# Volunteers COVIDSafe Plan V1 March 2021

Surgical, Treatment and Rehabilitation Service - March 2021





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An electronic version of this document is available at <u>Surgical, Treatment and Rehabilitation Service (STARS)</u> (health.qld.gov.au)

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#### 1 Introduction

This document outlines the COVIDSafe plan for return of Volunteers to Directorates during the COVID-19 Pandemic response. Volunteers will only be utilised in facilities during Sustain Tier 0 and in low risk areas during Sustain Tier 1. Once the Metro North Hospital and Health Service (Metro North HHS) reaches Sustain Tier 2, volunteer services will be ceased across the Directorates to support the safety of our volunteers.

#### 2 Role risk assessment

STARS is supported by a team of volunteers, who contribute in the various roles below;

<ul> <li>Animal visitation (Delta Dogs)</li> </ul>	Library Assistant
■ The STARS Hospital Auxiliary Inc. Gift Shop/florist	<ul> <li>Specialist Outpatients</li> </ul>
<ul> <li>Patient Admissions</li> </ul>	■ Chaplain
<ul><li>Companion</li></ul>	Justice of the Peace (External Agency)

The volunteers are coordinated by a dedicated and onsite Volunteer Coordinator employed by the STARS.

			Unco	ntrolled	Risk		Re	sidual R	lisk
Activity (Description)	Risk Description	Risk Considerations	Probability	Consequence	Ranking	Current Controls - these include existing procedures and rules	Probability	Consequence	Ranking
Administrative	Interaction with STARS staff while performing administrative tasks, there will be limited interaction with patients or the public	Areas to consider: Physical space and number of persons in the area  Number of person interactions < 10 people  Safe role with routine additional requirement for training	Possible	Medium	Moderate	Social distancing guidelines  Maintain >1.5 metre separation  Ensure 4 square metres of space per person  Frequent hand washing and cough etiquette  Nonattendance if unwell  Volunteer Checklist  Increased Hospital touch point cleaning programme and wellness risk assessment  Attend Infection Management and Prevention Inservice - Pre commencement of volunteering services	Rare	Medium	Low

Patient Support	Interaction with STARS staff, patients and the public whilst performing supportive tasks for patients	Patients have been assessed by medical staff and risk assessed for COVID-19 at the time of admission and ongoing  Number of person interactions >15 but < 30 people  Safe role with routine additional requirement for training	Possible	Medium	Moderate	Social distancing guidelines  Maintain >1.5 metre separation  Ensure 4 square metres of space per person  Frequent hand washing and cough etiquette  Nonattendance if unwell  Volunteer Checklist  Increased Hospital touch point cleaning programme and wellness risk assessment  Attend Infection Management and Prevention Inservice - Pre commencement of volunteering services	Unlikely	Serious	Moderate
Outpatient Support	Interaction with STARS staff, patients and the public whilst performing Outpatient tasks	COVID screening completed prior to OPD appointment, however patients may have a support person  Number of person interactions >30 but <50 people  Minor exposure with routine additional requirement for training	Possible	Serious	High	Social distancing guidelines  Maintain >1.5 metre separation  Ensure 4 square metres of space per person  Frequent hand washing and cough etiquette  Nonattendance if unwell  Volunteer Checklist  Increased Hospital touch point cleaning programme and wellness risk assessment  Attend Infection Management and Prevention Inservice - Pre commencement of volunteering services	Unlikely	Serious	Moderate

Visitor Support  Interaction with STARS staff, patients and the public whilst performing supportive tasks for Visitors	Number of person interactions >30 but <50 people  Significant exposure to unknown patients and visitors mitigated by additional training	Possible	Serious	High	Social distancing guidelines  Maintain >1.5 metre separation  Ensure 4 square metres of space per person  Frequent hand washing and cough etiquette  Nonattendance if unwell  Volunteer Checklist  Increased Hospital touch point cleaning programme and wellness risk assessment  Attend Infection Management and Prevention Inservice - Pre commencement of volunteering services	Possible	Serious	High	
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## 3 Volunteer requirements

Metro North Hospital and Health Service request all returning volunteers or new volunteers with a smart phone to have the COVIDSafe app downloaded on their mobile phone and ensure they check in each day. In addition, all volunteers are strongly encouraged to have a current flu vaccination and partake in the COVID vaccination program as it becomes available.

