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<th>Policy and Procedure</th>
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<td><strong>Title:</strong> Spiritual Care – Staff Chaplain and Volunteer Chaplains</td>
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<td><strong>Previous Policy Number:</strong> ###</td>
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<td><strong>Department:</strong> All Departments</td>
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I. **Purpose:**
To encourage spiritual care for our patients. To fulfill patient rights by receiving spiritual care from their place of worship. To help our patients heal more quickly. To ensure patient privacy and confidentiality. To provide guidelines to our Staff Chaplain and Volunteer Chaplains.

II. **Policy:**
Focus is placed upon meeting the patient’s unique needs with his/her own spiritual background. A Chapel is provided to maintain a place of solitude and prayer. Non-denominational spiritual resources will be available in the chapel.

**Staff Chaplain’s Credentials:**
The Staff Chaplain should be ordained by a recognized denomination, should have a Masters of Divinity Degree (or equivalent), should have completed or working towards four units of CPE (Clinical Pastoral Education – 1,600 hours).

**Volunteer Chaplain’s Training:**
The Volunteer Chaplains may not necessarily be ordained and may or may not have the formal rheological education and the CPE requirements, but must have the HMA Volunteer Chaplains Training.

The new Volunteer Chaplains must have attended the Hospital Orientation, have had the PPD (TB) test, drug test, background check, Corporate Compliance, HIPAA and Standard Precaution training, and a received a badge from HR.

Annually, Volunteer Chaplains will have a competencies review by the Staff Chaplain or Chaplains Committee, a PPD (TB) Test, Compliance, HIPAA and Standard Precaution Training, and advanced continuing education training by the HMA Corporate Chaplain.

**Dress Code:**
Chaplains will always wear their badge while on duty or when called in. Chaplains will dress professionally according to their area of the country and at the discretion of their Staff Chaplain or Chaplains’ Committee, except for emergent called in situations. 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 to control infection.

Volunteer Chaplains may have a meal in the cafeteria for each four hours they are on campus or each time they are called in.
Chaplains Code of Ethics:
All chaplains should hold to the creeds of their own faith, yet must be gracious toward others of a different faith, be 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.

Hospital Protocol:
All Chaplains will follow all hospital policies including: HIPAA, Corporate Compliance and Standard precaution guidelines.

Leadership:
All Chaplains will perform spiritual care at the discretion of the HMA Director of Chaplaincy, the Staff Chaplain or the Volunteer Chaplain’s Committee, the Hospital Administration and the preference of the patient or family.

Ministry of a Chaplain:
There are a various ways a chaplain may be involved with a patient, family, and staff (employee) 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. offering to call their minister or place of worship;
4. offering a prayer or blessing;
5. administration of a 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.

III. Procedure:

Hours and How to Call:
1. Call for a chaplain by contacting the Switchboard, who will have the current list of chaplains on call.
2. After office hours, call nursing supervisor to evaluate need and follow procedure of calling an on call chaplain, patient’s minister, family or friend. A list of denominational churches and numbers are available with the Operator and Nursing Supervisor.

Assessment and Charting:
The Admitting Department clerk asks the basic question about religion or denomination and places this in the Pulse (AS400) to be used in the Religious Census.

The Admitting Nurse will do an initial spiritual assessment: place of worship to be called, denomination, the desire to see the chaplain, and any needs they may have spiritually. This will
be forwarded to the chaplain’s office.

The Staff Chaplain or Volunteer Chaplains will then follow-up on this assessment to further review the patient’s spiritual needs and chart (or have someone else chart) the fulfillment.

Staff Chaplain will chart that a spiritual assessment has been accomplished by a date, time and initials with a brief explanation (i.e.: called church, visited patient, communion, prayer, anointing, baptism, etc.) but no diagnosis.

Volunteer Chaplains will note the completion of assessment in the chart or give it to the Staff chaplain or nurse to chart -- according to the discretion of Administration, CNO, the Quality Manager, and Risk Manager.

Staff Chaplains may read the chart and confer with nursing as to the diagnosis and prognosis of the patient. Staff Chaplains may document in the chart when information it pertinent to clinical staff. Volunteer chaplains may not read the chart, but will gain information from the patient (or family) and the nurse.

Each visit will be listed on a Chaplains daily log sheet with patient’s name, room number, time and date, and a brief fulfillment of a spiritual assessment (i.e.: called church, visited patient, communion, prayer, anointing, baptism, etc.) but no diagnosis or prognosis. This daily log sheet will be kept in the chaplain’s office for continuity of spiritual care.

All Chaplains will place the census and all patient information in a recycling shredder and not take patient information out of the building.

Volunteer Chaplain will sign the Procedural Agreement for Volunteer Chaplains. See “Procedural Agreement for Volunteer Chaplains”.

The goal is to work in conjunction and communication with the holistic healing team (physicians, nurses, therapists, local clergy and other caregivers).