

Volunteering in NHSScotland COVID-19: Shared practice and guidance for volunteer management in NHSScotland

Key points

- ▶ Any volunteering that takes place during the COVID-19 pandemic should be **safe for volunteers, patients, staff and the families of all involved**.
- ▶ **Reconciling government guidance** on ‘staying at home’ and ‘physical distancing’ poses a challenge in developing roles, deploying new volunteers and the safe return of previously ‘stood down’ volunteers.
- ▶ **Terminology must be clear**. Volunteering is not the same as people returning to the workforce. It does not apply to paid staff being reassigned to other duties in the same or another organisation.
- ▶ The **volunteer recruitment process can be streamlined** through a number of measures contained in this paper (typically averaged 14 weeks nationally pre-coronavirus).
- ▶ The **return of existing volunteers to NHSScotland** can be managed in a **safe and phased manner**, ensuring compliance with national guidance in roles where there are limited risks that can be mitigated.

Significant updates

- ▶ Updated links to Scottish Government/Health Protection Scotland guidance (throughout)
- ▶ Extension of disclosure fee waiver to 25 December 2020 (Section 5)
- ▶ Updated symptoms list and at risk groups (Section 5)
- ▶ New section: Safe return of volunteers to NHSScotland (Section 8)
- ▶ Reference made to monthly collation of national volunteering data for Scottish Government in respect of Emergency Volunteering Leave (Section 9)

Contents

1. Introduction.....	2
2. Status of volunteering.....	3
3. Scotland Cares campaign and Ready Scotland website	3
4. Risk assessment of volunteering and volunteer roles.....	5
5. Fast-tracking volunteer recruitment	6
6. Volunteer induction.....	11
7. Volunteer retention	13
8. Safe return of volunteers to NHSScotland.....	14
9. Emergency Volunteering Leave.....	16
10. Other considerations	17

1. Introduction

The COVID-19 pandemic has brought volunteer management in NHS settings into unprecedented times. This paper collates a number of sources of guidance and practice, drawing from developments across NHSScotland to support more rapid spread of practice with a focus on safety and retaining the integrity of volunteering.

On 17 March [recommendations](#) were sent to the Executive Lead for Volunteering in each NHS Board.

Following the recommendations, NHS Boards:

- ▶ Suspended all volunteering, or
- ▶ Suspended volunteering in high-risk areas and/or asked volunteers who fall into ‘at risk’ categories not to attend

Since March, a number NHS Boards have reactivated volunteering programmes and are recruiting to a limited number of volunteer roles, most commonly related to ward volunteering and other support roles that do not take place in COVID-19 areas.

Through national, high-profile volunteering campaigns many NHS Boards have experienced an increase in volunteer enquiries and applications, whether there are roles on offer or not. This guidance includes suggestions for role development and the safe and measured return of volunteering in NHSScotland.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 2 of 17	Review date: 24-Aug-2020

2. Status of volunteering

From March 2020, the UK and Scottish placed restrictions on movement to attempt to reduce the spread of the coronavirus.

It now allows people to limitations on travel for shopping, to exercise, to travel to work (where unable to work from home) and for medical/safety reasons including to care for vulnerable people.

In order to equip volunteers with a point of reference should they be challenged by authorities, NHS Boards may wish to provide correspondence to their engaged volunteers stating:

- ▶ Volunteer role
- ▶ Location of volunteering
- ▶ Start date
- ▶ End date (if known)

Providing the above via text may be helpful, should volunteers need to access or refer to it whilst in transit to their place of volunteering.

In travelling to and whilst undertaking volunteering individuals must comply with the Scottish Government [Staying at home and away from others \(physical distancing\) guidance](#).

3. Scotland Cares campaign and Ready Scotland website

On 30 March Scottish Government launched '[Scotland Cares](#)', a campaign to provide a pathway for ex-health and social care workers to return to the system and for members of the public to volunteer. Scottish Government, with key stakeholders, agreed to build a campaign and structures that would offer a local, responsive offer to meet local demand via a national portal.

On 1 May, Scottish Government paused the campaign as a suitable 'bank' of willing individuals had been secured.

