

# Advice regarding NHS volunteers relating to COVID-19

17 March 2021, Version 3

Updates to Version 3, published on 17 March 2021, are highlighted in yellow.

## Who does this apply to?

This guidance is targeted at all staff managing volunteers in NHS organisations and refers to members of the public with a formalised volunteering role in the NHS. It brings together the latest advice and guidance about managing NHS volunteers.

**Please be aware that government includes volunteers in health and social care within its definition of ‘critical workers’.**

## Reason for this guidance

Volunteers add significant value to the activities of paid health and care staff and provide vital support to patients.

Latest [government guidance](#) continues to permit volunteering where it can be done safely and following proper risk assessment and mitigations. Consequently, **volunteer services can continue in NHS settings where they can be delivered safely.** We do not recommend that all volunteer services are suspended but rather that risks should be managed appropriately in line with government guidance and with local emergency response plans.

With this in mind, **managers of NHS volunteers should:**

### **Support volunteers’ health and wellbeing**

Preserving and protecting volunteers’ health, safety and wellbeing is critical for NHS organisations as they respond to the COVID-19 outbreak. It is essential that NHS organisations make every effort to support the physical and mental wellbeing of their volunteers, to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.

Volunteers should be supported in the same way as staff, in accordance with the latest [health, safety and wellbeing guidance](#). All volunteers **must** be made aware of the need to stop volunteering should they feel unwell and to follow the latest government and NHS [advice](#) for the public, especially regarding what to do if they develop COVID-19 symptoms.

### Optimise volunteer services

[National guidance](#) stipulates that people may volunteer outside their home if this role cannot be done from home, they are not clinically extremely vulnerable, follow social distancing guidance and adhere to COVID-secure [guidance within health and care settings](#).

**Many volunteer roles in the NHS are essential to reduce pressure on services and support paid staff**, so volunteering activity should be focused, where possible, on roles that support areas of greatest pressure. [With appropriate risk management protocols and guidance in place](#), volunteers can safely support many [existing services or those that have been temporarily increased during the pandemic](#). For example:

- supporting discharge processes in discharge lounges
- providing home-from-hospital support, including transport
- [becoming part of a family support team and 'virtual visiting'](#)
- [remote community roles including welfare calls](#).

Where your organisation uses volunteers from external partners (such as Macmillan, Age UK, etc), please review how essential these services are in line with local business continuity plans. Where services are essential or support areas of increased pressure (eg home-from-hospital services), any NHS staff and volunteer guidance should also apply to these groups.

Please remember some volunteer roles are likely to be even more in demand during this challenging time, such as those within chaplaincy services. We advise you to consider how these can continue to be delivered safely. Also bear in mind their vital role in providing essential pastoral and emotional support to [both staff and volunteers](#) at these times of increased pressure and anxiety.

### Reviewing the volunteer base

[Volunteer managers should continue to risk assess and review the position of volunteers who may](#) need to temporarily step down from in-hospital volunteering. Their need to do so may not be obvious, so volunteers should be encouraged to talk to volunteer managers and should stop their volunteering role if you or they are concerned about their own health or they have caring responsibilities for others in these groups.

Some existing NHS volunteers will be in the [clinically extremely vulnerable](#) cohort; others are preventatively self-isolating or have been required to self-isolate. Anyone else can continue to volunteer outside the home if the volunteering role cannot be done from home. This includes the over 70s who are not 'clinically extremely vulnerable'.

It is important to note that the definition of vulnerability **is subject to change** and additional at-risk groups may be identified over time, so it is important to regularly review this with volunteers and ensure any additional risk information is assessed and acted on.

### **Reassign or rest volunteers**

For volunteers who need **or wish** to temporarily step down from their current volunteering role, **explore** remote opportunities these volunteers could help with (eg peer support or reminding patients about appointments). If no **alternative** redeployment opportunities exist, allow volunteers to take a temporary break from volunteering **or refer** them to **alternative** local or national volunteering schemes, if appropriate, that they can do from home.

