STAFF ARTICLE

Training volunteers for bedside visits

Updated October 2025

Volunteers extend recreation reach on units where aides are juggling personal care and call bells. A fifteen-minute training card beats a forty-page manual nobody reads before their first shift. This guide is for volunteer coordinators and recreation therapists in Canadian care homes who want safe, kind bedside visits during ordinary weeks and during outbreak limits.

What volunteers need before they knock

Confirm infection control status with nursing each morning. Some days visits are paused. Provide hand hygiene steps and mask rules on one laminated sheet. Show where gowns live if required.

Review consent and capacity briefly. Volunteers log visit occurred and mood in plain words if your home uses a sign-in book. Clinical charting stays with staff.

Assign a buddy system for first three visits. Staff introduce the volunteer at the bedside so the resident feels welcomed.

The five-step visit script

1. Knock, pause, announce name and role.
2. Ask permission: **May I sit with you for a few minutes?**
3. Offer two choices from the room card or a photo book.
4. Set a gentle time boundary: **I will stay about ten minutes.**
5. Thank the person, tidy materials, wash hands, log the visit.

Post the script inside volunteer folders and at the nursing station.

Materials that travel in a tote

Room cards with four steps or fewer. Large-print photo packs labelled by decade. Unscented lotion if policy allows touch hand massage. Short audiobook clip on a sanitized tablet. Light scent only. Memory care kits use large parts cleared by nursing.

Include a **stop** card volunteers can show staff if a resident becomes distressed or if the volunteer feels unsafe.

Dementia and communication tips

Sit at eye level when possible. Speak slowly, at conversational volume unless asked to raise your voice. Use the phrases from your memory care language sheet. Redirect time or place only when safety needs a brief anchor.

If conversation fades, offer a sensory object or quiet music with headphones. Silence together is acceptable.

Outbreak and isolation protocols

During isolation, visits may move to doorway conversations or phone calls. Train volunteers on how to hold a tablet for a video call with family if recreation coordinates it. Pass only food and gifts approved by nursing between rooms.

When visits resume, celebrate gently. Welcome residents who preferred quiet weeks back at their pace.

Measuring quality with simple notes

Ask volunteers one question monthly: **What was hardest?** Adjust training. Note residents who want repeat visitors. Rotate assignments to prevent burnout.

Recognize volunteers in staff newsletters with permission. A simple thank you note from recreation leadership matters.

Liability and boundaries

Volunteers call staff for lifts, oxygen changes, medications, and bathroom needs. They share personal contact information with families only when the home approves a structured program.

Document training date and topics covered. Renew yearly.

Screening volunteers before assignment

Screen for patience, punctuality, and willingness to follow infection control. Youth volunteers may need a parent co-visitor per policy. Corporate groups may work better at a craft prep table than in isolation rooms.

Interview with one scenario: **The resident falls asleep mid-sentence. What do you do?** Acceptable answer: stay quiet, note time, leave a card, log the visit.

Cultural humility and diverse residents

Train volunteers to use open prompts on the card instead of guessing country of origin from appearance. If language barriers exist, pair with a bilingual staff member or family member with consent.

Indigenous residents may prefer silence or prayer. Offer to sit nearby, matching their pace.

Seasonal adjustments

Summer heat means shorter visits and water offers. Winter means dry hands and lotion policy. Flu season may pause visits entirely. Email volunteers the same morning status nursing posts on the whiteboard.

Coordinating with pastoral care

Chaplains and volunteers sometimes overlap. Divide rooms on a shared map. Spiritual care may take priority when a resident is actively dying. Recreation volunteers step back gracefully.

Sample log fields

- Date and hall
- Resident first name or room number per policy
- Material left
- Mood word (calm, tired, pleased, declined)
- Staff notified yes or no

Keep logs in a locked drawer.

Recognition and retention

Host a quarterly tea for volunteers with a listening pace. Share one story of impact with permission. Survey them with two questions: **What would make visits easier? What training topic do you want next?**

Escalation paths

If a resident expresses suicidal thoughts, pain, or abuse concerns, volunteers stop the visit and find staff immediately. Staff handle counselling and investigation. Post emergency numbers inside the tote lid.

If a volunteer feels unwell, they may leave. Coverage is the coordinator’s job.

Your next step: assemble one volunteer tote with three room cards, print the five-step script, and schedule a ten-minute practice with a staff member playing the resident before the first real visit.

BetterCare printable recreation resources for Canadian long-term care, personal care homes, and retirement residences. Share with your team. Adapt for local policy and clinical direction.