Through the scheme, individuals could select one of the following pathways on the [Ready Scotland website](#):

Pathway 1: Accelerated recruitment of paid staff (via NHS Education for Scotland)

Pathway 2: Apply to become a Community Reserve Volunteer (British Red Cross)

Pathway 3: Register with the national portal for volunteering (Volunteer Scotland)

Individuals who registered via pathway 1 were directed to register with NHS Education for Scotland (NES) who take forward the recruitment. NES is handling all aspects of onboarding those applying via the health and social care Accelerated Recruitment Portal, including PVG and pre-employment checks. It is liaising directly with NHS Boards on the arrangements for

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 3 of 17	Review date: 24-Aug-2020

bundling applications and deploying staff out in the service.

Applicants who registered via pathways 2 and 3 (British Red Cross and Volunteer Scotland) is taken forward by those organisations in conjunction with Local Resilience Partners who will be identifying local need.

The scheme was **paused** on 1 May. Communities Secretary Aileen Campbell has [written](#) to the tens of thousands of people who've signed up to be part of Scotland's response to the coronavirus outbreak. Read her thank you letter [here](#).

From the campaign the British Red Cross pathway had secured more than 18,000 applications. These individuals, once verified (including Protection of Vulnerable Groups membership, if required), will be asked to undertake roles vital to boosting the community response to Covid-19, including tasks such as organising food parcels and supplies, delivering medicine to vulnerable people unable to leave their homes, and providing a line of communication for those without contact to the outside world.

More than 35,000 applications have been received by Volunteer Scotland who maintain the national volunteering portal and have links with each Third Sector Interface.

NHS Boards seeking to recruit to [defined roles](#) should [register](#) them with Volunteer Scotland/Third Sector Interfaces. Please refer to section 4 regarding role development and risk assessments.

The British Red Cross can be contacted through local channels or by contacting their dedicated mail box: covid_19responsescotland@redcross.org.uk. Contact phone numbers are now in place at Resilience Partnership and national level:

- ▶ North RRP areas: 01463 796624
- ▶ West RRP areas: 0141 891 4031
- ▶ East RRP areas: 0131 654 0340
- ▶ Emergency Response Operations Manager: Mobile 07590445372

NHS Boards can contact their local TSI lead (details [here](#)) or the TSI Resilience Partnership Representative:

- North RRP: Maggie Hepburn, Chief Executive, ACVO Aberdeen, maggie.hepburn@acvo.org.uk; 07815 008 701
- West RRP: Ian Bruce, Chief Executive, Glasgow Council for the Voluntary Sector, ian.bruce@gcvs.org.uk 07818 400 116
- East RRP: Ella Simpson, Chief Executive, EVOC (Edinburgh), ella.simpson@evoc.org.uk 0754 219 8563

4. Risk assessment of volunteering and volunteer roles

The development of new volunteer roles should be founded in robust risk assessment. It is a requirement (indicator 5.1) of [Investing in Volunteers](#) (a quality standard that a number of NHS Boards hold) that each volunteer role is risk assessed.

For continuing roles, existing risk assessments should be updated in light of the coronavirus, social distancing and [Health Protection Scotland \(HPS\) guidance](#).

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

Scottish Government published [guidance on coronavirus testing](#) (updated on 19 May) that includes volunteers as in Priority Group 4 (“Staff and volunteers in third or public sector organisations, and staff in nationally or locally significant industry important to economic sustainability and growth”). The Prioritisation Matrix is available [here](#).

The following elements of HPS guidance are of particular relevance if seeking to place volunteers in acute settings or in driving roles:

- ▶ [Novel coronavirus \(COVID-19\) Guidance for primary care \(updated 16 July 2020\)](#)
 - *“Social distancing measures should be followed by everyone, including children, in line with the government advice to stay at home. The aim of social distancing measures is to reduce the transmission of COVID-19. Up to date information can be found on the NHS Inform website. Note that shielding advice should be followed by individuals at risk of severe infection”.*
 - Section 4.6 ‘Transport to and from home, or for further care’ outlines specific transport options available, making no reference to volunteer transport in COVID-19 cases.