**Consider how the organisation can keep in touch with 'inactive' volunteers, to ensure that they continue to feel connected to the organisation, and the dialogue remains open for them to return when they are able to do so.**

For the remaining volunteer cohort, consider which volunteer roles are non-essential and consider redeploying those volunteers into other new or emerging roles that directly reduce pressure on services or staff as part of the COVID-19 response (see **COVID-19 volunteer roles** below).

Where organisations identify or create temporary roles as part of local emergency response plans or in response to having a reduced paid workforce, consider whether any of the existing volunteer cohort could be upskilled and recruited into these roles, given they are already inducted into and familiar with the organisation. (Please note: this could mean temporarily suspending a volunteer arrangement and the volunteer entering into a contractual arrangement for a separate paid role). There may also be additional temporary roles for volunteers that arise through local business continuity plans (eg counting and restocking personal protective equipment (PPE)) or in supporting back-office functions where NHS staff have been redeployed.

### **COVID-19 volunteer roles (in hospital settings)**

**While some volunteer roles have been paused, others that have been COVID-adapted or newly introduced have shown their value. These roles include:**

- developing flexible volunteer roles responsive to clinical need, eg collecting patient belongings, response volunteers
- pre-hospital admission advice to prepare patients for COVID-19 restrictions
- companion roles using technology to connect inpatients with their families while visiting is not possible because of COVID-19 restrictions
- hospital discharge and follow-up, eg collecting prescriptions, welfare calls.

A series of volunteer role profiles have been developed to optimise in-hospital volunteering services as part of the NHS response to COVID-19. The available role descriptions have been endorsed and agreed by clinical leadership, infection prevention and control leads and PPE supply chain colleagues and are in keeping with national NHS guidance. They should continue to be reviewed in line with national NHS and Public Health England guidance as different stages of the COVID-19 incident response are triggered.

The decision to adopt any new volunteer roles is owned by the trust and roles should be properly risk assessed and mitigated. Roles should also be tailored to local needs, policies and cleared through relevant trust sign-off processes; for example, with clinical or workforce leads to ensure they are embedded in local planning and delivery.

### **Recruiting and onboarding volunteers**

Since the start of the pandemic, thousands of members of the public have come forward to offer to volunteer for the NHS. Consider how you will manage new requests from the public to support your organisation. If capacity exists, plan for how you could recruit and onboard new volunteers quickly. For example, could existing experienced volunteers help co-ordinate and manage new volunteers?

If capacity or infrastructure do not allow fast-tracked recruitment, consider suspending new volunteer recruitment temporarily and plan referral routes for potential volunteers into other NHS schemes (such as [NHS Volunteer Responders](#)) or local voluntary and community sector partners that can take up the offer of support.

**We strongly encourage a holistic approach to onboarding new volunteers and risk management, weighing the balance of risks with the impact of lengthy delays in or not filling volunteer roles.** Consider any equalities issues and any groups that might be disproportionately impacted by the absence of specific volunteer roles. While it is at your organisation's discretion to accept Disclosing and Barring Service (DBS) and occupational health checks from other organisations, you should take a pragmatic approach to onboard volunteers safely yet quickly. There may be merit in accepting DBS checks, for example, if the source and relevance of these to the volunteer role has

been adequately risk assessed. In addition, many trusts are already using self-declaration forms to satisfy local occupational health checking requirements, which we support.

Finally, consider how to manage interviews, inductions and training using digital solutions where possible. There is, for example, a national training package of [resources for volunteers supporting health and social care on the E-learning for Health platform](#), including COVID-19 contextualised resources, that is freely available to all volunteers. NHS Employers has a [guide](#) on conducting virtual interviews.

### **DBS arrangements**

The Disclosure and Barring Service (DBS) has made temporary changes to the ID checking guidelines for standard and enhanced checks for paid staff and volunteers where waiting for a full DBS check could cause undue delay.

