



Return to Volunteering Declaration

Name: _____ Date: _____

Dundas County Hospice values all clients, residents, visitors, volunteers and employees; it is our utmost importance to ensure the continuing safety of every individual who is connected to our programs and services. It is necessary for all volunteers to acknowledge risks, complete the required training and screening associated with the COVID-19 pandemic. Community support and bereavement programs will continue to be delivered via virtual means whenever possible. The gradual phased approach to reintroducing volunteers will be limited to roles where physical distancing can be adhered. Please read the following carefully, check the boxes after each section, sign the form and return to Tina Mac Queen, DCH Volunteer Coordinator, prior to resuming a volunteer role.

Vulnerable populations

I understand people of any age or health status can develop COVID-19, but three groups are at higher risk for hospitalization or death:

- **Adults in their 60s and over account for most of the reported COVID-19 hospitalizations, intensive care unit (ICU) stays, ventilator use and deaths in Canada.**
- **People of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, cerebrovascular disease.**
- **People of any age who are immunocompromised, including those:**
 - **With an underlying medical condition (e.g., cancer)**
 - **Taking immune weakening medications (e.g., chemotherapy)**

I declare that I understand my risks and wish to return to a volunteer role.

Training and Education

I recognise that infection prevention and control practices is fundamental to preventing the spread of COVID-19 virus.

- **I will complete necessary COVID-19 training, which may include links and attachments sent by email.**
- **I understand that if the current pandemic situation changes, Dundas County Hospice may direct all in-person visits to stop and for the safety of all involved and the reputation of Dundas County Hospice and I will adhere to the direction.**

I declare that I will complete the necessary training, adhere to established policies, procedures, protocols and direction and wish to return to a volunteer role.

Screening, Self-Monitoring and Reporting

I understand that screening, self-monitoring and reporting illness is an integral step to preventing the spread of COVID-19 virus.

- **I will complete the COVID-19 Screening Tool and take my temperature before each visit to a client. I will not visit a client if I am feeling ill. I will document and report the results along with my monthly volunteer hours to the Volunteer Coordinator via email or in person.**

- **Once in-person visiting resumes, I will be required to screen my client over the phone the day prior to the visit and ask if there are any changes from the day before at the beginning of the visit. I will report any Yes responses to a Hospice staff member and I will cancel the visit. If there has been a change from the day before, I will report the screener information prior to my volunteer assignment to any staff member. I will document and report the results along with my monthly volunteer hours to the Volunteer Coordinator via email or in person.**
 - **The COVID-19 Screening Tool is found at this link: <http://dundascountyhospice.ca/wp-content/uploads/2020/07/DCH-COVID-19-Updated-Screener.docx>**
 - **I will report to a staff member at Dundas County Hospice by phone as soon as possible if I have COVID-19 symptoms or I have had a confirmed unexpected exposure to a person with COVID-19.**
 - **I agree that I will inform Dundas County Hospice before visiting with a client if I have traveled outside of Canada within the last 14 days.**
- I declare that I understand the self-monitoring and reporting expectations.**

Signature: _____ **Date:** _____

Staff Member: _____ **Date:** _____