- ▶ [Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings \(updated 4 June 2020\)](#)
 - *“If they are taking shared transport, the need for further isolation of discharged patients with COVID-19 who have not completed their 7 or 14 day isolation period and who do not have virological evidence of clearance should be communicated with transport staff (e.g. ambulance crews or relatives). Those transporting them should not themselves be at greater risk of severe infection.”*
 - *“the patient should be given clear instructions on what to do when they leave the ward to minimise risk of exposure to staff, patients and visitors on their way to their transport;*
 - *the patient should wear surgical face masks for the duration of the journey, and advised that this should be left on for the entire time if tolerated (not pulled up and down);*
 - *the patient should sit in the back of the vehicle with as much distance from the driver as possible (e.g. the back row of a multiple passenger vehicle), and where possible use vehicles that allow for optimal implementation of physical (social) distancing measures such as those that have a partition between the driver and the passenger, or larger vehicles that allow for a greater distance between the driver and the passenger;*
 - *vehicle windows should be (at least partially) open to facilitate a continuous flow of air;*

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 5 of 17	Review date: 24-Aug-2020

- vehicles should be cleaned **appropriately** at the end of the journey using a household detergent active against viruses and bacteria; and
- ensure the patient has a supply of tissues and a waste bag for disposal for the duration of the journey. The waste bag should then be taken into their house and held for a period of 72 hours before disposal with general household waste.”

The Volunteering in NHSScotland Programme recommends that the **Developing Volunteering 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 Checklist is included for ease of access:



Dev vol checklist v4.0.docx

A number of NHS Boards have shared role descriptions for roles developed to respond to the coronavirus pandemic:



NHSD&G COVID19 RD.pdf

NHS Dumfries & Galloway



NHSG Support Volunteers RD.pdf

NHS Grampian



NHSLAN COVID19 RD.pdf

NHS Lanarkshire



NHSL0T COVID19 RD.pdf

NHS Lothian



NHSTAY COVID19 RD.pdf

NHS Tayside

The following **risk assessments** have been shared by NHS Boards as examples (note that these are dated prior to the latest HPS guidance above):



NHSSHET RA v3.0.pdf

NHS Shetland



NHSLAN COVID19 RA.pdf

NHS Lanarkshire



NHSTAY COVID19 RA v1.0.pdf

NHS Tayside



NHSGG&C COVID-19 RA.pdf

NHS Greater Glasgow & Clyde

5. Fast-tracking volunteer recruitment

Data from the Volunteering Information System tells us that it takes an average of 14.6 weeks to progress from point of enquiry to a volunteer beginning their placement (source: [Volunteering Information System 2018/19 final report](#)). There is scope to reduce the length of time this process typically takes.

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 screening and occupational health clearance.

[Coronavirus \(COVID-19\): National arrangements for NHS Scotland staff, DL \(2020\)/5](#) states

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 6 of 17	Review date: 24-Aug-2020

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.

Additional information relating to insurance for driving roles is also included.

▶ **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.

Boards may wish to move to online processing of ID verification via e-mail and use of videoconferencing/streaming technology.

It should be noted that meeting a prospective volunteer and the interview process is an important part of recruiting the right person to the right role.

▶ **References**

Reporting and analysis of Volunteering Information System data tells us that it takes an average of 2.1 weeks to receive a volunteer reference (source: Volunteering Information System 2018/19 final report).

By interpretation of DL (2020)/5 NHS Boards may wish to:

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

Of note, Shelter Scotland provided an evidence-based case study to NHS volunteer managers in February 2020 on how and why they removed the referencing element of volunteer recruitment.

▶ **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 documentation.

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

[Changes](#) (updated 10 July 2020) at Disclosure Scotland include:

- Online processing only, no paper forms to be sent
- Prioritising 'support roles', including healthcare

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 7 of 17	Review date: 24-Aug-2020

- Fees waived for covid response disclosures (in place until midnight, Friday 25 December 2020)
- Coronavirus cover sheet

Within the [Coronavirus Act](#), Scottish Ministers have the power to change Protection of Vulnerable Groups legislation but at time of writing this has **not** been implemented. This means that the following remain:

- 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

Disclosure Scotland has also provided some Frequently Asked Questions on Disclosure and Protection of Vulnerable Groups:

What roles need a PVG?