NHS organisations should follow the latest DBS guidance to facilitate timely and effective processing of identity checks. Unpaid volunteers remain eligible for a free DBS check.

For more information see:

- NHS Employers: [COVID-19 pre-employment check guidance](#)
- government guidance: [Enabling safe and effective volunteering during coronavirus \(COVID-19\): Safeguarding volunteers.](#)
- [Care Quality Commission: COVID-19: interim guidance on DBS and other recruitment checks.](#)

## Additional guidance concerning NHS volunteer services

### Information governance

Information governance remains important when working with volunteers and voluntary sector organisations (in relation to patient-identifiable, confidential or personal information). However, information sharing is critical to support health and care services. The [Information Commissioner has given a clear steer](#) on the role of sharing data where that is in the best interests of the patient during the COVID-19 response. NHSX has published additional guidance about [information governance for volunteers](#) during COVID-19.

### Flexible movement of NHS Volunteers (Volunteer Passport)

Some volunteers who are fit, healthy and able to volunteer are not currently able to engage in volunteering opportunities in their usual or 'host' NHS organisation. These may include students who would normally volunteer near their university but are currently at home or individuals who may wish to volunteer at a different hospital that is now easier to access. There are also some NHS providers that would like support from more volunteers as their own volunteers have temporarily stepped down for different reasons.

During the COVID-19 response NHS England and NHS Improvement **recommends**:

- the flexible movement of volunteers between NHS providers without need to repeat the full recruitment process
- the 'receiving' provider to accept the 'host' provider's identity, DBS and occupational health checks, and core competency training (eg information governance, safeguarding, etc) where evidence is provided to a satisfactory locally agreed level.

Trusts should put in place a memorandum of understanding/volunteer sharing agreement that sets out how they may share volunteers (possibly as part of their workforce sharing agreement). This should cover indemnity issues, expenses and liabilities.

NHS England and NHS Improvement recommends updating your volunteer policy and procedures to include volunteer passporting and an agreement that volunteers may be shared between organisations. This should be cross-referenced with your workforce sharing agreement. The expectation that volunteers may be asked to volunteer at alternative sites should also be reflected in standard volunteer agreements (the agreement between the organisation(s) and the individual volunteer).

To support the flexible movement of volunteers, we can provide the following:

- an example process – to demonstrate how volunteer passporting can be applied
- an example volunteer passport form – to facilitate sharing of the required information between organisations
- a License to Attend document – which has been agreed with NHS Resolution and covers the required terms and conditions. (This Licence to Attend will expire at the end of March 2021)

### **Youth volunteering in NHS trusts**

Many NHS organisations across England run specific youth volunteering programmes, enabling young people to give back to their communities and increase their skills, confidence, wellbeing and career opportunities in the process. Where possible, NHS organisations are encouraged to continue with these where this can be done safely, managing any risks in line with local business continuity plans and trust policy. NHS organisations should consider building in additional resilience support and check-ins for any continuing hospital-based activity and should highlight sources of support young volunteers can access.

The Institute for Voluntary Action Research, the learning partner to the Pears Foundation’s #iWill Fund, has gathered [learning and resources](#) from 30 NHS trusts that have been engaging with young volunteers since 2018 and have adapted services in response to COVID-19.

### **Volunteer management**

Volunteer management remains critical in continuing to support volunteering in your services. We highly recommend that you consider business continuity and ensure you have alternative, additional or back-up arrangements for the ongoing management of safe volunteering.

Many NHS organisations have experience of volunteers taking an active role in supervising and managing other volunteers, so there may be existing volunteers or roles that can readily step up into this activity: for example, one NHS trust is involving its chaplains. Other organisations have been using a lead volunteer model to help quickly induct, train and support volunteers in new roles/environments.

