer Chaplains should notify a nurse, a patient advocate or Administration. The Hospital wants to resolve all issues as soon as possible.

29. In summary, all volunteer chaplains must be gracious toward others of a different faith, mature, loving, kind, compassionate, spiritual, good moral character, willing to learn, friendly, warmhearted, presentable, professional, a good listener, intuitive (able to “read” people), good boundaries, and able to keep matters confidential.

30. Volunteer Chaplains may have a meal in the cafeteria for each four hours they are on campus or each time they are called in.
There are various ways a chaplain may be involved with a patient, family, staff ministry. Some of these may include:

1. spiritual assessment (determining the need of the patient and family)
2. offering a spiritual visit or friendly chat
3. offer to call their minister or place of worship;
4. offering a prayer or blessing;
5. administration of religious rites or sacraments (i.e.: Baptism, Dedication or Baptism of Child, Holy Communion, Anointing of the Sick);
6. spiritual intervention with life’s decisions (i.e.: Life Coaching)
7. listening to their story;
8. compassionate touch;
9. ongoing pastoral support for long term cases;
10. pastoral care during the dying process or at death (grief counseling);
11. pastoral crisis intervention (i.e.: trauma, emergencies or a Code Blue);
12. ministry during Withdrawal of Life Support
13. prayer at Hospital functions
14. Funerals and Weddings for patients, employees and their family members
15. and available to help staff, visitors, and the community.

Procedure:
1. The Admitting Department asks a basic question about the patient’s religion or denomination that will appear on the AS400 and the Religious Census.
2. The Admitting Nurse will complete a Spiritual Assessment: place of worship to be called, chaplain visit, and any needs they may have spiritually.
3. The Nurse or Unit Secretary will send a request to a certain location where the Volunteer Chaplain for that day will receive the requests.
4. The Volunteer Chaplain will fulfill request and reassess the patient’s needs.
5. A Religious Census (a list of all the patients) will be made available to the Volunteer Chaplain including basic information (name, date admitted, religion or denomination).
6. The Volunteer Chaplain Committee will keep a log of all patients visited each month and annually.
7. The local Priest of the Catholic Church will keep a list of those that have received the Anointing of the Sick (which at Vatican II 1965 replaced “Last Rites”. The last Anointing of the Sick is the Extreme Unction in preparation for Eternity).
8. To call for a chaplain, call the switchboard operator to see who is on call that day or that hour.
9. After hours, call nursing supervisor who will evaluate the need for an on call volunteer chaplain or call the patient’s minister, family or friend.
10. A monthly report of the number of visits and churches called will be given to the liaison Hospital Manager or Administrator.

The goal is to work in conjunction with and communication with the holistic healing team (physicians, nurses, therapists and other caregivers) so that patients heal more quickly.

I will comply with these and all policies for the good of the patient, hospital and chaplaincy program.
I realize that if I do not comply that I may receive counseling or possibly be removed from the program.

_________________________        _____________        _____________        _____________
PRINT NAME                     SIGNATURE                     DATE