In brief, work or volunteering which involves certain activities with children (under 18s) or protected adults (aged 16 or over) which is regular and the person's normal duties, qualifies for a PVG check. Some of the types of activities are teaching, training, instructing, supervising, caring for, supervising, being in sole charge, giving advice and guidance in relation to health and wellbeing.

For protected adults, we also have to consider both the service you're providing and who it's provided to which is a little more detailed. The organisation needs to be either a Welfare, Care, Health or Social Care organisation and the adults you provide your service to need to have particular needs. A particular need is a specific requirement an individual may have arising from physical or mental illness or disability which may disadvantage that person when compared to the rest of society.

We have checklists for both children and protected adults which list the full range of activities (including determining if your adult service meets the criteria) to help you decide if someone is doing regulated work which qualifies for a PVG check. They can be found in the Resources section of our website.

What roles don't need a PVG?

There has been a rapid increase in Community Volunteering in response to local needs. Many organisations are concerned that until a PVG has been accessed, they will be unable to utilise new volunteers or increase their capacity or introduce new services such as telephone befriending and community transport. While many of these activities may be considered a regulated work activity, we need to give further consideration to whether (at this time) the new volunteers will be carrying out their role regularly and as part of their normal duties. We also need to consider whether the activities are being directed at children or protected adults, or more generally to the community, as not every person in self-isolation will have symptoms of the virus (e.g. they may be self-isolating as someone else in their household has symptoms, they may have an underlying condition which puts them at greater risk or they may be self-isolating due to Government advice based on their age).

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 8 of 17	Review date: 24-Aug-2020

In order to qualify for a PVG check, new volunteers would need to be carrying out a regulated work activity with children or protected adults regularly and as part of their normal duties with an organisation and as we are in the very early stages of self-isolation, it's currently not possible to determine that the activities will be regular or normal duties. Your organisation may also consider that the new services or increased provision is in response to a crisis/emergency situation (which would not require a PVG).

There are several support activities which definitely do not require a PVG check such as shopping, cash handling, having access to people's details and dog walking. Each organisation has to risk assess these activities and consider whether there is a need for any further safeguarding such as supervising new volunteers more closely.

Can PVGs Be Transferred?

No. A PVG certificate is issued in relation to a specific role and workgroup(s) within a named organisation. When an organisation accesses a PVG check, they registered their interest in the applicant so that they are notified if the members status changes to either barred or considered for listing. This is why scheme members still need to complete another form when they move to another organisation. It is also worth bearing in mind that the scheme member will also have a copy of their PVG which they can share if they choose to.

Can Organisations Share PVG Information?

Yes, section 80 of the Disclosure Scotland Code of Practice gives guidance on this. Care must be taken to ensure the organisation information is being shared with are entitled to PVG information for the role in question and the scheme member must give you written consent to share their information. You should retain this permission in case there are any queries about sharing PVG information in the future. It is also worth bearing in mind that the scheme member will also have a copy of their PVG which they can share if they choose to.

Section 86 and 87 of the Code of Practice allow for information to be shared in relation to health and education transport services. The Code allows information to be shared with specific bodies (e.g. a school, college, health body). Please refer to the Code for full details of this exemption.

The Code of Practice can be found on [Disclosure Scotland's website](#).

► **Occupational health screening**

It is common for NHS Board volunteering programmes to use self-declarations as a primary tool for occupational health screening. In light of pressures placed upon NHS systems it is advisable to implement this for volunteer recruitment during the pandemic.

Particular attention should be paid to regular [checking of symptoms](#) (updated 19 May 2020) and [self-isolation guidance](#) (updated 16 July 2020) on NHS Inform.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 9 of 17	Review date: 24-Aug-2020

At time of writing, anyone who has experienced the following is required to self-isolate for 7 days:

- a high temperature or fever
- a new continuous cough
- a loss of, or change in sense of smell or taste

Any household members without symptoms should stay at home for 14 days, from the day the symptoms started for the individual concerned.

Please use the NHS Inform links above for current guidance.

Shielding of the most at risk individuals remains in place until the end of July 2020. Under no circumstances should individuals who are shielding be volunteering in NHSScotland.

