Remobilisation of Volunteering in NHSScotland COVID-19

Shared practice and guidance for volunteer management in NHSScotland

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Contents

Key points

▶ This guidance is dependent on the [local protection levels](#) (13 April 2021) across Scotland, and should be applied accordingly, taking into account any COVID-19 outbreaks or variant strains of the virus.

▶ Many services, patients and the currently 'stood down' volunteers will benefit from a safe and measured return of volunteering.

▶ Comprehensive and well considered risk assessment processes should be implemented to ensure any volunteering activity is being carried out as safely as possible.

▶ Advice and guidance can be sought from the Volunteering in NHSScotland Programme Team. Please contact volunteering.his@nhs.scot in the first instance.

1.   Introduction

Volunteering has an important role to play across NHSScotland but the COVID-19 pandemic has had a significant impact on the levels of volunteering activity. At the beginning of the pandemic levels of volunteering within NHSScotland reduced significantly in order to ensure the safety of volunteers. Some new volunteering roles have emerged during this time, for example to support the flu vaccination programme and more recently in the COVID-19 vaccination programme. However, a large proportion of volunteer roles across NHSScotland remain stood down since March 2020.

The Scottish Government published its [Coronavirus (COVID-19): timetable for easing restrictions](#) (01 April 2021) and its [Coronavirus (COVID-19): Strategic Framework update - February 2021](#) setting out its plans to restore, in a phased way, greater normality to our everyday lives. In light of these documents, the National Group for Volunteering in NHSScotland has reviewed current guidance and outlined a number of recommendations, options and approaches for NHS boards to consider in the remobilisation of volunteering.

It is the responsibility of each NHS board to implement appropriate actions and to ensure that their duty of care towards patients, staff and volunteers is adhered to.

On 30 April 2021, the National Group for Volunteering sent Recommendations for the Remobilisation of Volunteering in NHSScotland to the Executive Lead for Volunteering in each NHS board.

This guidance is regularly updated by the National Group for Volunteering, supported by the Volunteering in NHSScotland programme.

2.   Current COVID-19 status in Scotland

Some restrictions remain in place - **wear a face covering, avoid crowded places, clean hands and surfaces regularly, stay 2m away from other people, self-isolate and book a test if you have COVID-19 symptoms.** [Local protection levels](#) (13 April 2021) remain in place, to which NHS boards should refer regularly.

[The Coronavirus (COVID-19): timetable for easing restrictions](#) was published by the Scottish Government on 16 March 2021 and sets out a plan for how and when restrictions will be lifted over the coming weeks and months.

On 23 February 2021, the Scottish Government published its updated [Coronavirus (COVID-19): Scotland's Strategic Framework](#), which details a refreshed strategic approach to easing restrictions while suppressing Coronavirus (COVID-19) outbreaks.

On 02 April 2021 date the Chief Medical Officer wrote to everyone on the shielding list to confirm his advice that they should not return to work until areas return to level 3. This advice is based on level 3 infection rates being low enough to greatly reduce the risk of people on the shielding list catching coronavirus. The advice to not attend the workplace if you cannot work from home will still apply to any time that areas are in level 4.

Scottish Government [updated shielding advice and support](#) (22 March 2021) gives details to help people make informed decisions.

3.   Phased and gradual remobilisation of volunteering

Many services, patients and the currently 'stood down' volunteers will benefit from safe and measured return of volunteering.

Due care and attention should be paid to the Scottish Government [Coronavirus (COVID-19) Scotland's Strategic Framework](#). The framework, along with the [Coronavirus (COVID-19): timetable for easing restrictions](#) should be used to guide the safe and measured return of volunteering in NHS boards.

A phased approach to the return of regular volunteering will limit the likelihood of localised spikes in infections. This may be considered on:

▸ A geographical or site basis,
▸ A service basis,
▸ A volunteer role basis, for example; low risk, physical distancing compliant roles such as gardening and hospital guides rather than high risk roles such as driving or ward based activities,
▸ A limitation of volunteer numbers,
▸ The ability to follow hand hygiene guidance, or
▸ Other means by which there is control over the volume of interactions, for example; reduced length of patient interaction
▸ The [local protection level](#) set in the health board area and where your volunteers live

4.   Volunteering roles

The delivery of health and care services has changed significantly during the course of the pandemic. NHS boards may wish to undertake a review of their volunteering programmes and take forward any good practice or learning gathered.

It is possible that roles which existed for volunteers pre-pandemic may no longer be required, or will require to be adapted to fit with new guidance or models of care. In addition, the need for new roles may have arisen during the course of the pandemic.

