

Remobilisation of volunteering in NHSScotland COVID-19

Shared practice and guidance for volunteer
management in NHSScotland

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Key Points

- ▶ The Scottish Government still recommends the use of the COVID-19 age tool for staff and volunteers, however a COVID-19 age of 70 or above no longer requires volunteers to remain stood down from their volunteering, should they wish to return.
- ▶ 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.

Now that Scotland has moved beyond the levels system, the advice is that everyone should continue to act carefully and remain cautious. Some restrictions still apply to NHS settings and as such the guidance around these remains in place for volunteers and is detailed in this document.

The National Group for Volunteering in NHSScotland now advises that NHS boards are able to remobilise their volunteering activity, across all volunteer groups.

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.

2. 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 (HIS) 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.

3. 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. The National Group for Volunteering in NHS Scotland 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.

3.1. COVID-19 Age Tool

The Scottish Government still recommends the use of the [COVID-19 age tool](#) for staff and volunteers, however a covid-19 age of 70 or above no longer requires volunteers to remain stood down from their volunteering, should they wish to return.

Using the COVID-19 age tool as part of the individual risk assessment process should be as part of a supportive conversation to understand the volunteer's preferences and if any further risk mitigation measures can be put in place to support the volunteer to return to volunteering.

It is recognised that a return to volunteering may be beneficial for some volunteers. The advice for people at highest risk is that they can go to their place of volunteering along with others if they want to. Volunteer managers should not discourage people at highest risk from returning to the volunteering, if that is their choice or in their best interests.

These are voluntary resources that staff and managers can utilise to help inform discussions about returning to volunteering as safely as possible. They cannot override an individual's clinical/occupational health advice.

For more information on workplace safety advice for those at the highest risk to COVID-19 please see the following advice:

[Coronavirus \(COVID-19\): advice for people at highest risk](#)

Further advice on workplace and individual COVID-19 risk assessments can be found here:

[Coronavirus \(COVID-19\): safer businesses and workplaces](#)

[Coronavirus \(COVID-19\): guidance on individual occupational risk assessment](#)

3.2. Vaccination of volunteers

The coronavirus (COVID-19) vaccine provides the best protection against coronavirus. NHSScotland strongly recommends you get the vaccine when offered it. However, 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 a determining factor in a volunteer's suitability to volunteer, but may form part of the individual risk assessment process

3.3. Coronavirus testing for volunteers

Scottish Government published [guidance on coronavirus testing](#), updated 9 August 2021, and provides information on how to access testing if you have symptoms.

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

3.4. Lateral flow testing for volunteers

Free, fast and regular testing for people who do not have symptoms of coronavirus (COVID-19) is available to everyone in Scotland.

Around 1 in 3 people with COVID-19 do not show symptoms, so can spread the virus to others without knowing.

Regular testing using lateral flow devices (LFDs), also known as rapid tests, helps to find positive cases in people who have no symptoms, but who are still infectious. If people who test positive self-isolate, we can break the chain of transmission and limit the spread of COVID-19.

You should take a rapid lateral flow test twice a week (every 3 or 4 days).

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 highlight 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

3.5 Self Isolation

Updated guidance on [self-isolation](#) was published by the Scottish Government on 4 August 2021. The guidance should be followed by volunteers, in accordance with their personal circumstances.

3.6. 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 all 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](#) and [check in Scotland app](#) from NHSScotland that aims to reduce the spread of the virus and keep people safe.

3.7. Physical distancing and hygiene measures

Two metre physical distancing rules in health settings will remain in place, and will be reviewed as necessary as the NHS remobilises safely from the pandemic. 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; 2 metres or 1 metre, 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.

3.8. Face coverings and masks

[Scottish Government Coronavirus \(COVID-19\) face coverings guidance](#), updated on 9 August 2021 advises that face coverings remain mandatory in health settings.

Should volunteer roles reduce physical distancing to less than two metres, volunteers should also be provided with medical grade face masks.

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

3.9. 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 (2 metres or more), see 5.7 of this guidance for information on what to do when physical distance is not able to be maintained.
- ▶ Number of people sharing the place of volunteering.
- ▶ Availability and use of personal protective equipment.
- ▶ Ability to maintain hand hygiene.
- ▶ Environment cleanliness control.
- ▶ Ability to avoid symptomatic people.

4. Re-introduction of ‘stood down’ volunteers

Many existing volunteers have been, ‘stood down’, from their roles for over 18 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.

5. 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 (VIS) 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 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.

5.1. 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.

5.2. 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.

5.3. 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.

5.4. 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.

5.5. 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 PVG 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.

5.6. 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 10 August 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.

5.7. 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.

5.8. 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 the NHSScotland digital training platform '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 (July 2021).

NHS boards recruiting volunteers may wish to review the module content to ensure it meets local requirements before issuing to prospective volunteers. Users and 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>

6. Covid-19 vaccination programme

6.1. 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, and 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.

7. Supporting volunteers

The pandemic may 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 and 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:
 - [Clear Your Head](#)
 - [Scottish Association for Mental Health \(SAMH\)](#)
 - [Breathing Space](#)
 - [Samaritans](#)

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

8. 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.

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