

### 1. Situation

Prior to the coronavirus pandemic, NHS Boards would typically directly engage 6,000 volunteers at any given time.

In March 2020, volunteers were 'stood down' in order to protect them and others from the risk of transmission and infection of the coronavirus.

At the beginning of August there were 1,314 volunteers engaged in NHS Boards, a reduction of 300 from the previous month. A total of 4,321 volunteers remain 'stood down'.

['COVID-19 Shared Practice and guidance for volunteer management in NHSScotland'](#) was last updated on 24 July. In the absence of any guidance or access to data that would suggest it is safe to endorse an unequivocal return of all volunteers, the publication urged caution and continued to promote risk assessment of volunteer roles. This included a phased return, risk assessment of the roles and screening of volunteers.

On 27 July 2020, Scottish Government issued [DL \(2020\) 24 'Publication of COVID-19 Occupational Risk Assessment Guidance'](#), outlining "a single national guidance document on occupational risk assessments for the new risks posed to health and social care staff by COVID-19". DL (2020) 24 applied to staff and student placements.

The methodology for risk assessment is based the [COVID-19 Age Tool](#), developed by the Association of Local Authority Medical Advisors. The evidence-based tool calculates a 'Covid age' for an individual based on underlying risk factors.

Shielding restrictions for the most vulnerable in communities was removed on 31 July.

The Volunteering in NHSScotland Programme has since received a number of enquiries about returning volunteers, specifically those in the 'at risk groups' with underlying health conditions and/or over the age of 70. Some enquiries extend to third sector (indirectly-engaged) volunteers.

The National Group is asked to consider whether the COVID-19 Age Tool should be endorsed as a national screening method for returning volunteers.

### 2. Background

NHS Boards engage volunteers in a number of defined and agreed roles. Prior to the coronavirus pandemic there would be between 6,000 and 6,500 volunteers engaged at any time. Many more would be engaged via third sector organisations (indirectly-engaged volunteers).

The National Group for Volunteering in NHSScotland played a pivotal role in advising that

volunteers (both directly and indirectly engaged) been 'stood down' in March 2020.

We know from previous reports from the Volunteering Information System that volunteer ages range from 16 to over 90 years of age. Extrapolation of Volunteering Information System data collected in 2016/17 suggests that 12% of volunteers were over the age of 70<sup>1</sup>. The System does not store data on health conditions.

We know that volunteering has a positive impact on the wellbeing of volunteers<sup>2</sup>. Those who were unable to volunteer and who were shielding during the pandemic are at most likely to be negatively impacted by restrictions on their ability to return to their roles.

Volunteer recruitment typically includes an occupational health assessment (either by self-declaration and escalation if required, or direct referral to the local Occupational Health dept). In light of the pandemic, health boards were advised to implement specific screening (linked to the NHS Inform screening questions) and to ensure that there is ongoing reporting of symptoms when a volunteer is placed.

Volunteer roles are risk assessed in health boards, in keeping with local risk assessment methodology. The Investing in Volunteers quality standard requires each individual role to be risk assessed.

Research conducted in 2016/17 ([Volunteer Management in NHSScotland](#)) identified a number of cases where risk assessment approaches varied. [DL \(2017\) 07](#), Safety and Protection of Patients, Staff and Volunteers in NHSScotland also made a number of recommendations pertaining to risk assessment.

Engagement with Central Legal Office in August confirms that there are no specific requirements of Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) members in relation to COVID-19.

The [COVID-19 Age Tool](#), developed by the Association of Local Authority Medical Advisors, provides an evidence-based methodology for screening individuals. The tool calculates a 'Covid age', taking into account age, sex, ethnicity and comorbidities. The resulting figure is then compared against a 'vulnerability level' as shown in the table below. It also contains advice for pregnant women.

Vulnerability level	Definition	Workplace considerations
<b>Very High Covid-age 80 to 85 and above</b>	High risk of death if infection occurs. Those who must take great care when they leave the security of their own home.	Ideally work from home. If attending work, the risk should not be significantly greater than the risk within their own home. Ensure low likelihood of anyone breaching social distancing. Ensure they can maintain good personal hygiene with low likelihood of contacting contaminated objects and surfaces.

<sup>1</sup> Volunteering Information System 2016/17 annual report

<sup>2</sup> Volunteering for All: national framework

, Scottish Government, <https://www.gov.scot/publications/volunteering-national-framework/>

Vulnerability level	Definition	Workplace considerations
<b>High Covid-age around 70 to 85</b>	High risk of becoming hospitalised and seriously ill if infection occurs. Those can leave their home to go shopping or for a walk in the park, and associate freely with other members of their household.	OK to attend work if the risk of doing so is no greater than the risk of shopping in the local supermarket, or social distancing in the streets, parks and countryside. Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE. Clinical work, care work and working closely with others (such as teaching, sharing a vehicle, using public transport) may be possible provided controls (e.g. screens, PPE) are effective in managing the risk. Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.
<b>Moderate Covid-age around 50 to 70</b>	Those who are much less likely to develop severe disease if infection occurs	A moderately increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further. Includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required, or where additional risk has to be accepted and can be justified.
<b>Low Covid-age below around 50</b>	Those who are very unlikely to develop serious disease if infection occurs	Increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further.
<b>Pregnancy</b>	No current evidence of significantly increased risk to mother or baby unless mother has significant medical problems	Current advice is to minimise the risk to pregnant women, while allowing them to choose whether to attend work and what role to undertake at work. Risk should be reduced as far as reasonably practicable. Advised to avoid roles where a degree of risk cannot be avoided, such as clinical work, care work and working closely with others

A number of health boards have confirmed they have already implemented this tool in screening volunteers for return.

### 3. Assessment

The cessation of the shielding period for those at most risk opens the door for the return of volunteers who fall into that category.

The status and reliability of the COVID-19 Age Tool provides a suitable tool for the risk assessment of individuals in returning to roles and environments in health and social care.

It will be important for local decision-making to ascertain the risks posed to other parties by the design of the role, such as patients and staff. This is of particular relevance in higher-risk roles such as driving.

In conjunction with role risk assessments, the two approaches will provide volunteer managers with the information needed for local ownership of the decision to resume volunteering. This may require adjustment to the role, reduced or staggered engagement or rotas, additional personal protective equipment or it may be decided locally that some individuals may be at too high a risk.

It is important to ensure that these decisions are made on an individual basis, with local and shared ownership (with the individual) of the decision to resume volunteering.

Adoption of the tool could extend to agreements and requirements of third parties in returning their volunteers.

#### **4. Recommendation**

The National Group for Volunteering in NHSScotland is asked to consider the promotion of the COVID-19 Age Tool for NHS Boards to utilise in screening returning volunteers.

The Group is also asked to consider its recommended use for indirect volunteers in NHSScotland.

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