The Volunteering in NHSScotland Programme recommends the **Developing Volunteering Toolkit and Checklist** is used in role development in NHS boards and healthcare settings. The Checklist is an integral part of the Developing Volunteering Toolkit.

An editable version of the Developing Volunteer Checklist is available from the Healthcare Improvement Scotland website at www.hisengage.scot/COVID-volunteering. The Checklist should be used in conjunction with the guidance in section 5 on risk assessment of volunteer roles.

5. Risk assessment

NHS boards have a duty of care to their volunteers under the Health and Safety at Work Act 1974. Existing volunteer role risk assessments will be indicative of actions necessary in certain environments. As a priority the National Group for Volunteering in NHSScotland recommends that:

- Risk assessments for volunteering programmes and roles should be reviewed and updated accordingly in NHS boards.

- NHS boards should consider implementing a risk assessment process for individuals in addition to existing risk assessments for programmes / services / roles.

5.1. COVID-19 Age Tool

Scottish Government advice is that whilst understanding around the effectiveness of the vaccine is being developed, there are no modifications to the current Coronavirus (COVID-19): guidance on individual risk assessment for the workplace on the COVID-Age Tool (April 2021). Scottish Government are engaging with the creators of the COVID-Age Tool to explore if and when any changes will be made to the tool in light of vaccinations.

The COVID-19 Age Tool, was developed by the Association of Local Authority Medical Advisors.

Also provided is a risk matrix that allows for changes in viral prevalence. See Covid-19 risk matrix and viral prevalence for more information.

It is also recommended that the tool is cascaded to third sector organisations where indirect volunteers are engaged.

Screening of returning volunteers: COVID-19 Age Tool
The screening considerations that are recommended for new volunteers should be applied to the return of existing volunteers. The COVID-19 Age Tool is available for download including easy read versions and an online version available from the Association of Local Authority Medical Advisors.

The guidance recommends that "**Clinical judgement should be used to decide which group is appropriate for any individual**."

5.2. Vaccination of volunteers

COVID-19 Vaccine Deployment Plan 2021 published by the Scottish Government on 14 January 2021 sets out a national plan for the roll out of the COVID-19 vaccine across Scotland.

The plan advises that as part of Joint Committee on Vaccination and Immunisation (JCVI) Group 2, volunteers who undertake patient facing frontline roles may be offered the vaccination:

'*Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.*'

Vaccination against COVID-19 is optional and volunteers may refuse it for personal reasons, or may be unable to get the vaccine. The vaccination status of volunteers should not be the single determining factor in a volunteer's suitability to volunteer, but may form part of the individual risk assessment process.

The Chief Medical Officer's advice in relation to the vaccine is that people on the shielding list should continue to follow shielding guidance even if they have had one or both doses of the coronavirus vaccine. This guidance includes the advice about work.

5.3. Coronavirus testing for volunteers

Scottish Government published guidance on coronavirus testing, updated 25 February 2021, that includes volunteers as in Priority Group 4, "*Staff and volunteers in third or public sector organisations, including unpaid carers, and staff in nationally or locally significant industry important to economic sustainability and growth*".

Volunteers who are self-isolating because they are showing symptoms can be tested. They should inform their volunteer manager if they are self-isolating and results of the test when available.

The Prioritisation Matrix is available [here](#).

5.4. Lateral flow testing for volunteers

[Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland](#) update on 15 February 2021 gives details that patient facing staff in hospitals (which includes volunteers) now have the option to have lateral flow testing carried out in an effort to reduce hospital acquired infection.

Testing of volunteers is NOT mandatory, however, volunteers in hospital settings have an increased risk of catching COVID-19, with additional risk of them passing this to their families. In view of this information it is thought to be a beneficial service to make available to volunteers, should they choose to utilise it.

Lateral flow testing occurs nasally without the need for throat swabbing and therefore is different to the PCR test. This testing has had Scottish Government approval.

Volunteers are required to carry out the test themselves and information or guidance should be provided to support them do this. When complete, the test can be disposed of within household waste.

If a volunteer tests positive they, along with their household, must immediately self-isolate at home and inform their volunteer manager. Volunteers must then arrange a confirmatory PCR test via www.gov.uk/get-coronavirus-test

5.5. Up to date contact information and tracing

In order to support fast and effective contact tracing should an individual become unwell, volunteer programmes should ensure that the contact details held for returning volunteers are up to date and processed and stored in keeping with information governance policies.

NHS boards should encourage volunteers to utilise the [Protect Scotland app](#) from NHSScotland that aims to reduce the spread of the virus and keep people safe.