Volunteers will complete the Volunteer Checklist Appendix 2.

## 4 Returning or commencing volunteer induction

An "induction" should occur for all volunteers being engaged or returning to activity. This induction should include:

- Explanation of the increased responsibilities as a volunteer in a health care setting for minimising the spread of COVID-19
- Correct handwashing techniques
- Access to Personal Protective Equipment (PPE) and any PPE requirements specific to their role
- Partake in an Infection Management and Prevention induction covering PPE donning and doffing.
- If they are unwell to stay home
- Where they should go should they become unwell
- Cleaning equipment after use (as relevant to their role)
- Access to wellbeing support programs
- Advice on returning to volunteering after holidays/quarantine
- Volunteer coordinator should complete the COVID-19 vulnerable employees assessment for all volunteers.

#### 5 Unwell volunteers

In line with recommendations, volunteers who are well and have remained in Australia and not been in a designated hospital in the past 14 days and have not been in contact with a confirmed or suspected case of COVID-19, can attend their shift as usual. If they have symptoms of illness, have been overseas or to a designated hotspot within Australia in the past 14 days, or in close contact with a confirmed or suspected case of COVID-19 they should not attend their shift. They should self-isolate and contact 13HEALTH for advice and follow directives as per the Chief Health Officer (CHO). Refer to Appendix 1 for symptoms:

### 6 Allocation of volunteers to roles

The volunteer checklist (Appendix 2) will be sent to all volunteers for completion, identified risk factors would not necessarily prevent someone from returning to volunteer, providing they are happy to do so. However, there should be written evidence that the facility has provided some counsel on the risks of returning to volunteering and security measures put in place. This record will be maintained by the Volunteer Coordinator including the advice given to each individual volunteer. If there are individual queries that require clarification, the infection management service can be contacted for advice and support.

## 7 Register of volunteers

The volunteer timesheets will include volunteers confirming at the start and end of each shift that they do not have flulike symptoms. These timesheets will be retained by the Volunteer Coordinator.

Any issues or concerns related to volunteers and COVID-19 should be raised with the Volunteer Coordinator who will escalate as required.

## 8 Approach to volunteer return

Volunteers will be able to return to roles upon completion of the requirements in this document. The STARS EOC will continue to monitor the local and national COVID-19 situation and be proactive in advice to this consumer group. Volunteers will only operate in our facilities during Sustain Tier 0 and in low risk areas during Sustain Tier 1. Active involvement with volunteers will be as per the following table;

SUSTAIN - TIER 0	SUSTAIN - TIER1	SUSTAIN - TIER 2	SUSTAIN - TIER 3
Very limited community transmission	Limited community transmission	Moderate community transmission	Significant community transmission
Occasional confirmed cases without need for hospitalisation	Small number of admitted confirmed cases in one designated ward	Confirmed cases in more than one designated ward	Most wards managing confirmed cases
Volunteer roles	Volunteer roles	Volunteer roles	Volunteer roles
Administrative	Administrative	Nil	Nil
Patient support roles in designated areas	Patient support roles in designated areas		
Outpatient Support	Outpatient Support		
Visitor Support			
Shift Length	Shift Length	Shift Length	Shift Length
4 hours (am/pm) and with some staff performing both	4 hours (am/pm)	Nil	Nil
Social distancing with majority of interaction < 15 minutes	Social distancing with majority of interaction < 15 minutes		
Frequent hand washing and cough etiquette	Frequent hand washing and cough etiquette		

Increased Hospital touch point cleaning programme	Increased Hospital touch point cleaning programme	
	No volunteers to confirmed COVID designated wards	

## 9 Communication methods and plan

This document will be published on the Metro North COVID-19 resource page under the volunteer heading, located at <a href="https://metronorth.health.qld.gov.au/extranet/coronavirus/volunteers">https://metronorth.health.qld.gov.au/extranet/coronavirus/volunteers</a> and will be available in digital or printed copies for volunteers and staff to access. Volunteers will be advised through email. Staff will be advised through the STARS newsletter and weekly updates.

