

WRHA VOLUNTEER SERVICES GOOD PRACTICE GUIDELINE MANUAL

Good Practice Guideline: Volunteer Client/Patient Relationship and Boundaries	Reference # 3.5	Page 1 of 1
- Direct Service and Collaborative Volunteers	Approved: J.Edwards	Date: 15/09/04 Reviewed/Revised: November 2011

GOOD PRACTICE DESIRED OUTCOME:

Quality client/patient care will be supported by establishing clear guidelines for volunteer-patient relationships.

GOOD PRACTICE GUIDELINES:

This good practice applies to all volunteers regardless whether they are directly volunteering with WRHA or through a collaborative/sponsored agency.

The volunteer-client relationship is a position of trust. In all dealings with clients/patients, volunteers must conduct themselves ethically and responsibly. Some volunteers, with the greatest of intentions, engage in behaviour that may carry potential emotional risk to either the client/patient or the volunteer.

All volunteer-client relationships are on a professional level and do not move to a personal level. Some examples of volunteer and client/patient practices that may lead to emotional risk/reliance are:

- Client/patient and volunteer exchanging phone numbers;
- Giving advice;
- Accepting large gifts;
- Planning to meet socially outside of the volunteer role.

Volunteer placement supervisors must ensure that volunteer assignments involve approved duties of volunteers and avoid inappropriate roles. Examples include:

- Volunteers *must not* perform duties that require nursing, allied health or medical training.
- Volunteers *must not* assist clients/patients with legal or banking transactions.
- Volunteers *must not* be asked to give medication to clients/patients.
- Because health interpreting is a highly specialized field, volunteers must not be requested to provide this service. If client requires clarity and understanding of health information they will be referred to a health care professional. If language interpretation is needed, then they will be referred to WRHA Language Access.

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