5.6. Physical distancing and hygiene measures

While physical distancing of two metres remains in place, prioritisation of volunteering services and roles due to be restarted should take account of how compliance with these requirements can be achieved.

Volunteer roles should be reviewed to determine whether national guidance on physical distancing can be maintained. It is important to document the level of proximity to other individuals, for example; 2m or 1m, as this element affects contact tracing should an individual become ill with the coronavirus.

Similarly, role descriptions should be reviewed in consideration of hand hygiene measures.

5.7. Face coverings and masks

[Coronavirus (COVID-19): interim guidance on the extended use of face masks in hospitals and care homes](#) (v2.1, updated 20 October 2020) recommends visitors to hospitals should wear a face mask/covering.

Staff working in a clinical area of an acute adult facility including mental health, or a community hospital or in a care home for the elderly should wear a medical face mask at all times throughout their shift. Should volunteer roles reduce physical distancing to less than two metres, volunteers should also be provided with medical grade face masks in compliance with above guidance.

[Face coverings exemption cards](#) were launched by the Scottish Government (29 October 2020) to support people who are unable to wear a mask for health conditions, disabilities or special reasons. Any consideration of this should be part of a risk assessment process.

5.9. Useful Guidance

[COVID-19 return to work guide for health professionals advising patients and employers](#) contains a framework for reviewing risks associated with the location and practice of work in healthcare settings. The following are risk factors which can be used to risk assess volunteer roles:

▸ Patient care, individuals cared for in the community and public facing
▸ Ability to maintain physical distancing (two metres or more), see 5.6 for guidance on where physical distance is not able to be maintained
▸ Number of people sharing the place of volunteering
▸ Travel to and from the place of volunteering
▸ Entry and exit to the place of volunteering
▸ Availability and use of personal protective equipment
▸ Ability to maintain hand hygiene
▸ Environment cleanliness control
▸ Ability to avoid symptomatic people

The development of *new volunteer roles* should be founded in robust risk assessment in accordance with local NHS board policy and procedures. The following considerations provide additional COVID-19 considerations.

For *existing and continuing roles*, earlier risk assessments should be updated in light of the coronavirus, physical distancing requirements and [Health Protection Scotland (HPS) guidance](#) for healthcare and non-healthcare settings.

Please use the HPS links to ensure the most up to date guidance is used.

6. Re-introduction of 'stood down' volunteers

Many existing volunteers have been 'stood down' from their roles for over 12 months. Care should be taken to consider the support and training needs of this group of volunteers. Many changes are likely to have taken place which will impact on how volunteering can be carried out safely.

Good communication and enhanced support for volunteers returning to a 'stood down' role is paramount as some volunteers may experience worry and anxiety about returning to a healthcare environment to carry out their volunteer role.

Some volunteers may choose not to return to their role. NHS boards should handle such conversations sensitively and ensure that volunteers are thanked for their contributions.

In re-introducing 'stood down' volunteers the National Group for Volunteering in NHSScotland recommends:

- Regular communication in advance of returning to volunteering and during volunteering, providing opportunities for volunteers to ask questions and discuss any worries or concerns
- Individual risk assessment of each volunteer to ensure it is safe to return
- Review and update role descriptions, providing a copy to returning volunteers
- An 'induction refresh' for volunteers who are returning to roles they previously carried out covering topics such as changes to the role, new processes or safety procedures. Provision of any necessary training and guidance in advance of return to volunteering

7. Recruitment of new volunteers

It is possible that a proportion of previously engaged volunteers may not return to their previous volunteer role, and as a result NHS boards may require to recruit new volunteers.

During the course of 2021 the Volunteering in NHSScotland Programme will be rolling out online volunteer application functionality in the Volunteer Information System to all NHS boards who wish to use it. This will alleviate some of the administrative burden related to data entry of volunteer applications.

A key component of volunteer management is the recruitment process. Included within it are a number of steps to assess the suitability of the volunteer for the role, to check their identity and carry out necessary safeguarding checks. NHS boards should ensure that their

recruitment processes are proportionate to the current COVID-19 level in their area, only taking steps to fast track the process during periods of particular challenge.

NHS boards should consider the induction and training requirements for new volunteers, and how these can be delivered safely and effectively while still being accessible. Where training is delivered in a virtual environment digital exclusion and accessibility issues should be explored, with suitable alternatives such as paper based training materials or telephone based training made available.

7.1. Volunteer Interviews

Meeting a prospective volunteer and the interview process is an important part of recruiting the right person to the right role.