Additionally, Scottish Government notes the following criteria as the most at-risk groups:

- ▶ Solid organ transplant recipients
- ▶ People with specific cancers
- ▶ People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD), severe bronchiectasis and pulmonary hypertension.
- ▶ People with rare diseases including all forms of interstitial lung disease/sarcoidosis and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)
- ▶ People on immunosuppression therapies sufficient to significantly increase risk of infection or who have had their spleens removed
- ▶ People who are pregnant with significant heart disease, congenital or acquired
- ▶ People who are receiving renal dialysis treatment

More detail on at risk groups can be found here: <https://www.gov.scot/publications/covid-shielding/pages/highest-risk-classification/>.

Scottish Government states that people over the age of 70 remain at risk from the coronavirus. Further guidance has been published for people who have health conditions but are not shielding: cancer, diabetes, heart disease, inflammatory bowel disease; chronic kidney and liver disease; dermatological, neurological, (specific) ophthalmic, respiratory and rheumatic conditions, chronic pain, and rare diseases. More information can be found here: <https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/>.

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.

Updated screening assessments would benefit from including confirmation from volunteers that they:

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 10 of 17	Review date: 24-Aug-2020

- Are under 70 years of age
- Have no underlying health conditions (see above at risk groups and additional categories)
- Do not share a household with someone who qualifies for shielding status
- In the past seven days:
 - Have not experienced a new continuous cough
 - Do not have a high temperature
 - Have not experienced a loss of, or change in sense of smell or taste
- Do not live in a household where anyone has any of the above symptoms

To ensure safety of patients, staff, volunteers and their families NHS Boards may also choose to implement **regular, e.g. weekly, confirmation from volunteers** of some or all of the above points.

Please use the NHS Inform links above for current guidance.

An earlier example of occupational health screening from NHS Greater Glasgow & Clyde is included as an example:



NHSGG&C
COVID19 OH Dec v1

► Confirmation of insurance for driving roles

The Association of British Insurers (ABI) has waived the requirement for volunteers to confirm that their insurance extends to volunteering activity.

See the [statement](#) on the ABI website.

If NHS Boards seek to place volunteers into driving roles they should not require volunteers to seek confirmation from their insurer.

6. Volunteer induction

We have collaborated with NHS Education for Scotland to design and produce a basic level online induction module for volunteers.

The module has been designed with the need to comply with 'stay at home' and social distancing measures in mind.

We are indebted to NHS Education for Scotland and NHS Board volunteering programmes for the rapid development of the module.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 11 of 17	Review date: 24-Aug-2020

NHS Boards recruiting volunteers may wish to review the module content to ensure it meets local requirements before issuing to prospective volunteers.

▶ Scope

An online learning module for NHSScotland prospective volunteers. The module will be hosted on TURASLearn, accessible to anyone.

Branding with NHS Education for Scotland, referencing the Volunteering in NHSScotland Programme with recognition of the NHS Board content at appropriate sections.

▶ Access

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>

▶ Verification of completion

A pass mark of 80% required in the module.

Users (prospective volunteers) can save/print a certificate of completion and send this to their respective volunteer manager. This mitigates the risk of non-compliance with NHSScotland and local board policies (e.g. safeguarding and information governance) contained within the learning. It also removes the need for any volunteer management staff to access TURASLearn reporting.

▶ Content and format

Content sourced from NHS Boards existing volunteer induction programmes.

Healthcare Improvement Scotland Community Engagement reviewed submissions and provided condensed content for NES.

Content includes:

- ▶ NHSScotland values
- ▶ Communication and confidentiality
- ▶ Equality and diversity
- ▶ Adult and child protection
- ▶ Fire safety
- ▶ Infection control (inc COVID-19)
- ▶ Health, safety and wellbeing
- ▶ Support and supervision (inc raising concerns and whistleblowing)

All images are sourced from board induction programmes or NHSScotland image library.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 12 of 17	Review date: 24-Aug-2020

No IP rights to be addressed.

▶ Testing

Healthcare Improvement Scotland Community Engagement (HISCE) provided a number of staff who completed the module and provided feedback. Additional feedback was received from NHS Boards, members of the National Group for Volunteering in NHS Scotland and volunteers from the public.