### **Volunteers and COVID-19 priority testing**

Government advice makes provision for “frontline health and social care staff including volunteers” to be included in the definition of essential workers prioritised for testing. All active NHS volunteers are eligible for COVID-19 testing. Guidance on coronavirus testing for essential workers, including information on the process, how to request a test and list of essential workers and those prioritised can be found [here](#). Volunteers in

[patient-facing roles are also eligible for asymptomatic testing](#) (lateral flow antigen testing).

### **Volunteers and COVID-19 vaccination**

On 7 January 2021, NHS England and NHS Improvement issued [operational guidance](#) on the requirement to vaccinate frontline health and social care workers, including volunteers.

Volunteers who are in contact with patients should receive the COVID-19 vaccine alongside other frontline health and care workers, in line with the Joint Committee of Vaccination and Immunisation's (JCVI) prioritisation of frontline staff "at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment".

NHS organisations should continue to follow government [guidance](#) about when at-risk volunteers who have been vaccinated may return to volunteering.

### **Access to PPE for volunteers**

All volunteers should be offered the same level of protection and support as paid staff working in the same areas of your organisation. Where roles involve volunteers having direct patient contact or volunteering in potential or confirmed COVID-19 positive environments, then the trust/host organisation is responsible for provision of PPE that is commensurate with the tasks they are being asked to do. This should be done in line with the national guidance on PPE requirements: [COVID-19: infection prevention and control \(IPC\) – GOV.UK \(www.gov.uk\)](#).

The use of face masks or face coverings across the UK is recommended in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce the risk of transmission.

### **Indemnity arrangements during COVID-19**

NHS Resolution has confirmed that volunteers are covered by indemnity arrangements in response to COVID-19 and that [these should not be a barrier to changed working arrangements](#) during the pandemic. Unpaid volunteers who have been sourced by NHS trusts to help deliver clinical services are also covered by [new indemnity arrangements](#) in response to COVID-19.

NHS Resolution has confirmed that where volunteers are asked by NHS trusts to help deliver NHS services, and a volunteer agreement is in place between the trust and the volunteer or volunteer organisation, then indemnity for clinical negligence will be provided under the [Clinical Negligence Scheme for Trusts](#).

## **Indemnity arrangements for the COVID-19 vaccination programme**

NHS Resolution, NHS England and NHS Improvement and the Department of Health and Social Care have issued a [joint letter to providers](#) to reassure healthcare professionals and others working and volunteering in the NHS in England about the indemnity arrangements in place for the COVID-19 vaccination programme. COVID-19 vaccination activity undertaken in NHS trusts, general practice and community pharmacy will be covered by the state indemnity schemes run by NHS Resolution. There are some exceptions where indemnity is covered through other arrangements. Please check the guidance for advice.

## **NHS Volunteer Responders scheme**

The NHS Volunteer Responders scheme has been set up to provide volunteer support for people in England who need to self-isolate for any reason.

NHS Volunteer Responders help with tasks such as collecting shopping or prescribed medication, driving people to medical appointments, transporting essential equipment and supplies, helping alleviate loneliness via telephone support and as steward volunteers at vaccination sites.

This initiative is being delivered by the Royal Voluntary Service and enabled by the GoodSam Responders app. It is an additional offer and not designed to replace volunteering **within** the NHS (such as hospital-based volunteering) but instead focuses on supporting a specific cohort of people in the community. Professionals can refer in patients or those self-isolating can refer themselves for support.

NHS trusts may access the support of NHS Volunteer Responders for patients where this might provide additional support, eg following hospital discharge to provide a regular 'check in' call with patients or to support them with shopping, prescription delivery or getting home from hospital.

For further information please see the [NHS Volunteer Responders portal](#).

For the most up-to-date information about coronavirus, NHS staff and NHS volunteers should refer to the [NHS guidance](#).

For access to any of the resources mentioned in this document please contact [england.volunteering@nhs.net](mailto:england.volunteering@nhs.net).

**Please note:** advice in this document is correct at time of circulation. It should be read alongside other guidance for NHS staff, some of which may also apply to volunteers.