NHS boards may wish to consider alternatives to traditional interviewing practices such as digital interviews, or meeting volunteers outdoors with physical distancing if practical.

7.2. Pre-volunteering checks

NHS boards are normally expected to comply with the Safer Pre and Post Employment Checks PIN Policy. This policy covers aspects of the recruitment process including ID verification, referencing, Protection of Vulnerable Groups (PVG) screening and occupational health clearance.

Coronavirus (COVID-19): National arrangements for NHS Scotland staff, DL (2020)/5 states that it is the duty of NHS boards to **determine the level of screening required**, in keeping with the Safer Pre-employment checks PIN Policy.

Each of these aspects is explored in detail below with additional information relating to insurance for driving roles.

7.3. ID verification

Verification of identification would normally be carried out in person to ensure that photographic ID matches the appearance of the person applying to volunteer.

NHS boards can move to online processing of ID verification via e-mail and use of videoconferencing or streaming technology.

7.4. References

Current good practice advises that taking up references of prospective volunteers provides an added layer of information to help determine the volunteer's suitability for the role.

Special arrangements during the pandemic are contained within [Coronavirus (COVID-19): National arrangements for NHS Scotland staff (DL (2020)/5)](#), may be interpreted to apply to volunteering by providing the option to:

- Reduce the number of references sought and/or required prior to a volunteer starting their placement
- Secure references by telephone
- Implement online referencing using existing tools such as Smart Survey or Webropol
- Remove the requirement of references prior to a volunteer starting their placement

Each change in taking up references will result in a cumulative increase in potential risk. However, things like on-site and regular support can play a role in reducing exposed risk.

7.5. Disclosure and Protection of Vulnerable Groups Scheme Membership

A number of changes have been implemented by Disclosure Scotland to support faster return of Disclosure and Protection of Vulnerable Groups (PVG) documentation.

It remains necessary to only apply for Disclosure or Protection of Vulnerable Groups screening where the role qualifies for it.

[Changes](#) updated 24 December 2020 at Disclosure Scotland include:

- Qualifying criteria for a free disclosure – a coronavirus response worker must meet all three criteria:
  - They must only need a disclosure because of their coronavirus work.
  - Their role must only exist in response to coronavirus.
  - They must be working in a qualifying sector.
- Online processing only, no paper forms to be sent
- Prioritising 'support roles', including healthcare
- Fees waived for coronavirus response disclosures in place until midnight, Friday 25 March 2022.

This means that:

Protection of Vulnerable Groups Scheme

It remains an offence for an organisation to appoint someone to a role containing 'regulated work' if that person is barred from doing so.

It remains an offence for an individual who is barred from undertaking 'regulated work' to undertake such activity.

7.6. Occupational health screening

It is common for NHS board volunteering programmes to use health self-declarations as a primary tool for occupational health screening.

Particular attention should be paid to regular checking of symptoms, updated 10 February 2021, and self-isolation guidance, updated 15 February 2021, on NHS Inform.

Please use the NHS Inform links for current guidance.

Amendments to screening and volunteer agreements

Occupational health screening and volunteer agreements should include **specific reference to compliance with self-isolation** as noted and linked to above, with due reference to ensuring the paperwork is kept up to date and provides a link to current guidance.

To ensure safety of patients, staff, volunteers and their families NHS boards may also choose to implement **regular confirmation from volunteers** that they are symptom free before attending their place of volunteering.

7.7. Confirmation of insurance for driving roles

The Association of British Insurers (ABI) updated its guidance for volunteer drivers. The pledge to support those using their own car for voluntary purposes has become part of the industry's volunteer driving commitments.

If an individual is using their own vehicle for voluntary purposes, such as to transport medicines or groceries to support others who are impacted by Covid-19, this will continue to be covered at no extra cost by the vast majority of ABI members.

However, some insurers may wish to be informed of this use so volunteer drivers should check their individual policy.

7.8. Online Volunteer Induction Module

Healthcare Improvement Scotland has collaborated with NHS Education for Scotland to design and produce a basic online induction module for new volunteers.

Content includes:

▸ NHSScotland values
▸ Communication and confidentiality
▸ Equality and diversity

- Adult and child protection
- Fire safety
- Infection control including COVID-19
- Health, safety and wellbeing
- Support and supervision including raising concerns and whistleblowing

A pass mark of 80% is required to pass the module. Users can save and or print a certificate of completion and send this to their volunteer manager. This mitigates the risk of non-compliance with NHSScotland and local NHS board policies, for example; safeguarding and information governance is contained within the learning. It also removes the need for any volunteer management staff to access TURASLearn reporting.