▶ Review

Content to be reviewed in August. Any critical issues/errors to be communicated to the Programme Manager (alan.bigham@nhs.net) and Engagement and Equalities Policy Manager (valerie.breck@nhs.net).

7. Volunteer retention

The cessation of volunteering and implementation of 'stay at home' guidance by governments will leave many people in isolation.

Reduction of social isolation is often a driver and common benefit for those who choose to volunteer.

Staying in touch with the existing volunteer base may be difficult with the limited staffing on many volunteer programmes but consideration as to how to ensure volunteers are retained should not be lost amongst the pressures on volunteer programmes. The Association of Volunteer Managers published '[Themes from COVID-19 networking calls](#)' that contains suggestions for how to stay in touch with volunteers and move towards virtual volunteering.

NHS Boards with centralised volunteer management models are likely to face challenges in supporting and retaining volunteers that they normally encounter, particularly where there is a single volunteer manager.

Health boards with decentralised models, whilst normally being more scalable and robust, may suffer from absence rates amongst the staff who would traditionally offer the light-touch support locally (e.g. at a ward level) if the pandemic escalates.

The [National Wellbeing Hub](#) was launched on 11 May and contains a wealth of resources for staff and volunteers in health and social care.

A collaboration of organisations from across Scotland have created the platform which has been specifically tailored to support people facing the challenges brought on by the coronavirus pandemic.



NHS Board volunteering programmes may wish to include a link to the National Wellbeing Hub (www.promis.scot) in volunteer induction and support guidance.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 13 of 17	Review date: 24-Aug-2020

8. Safe return of volunteers to NHSScotland

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 route map out of lockdown: Coronavirus (COVID-19): Scotland's route map (<https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/>). The route map makes reference to both public services and transportation, two key elements in planning the return of volunteering. Throughout, and in the current stage (phase three), the requirement to maintain physical distancing, handwashing, surface cleaning and respiratory hygiene guidance remain vital.

Screening of returning volunteers

The same screening considerations that are recommended for new volunteers should be applied to the return of existing volunteers. At present, these include:

- ▶ Aged under 70 years
- ▶ Have no underlying health conditions (*see lists of at risk groups and additional categories* in Section 5)
- ▶ Do not share a household with someone who qualifies for shielding status
- ▶ In the past seven days:
 - Have not experienced a new continuous cough
 - Do not have a high temperature
 - Have not experienced a loss of, or change in sense of smell or taste
- ▶ Do not live in a household where anyone has any of the above symptoms

Additional measures can be taken to mitigate possible transmission of the virus. Phasing of volunteering services and a staggered approach to volunteer rotas, in recognition of the incubation period, would achieve this.

Phased return of volunteer services

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/site basis,
- ▶ A service basis,
- ▶ A volunteer role basis (e.g. low risk/physical distancing compliant roles such as gardening and hospital guides rather than high risk such as driving),
- ▶ A limitation of volunteer numbers,
- ▶ Availability of handwashing stations, or
- ▶ Other means by which there is control over the volume of interactions, e.g. reduced length of patient interaction.

Up to date contact information

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.

Physical distancing and hygiene measures

As physical distancing of two metres remains in place, prioritisation of 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 (e.g. 2m or 1m) as this element affects contact tracing, should an individual become ill with the coronavirus.

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

Face coverings and face masks

[Coronavirus \(COVID-19\): interim guidance on the extended use of face masks in hospitals and care homes](#) recommends that visitors to hospitals should wear a face covering where it is not possible to maintain a 2m distance from others.

Staff working in a clinical area of an acute adult (incl. mental health) or 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 2m, volunteers should therefore also be provided with medical grade face masks in compliance with above guidance.

Current Scottish Government guidance suggests that face coverings are not required outdoors, unless in a crowded situation.

Staggered rotas

Scottish Government, UK Government and the European Centre for Disease Control estimate that the incubation period for the coronavirus lasts between one and 14 days (UK Government suggests a median of five days).

In order to limit transmission during the incubation period from asymptomatic individuals it is recommended that volunteers are engaged on a fortnightly basis. This will allow for symptoms to appear and also allow for a greater level of volunteers to be engaged, albeit on a reduced frequency per person.

