
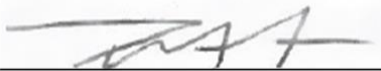


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POLICY NUMBER: 25.2		
CHAPTER 25: WORK OPPORTUNITIES AND INDUSTRIES		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
	EFFECTIVE DATE: October 31, 2014	LATEST REVISION: November 21, 2022

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department to allow appropriately trained adult residents under direct supervision by health care staff or security staff to provide hospice services to terminally ill residents receiving hospice care.

IV. DEFINITIONS

1. Cisgender person – a person whose gender identity corresponds with their sex assigned at birth.
2. Gender identity – a person’s sincerely held core belief regarding their gender, whether male, female, both, or neither.
3. Gender nonbinary person – a person whose gender identity falls outside the binary definition of male or female.
4. Health care provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.
5. Intersex person – a person who is born with variations in sexual features that fall outside traditional conceptions of male or female bodies, including variations in external genitalia.
6. Transgender person – a person whose gender identity is different from their sex assigned at birth.

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VI. ATTACHMENTS

[Attachment A: Resident Hospice Worker Code of Ethics](#)

VII. PROCEDURES

Procedure A: Resident Hospice Worker, General

1. A general population resident may be given a work assignment as a hospice trainee or as a hospice worker in accordance with the procedures set forth in Policy 25.1, Resident Work Opportunities, in order to provide services to terminally ill residents receiving hospice care and to otherwise perform the duties set out in Procedure D.
2. The facility Chief Administrative Officer, or designee, may also allow resident hospice workers to provide emotional support to the “family” of a resident receiving hospice care, i.e., their close friends among the resident population.
3. In addition, the Chief Administrative Officer, or designee, may allow resident hospice workers to assist other residents in the general population who are not receiving hospice care, but who need assistance with meals and other activities of daily living, as instructed by health care staff and/or security staff.
4. Cisgender residents who are assigned as resident hospice workers shall not be assigned to provide any services or assistance to other cisgender residents of the opposite gender.
5. If a resident who is a hospice worker is transgender, intersex, or gender nonbinary, the Chief Administrative Officer, or designee, shall determine who the worker may provide services to or assist and what services or assistance they may provide.
6. If a resident who is receiving services from a hospice worker is transgender, intersex, or gender nonbinary, the Chief Administrative Officer, or designee, shall determine who the resident may receive services or assistance from and what services or assistance they may receive.
7. At each facility with an infirmary, photos of current resident hospice workers shall be displayed on the wall in the facility infirmary for identification and security purposes.
8. Resident hospice workers shall wear a designated hospice T-shirt or other designated hospice attire while working or going to and from hospice duty assignments.
9. Resident hospice workers shall move according to standard movement practices at the facility and at the instruction of security staff.

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10. The procedure for out count in Policy (AF) 14.2, Count Management shall be followed when a resident hospice worker is assigned to hospice duties during count.

Procedure B: Hospice Worker Assignment, Training, and Termination of Assignment

1. Hospice worker is a work program assignment to which eligible adult residents in the general population may be assigned.
2. When sufficient vacancies exist in the hospice worker program, the facility program coordinator, or other designated facility staff, shall send a memo to the general population housing units notifying residents of a hospice worker informational meeting.
3. A resident wishing to attend the meeting shall indicate their interest to their case manager by the due date.
4. In order for a resident to be considered for a work assignment as a hospice worker, the resident must:
 - a. have been a resident at that facility for at least a year;
 - b. be a general population resident;
 - c. have no Class A or B disciplinary violation during the past year;
 - d. have no Class C disciplinary violation during the past six (6) months;
 - e. have no PREA or sex related disciplinary violation during the past five (5) years, including but not limited to, exposure; offensive physical contact (if of a sexual nature); sexual activity by force or duress; or sexual activity not under duress or force;
 - f. have no sex offense criminal convictions for conduct occurring in a DOC facility during the past five (5) years; and
 - g. be screened and approved by facility behavioral health care staff.
5. If a resident meets the above criteria as determined by the case manager, the case manager shall make a referral to the program coordinator, or other designated staff, who shall interview the resident and make a recommendation to the resident's Unit Management Team.
6. The Unit Management Team shall either approve or deny the assignment, considering all relevant factors.
7. If the resident is approved by the team for assignment as a hospice worker, the resident shall then be evaluated medically and at a minimum the following medical requirements must be met prior to the resident being assigned:
 - a. negative purified protein derivative (PPD) or other proof of not being contagious for tuberculosis; and
 - b. proof of Hepatitis B vaccination or evidence of immunity by lab testing.

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8. A resident approved by the team for assignment as a hospice worker and meeting medical requirements shall be notified by the program coordinator, or other designated staff, of the worker training schedule.
9. Prior to providing any hospice services or otherwise performing duties allowed to be performed by hospice workers, the resident shall complete a resident hospice worker training approved by the Chief Administrative Officer, or designee, and coordinated by the designated health care staff and/or the program coordinator, or other designated staff. The training shall include, but is not limited to:
 - a. introduction to hospice care;
 - b. personal death awareness;
 - c. communication skills;
 - d. care and comfort of a person with terminal illness;
 - e. terminal diseases and medical conditions;
 - f. family dynamics;
 - g. stress management;
 - h. grief, loss, and transition;
 - i. confidentiality;
 - j. resident rights;
 - k. music therapy;
 - l. role of the hospice worker;
 - m. universal precautions and bloodborne pathogen training;
 - n. infection control practices; and
 - o. other appropriate topics, to include dementia care, etc.