Consideration should be given to what elements of volunteer induction remain appropriate to deliver in a face to face environment (subject to safety measures), and balancing the recruitment risks incurred by not conducting face to face training versus safety risks created by bringing people together.

The module was designed rapidly, with the need to comply with 'stay at home' and physical distancing measures that have been prevalent during the coronavirus pandemic, and is currently under review (April 2021).

> NHS boards recruiting volunteers may wish to review the module content to ensure it meets local requirements before issuing to prospective volunteers. Users (prospective volunteers) can register on the TURASLearn site. It does not need authorisation from NES/NHS Boards.
>
> Link to register: https://turasdashboard.nes.nhs.scot//User/PersonalDetails/Create?openIdApplicationId=e8c7cbb9-34fd-4c87-8c6c-7232cf6786d7
>
> Link to module: https://learn.nes.nhs.scot/29190/coronavirus-covid-19/volunteers-and-carers/volunteering-induction-covid-19

8. Covid-19 Vaccination Programme

8.1. Vaccination of volunteers

COVID-19 Vaccine Deployment Plan 2021 published by the Scottish Government on 14 January 2021 sets out a national plan for the roll out of the COVID-19 vaccine across Scotland.

The plan advises that as part of Joint Committee for Vaccination & Immunisation (JCVI) volunteers who undertake patient facing frontline roles may be offered the vaccination, as part of group 2.

8.2. National Volunteer Coordination Hub (NVH)

The NVH was established in January 2021 following discussions between the Scottish Government (SG), Voluntary Sector (VS) organisations and NHSScotland.

The NVH is being managed by British Red Cross (BRC) to coordinate volunteers from BRC, Volunteer Scotland and other VS organisations to support the delivery of COVID-19 vaccination programme in Scotland.

The hub is intended to complement (not replace) existing arrangements by which Boards can draw on resources, including their own staff and volunteers, and bilateral arrangements between NHS boards and VS organisations, through established channels.

The support from the NVH is therefore in addition to all the volunteer support happening across the country via local arrangements and can be seen as a 'safety net' where suitable resources are not available to NHS boards through their usual channels.

A primary focus of the hub is ensuring patient and staff safety within all current COVID 19 guidelines.

Please refer to Scotland's COVID-19 Vaccination Programme: National Voluntary Sector Coordination Hub 'Frequently Asked Questions' which was published on Healthcare Improvement Scotland - Community Engagement website on 03 March 2021.

9. Supporting Volunteers

The pandemic will have long lasting effects on the mental health and wellbeing of the population. While volunteering can reduce social isolation, improve social connections and confidence it is important to remain mindful of volunteers mental health & wellbeing. NHS boards may wish to consider:

• Providing volunteer access to employee helpline/counselling services
• Cascading mental wellbeing resources to volunteers, some examples of support:

> o Clear Your Head
> o Scottish Association for Mental Health (SAMH)
> o Breathing Space
> o Samaritans

NHS boards should also communicate the same information to third sector agencies engaged in delivering services in NHS settings or on behalf of the NHS Board.

10. Recognising Volunteers

The contribution of volunteer's right across society should not go unrecognised and this is especially important now. The National Group for Volunteering in NHSScotland encourages all NHS boards to recognise the contribution of volunteers by engaging in Volunteers Week activity and saying thank you to those who give the gift of time to support NHSScotland.

Appendix A: Risk ratings for 'COVID Age'

Vulnerability level	Definition	Workplace considerations
Very High Covid-age around 85 and above	High risk of death if infection occurs.	Ideally work from home. Where local viral prevalence is moderate or high, take additional, sensible precautions such as ensuring a low likelihood of anyone breaching social distancing. Ensure good hygiene and wear appropriate face coverings or PPE. Where clinical work, care work and working closely with others is essential, risks must be managed reasonably and effectively. Working only with patients or clients who have tested Covid-negative may be an example of reasonable risk-management.
High Covid-age around 70 to 85	High risk of becoming hospitalised and seriously ill if infection occurs.	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 where testing of patients and staff, and provision of 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.
Moderate Covid-age around 50 to 70	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.
Low Covid-age below around 50	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.
Pregnancy	No current evidence of significantly increased risk or increased fatality rates in mother or baby in most cases unless mother has significant medical problems. There is emerging evidence of increased hospitalisation with severe symptoms in older mothers and ethnic minority mothers.	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. Particular care should be taken in the third trimester, especially for mothers from the at-risk groups including older mothers and ethnic minorities. Mothers with known additional risk factors such as congenital heart disease will be given specific advice by their antenatal team.

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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