Accurate recording of volunteer rotas, e.g. to a ward level and time of day, will support efficient contact tracing should the need occur.

Considerations in respect of hospital visiting

Scottish Government [guidance](#) on the phased resumption of hospital visiting may play a part in the planning of volunteers returning to ward-based roles. As health boards progress through each stage there will be an increase in the volume and frequency of visitors resulting in greater risks and greater use of hand hygiene supplies.

Updated volunteer agreements and symptom reporting

As suggested in Section 5, volunteer agreements should be updated to include a

requirement that the individual notifies the volunteer manager immediately should they experience any of the noted symptoms.

Due to the exceptional danger of the virus, instead of relying on exception reporting (i.e. only reporting when symptomatic), health boards may choose to require volunteers to report to their volunteer manager/nominated contact on symptom status on the day of their planned 'shift'/engagement (e.g. healthy, with symptoms, diagnosed with COVID-19 etc).

Travel to and from the place of volunteering

Scottish Government restrictions on travel have eased but whilst the five-mile limit for leisure has been disappled, the recommendation is for people to travel locally where possible.

Use of public transport requires those travelling to wear face coverings and some services may yet be limited in terms of capacity (due to factors including staff absence, physical distancing requirements and prioritisation of key workers). Advice from Scottish Government is currently to reduce non-essential use of public transport where possible.

Volunteering programmes may wish to initially restrict the return of volunteering to those able to safely travel using their own transport.

9. Emergency Volunteering Leave

Emergency Volunteering Leave (likely to be relabelled Emergency Placement Scheme) is a provision within the Coronavirus Act 2020. It will allow workers to request between 2-4 consecutive weeks of unpaid leave in order to volunteer during a 16-week window which the UK Government will 'open'. Workers, in health and social care roles, will only qualify for one period of leave per 16-week window. The Act contains within it provision to reimburse the worker for loss of earnings. Employees in organisations of less than 10 employees will not be able to access the scheme.

The scheme has not yet been activated. This will only happen if or when the governments have decided the NHS and social care sector needs additional capacity, and where that capacity cannot be supplied through existing routes.

The UK Government is developing guidance to give more information and support to both employees and employers in the event that these powers are needed. The guidance will answer questions that people will have about this scheme and will be available on the GOV.UK website if and when the scheme is triggered.

The Volunteering in NHSScotland Programme is collating national data on volunteer numbers and service gaps on a monthly basis to inform decision-making at Scottish Government. Information requests to Strategic Leads for Volunteering are issued in advance of national collation and reporting on the first Friday of each calendar month.

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 16 of 17	Review date: 24-Aug-2020

10. Other considerations

Voluntary Health Scotland published a [briefing](#) on the impact of COVID-19 on voluntary health organisations. The paper outlines the impact of the pandemic on services and how they have adapted to respond. It is important that we remain aware of the role for volunteering in the recovery stage, once we reach it, and how we exit from this pandemic and support our colleagues, patients and volunteers when the time comes.

The Programme Team have been made aware of a number of external requests for role development that are out of keeping with the aforementioned management of risk and compliance with Health Protection Scotland guidance. It is reassuring to hear that these requests have been addressed appropriately by NHS Boards. This paper makes reference to the existing guidance and frameworks in place to ensure that roles are developed safely and with the input of all relevant stakeholders.

However, should the pandemic reach crisis levels, the prospect of an extension of volunteer activity into the domains of staff duties is a possible consequence. If such a scenario unfolds, there should be a continuing focus on **safety**, robust engagement and safeguards in place to ensure that any extension of volunteer roles is **temporary** and **reviewed**. There should be no conflation of volunteering with employment. It is vital that we exit this pandemic with the integrity of volunteering intact. Volunteering is and should remain the free will and choice of the individual concerned.

“Volunteering is a choice. A choice to give time or energy, a choice undertaken of one’s own free will and a choice not motivated for financial gain or for a wage or salary.”

[Volunteering for All](#), Scottish Government 2019

File name: 2020-07-24 COVID-19 volunteering guidance to boards v5.0.docx	Version 5.0	24-Jul-2020
Produced by: A.Bigham	Page 17 of 17	Review date: 24-Aug-2020