Documentation of training shall be placed into the resident's unit file.

10. A resident whose duties would include the handling of biohazardous wastes (e.g., dirty linens or utensils) shall be provided appropriate training and materials appropriate to the discharge of those duties.
11. Upon completion of the resident hospice worker training, the resident shall sign and date the Resident Hospice Worker Code of Ethics (Attachment A). The signed document shall be placed into the resident's unit file.
12. A copy of the Hospice Worker Training Certificate shall be placed into the resident's unit file.
13. The facility Director of Nursing shall ensure that a resident hospice worker receives annual training on the handling of biohazardous wastes, bloodborne pathogens, and other on-going training as approved by the Chief Administrative Officer, or designee. Documentation of training shall be placed into the resident's unit file.

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14. The facility Director of Nursing, or designee, shall coordinate meeting at least monthly with the resident hospice workers to discuss hospice care or related issues and needs and provide peer support.
15. A resident hospice worker shall be terminated from the assignment if any of the following circumstances occur:
 - a. the worker commits a disciplinary violation or commits a criminal offense;
 - b. the worker violates any of the prohibitions in Procedure C, regardless of whether staff requested or encouraged the resident to commit the violation;
 - c. the worker loses their general population status;
 - d. the worker becomes contagious for tuberculosis or contracts hepatitis B;
 - e. the worker fails to abide by universal precautions and bloodborne pathogen or infection control training; or
 - f. any reason for which a resident may be terminated from any work assignment.
16. If a resident assigned as a hospice worker is terminated for one of the above reasons, Department Policy 25.1, Resident Work Opportunities shall be followed regarding eligibility to re-apply to be a hospice worker.

Procedure C: Resident Hospice Worker Prohibitions

5-ACI-6B-12

1. A resident hospice worker shall NEVER have contact with the genitals or buttocks of any resident or the chest of any female resident.
2. A resident hospice worker shall NOT perform or be assigned to perform any of the following:
 - a. direct patient care services such as perineal care, cleaning after toilet use, or any form of bathing or showering that would involve touching any part of the resident's torso;
 - b. scheduling of health care appointments;
 - c. determining access to health care by other residents; or
 - d. handling or having access to:
 - 1) surgical instruments;
 - 2) syringes;
 - 3) needles;
 - 4) diagnostic or therapeutic equipment;
 - 5) medications; or
 - 6) health records.
3. A resident hospice worker shall not question another resident's health care nor interfere with that care in any way.

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4. A resident hospice worker shall not refuse to comply with a request from health care staff or security staff to step out of a terminally ill resident's room, leave the infirmary or other area, or stop engaging in any action.
5. A resident hospice worker shall not accept any property bequeathed upon a terminally ill resident's death.
6. A resident hospice worker shall not have contact with another resident's family members or emergency contacts in the community without specific permission from the Chief Administrative Officer, or designee. This also includes when a resident's family member or emergency contact in the community is present during a vigil.

Procedure D: Resident Hospice Worker Duties

5-ACI-6B-12

1. The facility Health Services Administrator (HSA), or designee, is responsible to maintain accurate rosters of all residents assigned as hospice workers.
2. The nurse on duty in the infirmary is responsible for the direct supervision of the resident hospice workers in the infirmary for the purpose of determining their duties and providing oversight while they perform their duties.
3. The nurse responsible for another housing unit where a resident receiving hospice care is housed is responsible for the direct supervision of a resident hospice worker in that housing unit for the purpose of determining their duties and providing oversight while they perform them.
4. The facility program coordinator, or other designated staff, shall be the work program supervisor for the resident hospice workers for purposes of awarding good time and, as applicable, other ordinary work program supervisor responsibilities:
 - a. a resident hospice worker may be assigned the following duties: assisting the resident receiving hospice care with the following: mobility, reading, writing letters, meals, and other similar activities;
 - b. providing companionship and emotional support;
 - c. changing linens;
 - d. assisting health care staff with routine tasks, such as turning and lifting, provided that the health care staff are present at all times;
 - e. assisting health care staff with grooming and dressing, provided the above prohibitions are met;
 - f. sitting vigil with a resident; and
 - g. performing clerical or educational duties, such as presenting information to individuals or groups about hospice care; formatting or organizing educational materials; or managing the hospice library.
5. A resident hospice worker sitting vigil may bring reading or writing materials or food items to consume during the vigil. Meals shall be provided if a resident hospice worker's assignment is scheduled during mealtimes.

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6. A resident hospice worker may decline any assignment that would potentially cause an issue with the resident receiving services.
7. A resident hospice worker shall attend regularly scheduled meetings and in-service training as applicable.
8. A resident hospice worker shall communicate verbally to the health care staff any major changes concerning a terminally ill resident as soon as possible.
9. A resident hospice worker shall also give an overall report verbally to the health care staff supervising the worker prior to leaving their assignment.

VIII. PROFESSIONAL STANDARDS

ACA

5-ACI-6B-12 Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:

- providing peer support and education
- performing hospice activities
- assisting impaired offenders on a one-on-one basis with activities of daily living
- serving as a suicide companion or buddy if qualified and trained through a formal program that is part of suicide-prevention plan
- handling dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable too-control policies, while in a dental assistant's training program certified by the state department of education or other comparable appropriate authority

Offenders are not to be used for the following duties:

- performing direct patient care services
- scheduling health care appointments
- determining access of other offenders to health care services
- handling or having access to surgical instruments, syringes, needles, medications, or health records
- operating diagnostic or therapeutic equipment except under direct supervision (by specifically trained staff) in a vocational training program.

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