# **Appendix 1 Symptoms Checker**

SYMPTOMS	COVID-19 Symptoms range from Mild to severe	COLD Gradual onset of symptoms	INFLUENZA Abrupt onset of symptoms
FEVER	Common	Rare	Common
COUGH	Common	Common	Common
SORE THROAT	Sometimes	Common	Common
SHORTNESS OF BREATH	Sometimes	No	No
FATIGUE	Sometimes	Sometimes	Common
ACHES AND PAINS	Sometimes	No	Common
HEADACHES	Sometimes	Common	Common
RUNNY OR STUFFY NOSE	Sometimes	Common	Sometimes
DIARRHOEA	Rare	No	Sometimes (Especially children)
SNEEZING	No	Common	No

## **Appendix 2 Volunteer Checklist**

The following checklist should be completed by volunteers prior to commencing or returning to roles during the COVID-19 response. Please provide this form to the facility you are volunteering at.

Nan	ne	Contact Number	Role
Que	estions	Answer	
1	Do you wish to volunteer at this time? You are under no obligation to continue and can return to volunteering at any point in time	☐ Yes	
2	In the last week have you experienced any		
2	In the last week have you experienced any coughs, running nose or fever?	☐ Yes (if yes please wait until you symptoms for at least 14 days before and consider medical review for Color No	ore looking at volunteering
hav or s as v unti	ou have symptoms of illness (sore throat, cough, e been anywhere overseas or to a designated how uspected case of COVID-19, you should not attivell as contacting a medical practitioner for review of the profess.	se contact with a confirmed our manager to advise them	
3	Have you got the COVIDsafe app on your phone?	☐ Yes	
		☐ No (Metro North Hospital and Fencourages all volunteers with a strun the COVIDSafe app while volu	martphone to download and
4	Have you checked into STARS with the QR code?	☐ Yes☐ No (Please ask the volunteer co	oordinator for the QR code)
5	Have you had a flu vaccine this year? (Or planning too)	☐ Yes ☐ No (Metro North Hospital and Fencourages all volunteers to have	- ·
6	Do you have any concerns or anxieties about commencing/returning to volunteering?	☐ Yes (Contact your volunteer co employee support)	ordinator for access to
and	following questions are designed to determine should be used by both yourself and the facility which roles may be suitable.		
7	Are you 65 years old or older? Age has been shown as an independent risk factor for COVID-19	☐ Yes ☐ No	
8	Are you Aboriginal and /or Torres Strait Islander and over the age of 50 years old?	☐ Yes	

		□ No
9	Do you have any of the following medical conditions? Chronic renal failure, coronary heart disease, congestive cardiac failure, chronic lung disease (severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease or chronic emphysema), poorly controlled diabetes, poorly controlled hypertension.	☐ Yes ☐ No
10	Do you have a significantly weakened immune system? Reasons may include due to haematologic neoplasms such as leukemias, lymphomas and myelodysplastic syndromes; post-transplant; primary or acquired immunodeficiency such as HIV infection or by having chemotherapy or radiotherapy.	☐ Yes ☐ No
11	Are you on any medication that your doctor or pharmacist have advised that you take precautions for in regard to infection exposure, as these drugs may interfere with your immune system? For example, steroids, anti-arthritic medications or immunosuppression drugs (chemotherapy etc.)	☐ Yes ☐ No
12	Are you a smoker? Smoking has been shown as an independent risk factor for COVID-19	☐ Yes
13	Do you live with, or care for someone who has anyone of the above risk factors?	☐ Yes ☐ No
	ou answered yes to one or more of questions 6-1 n COVID-19. The volunteer coordinator will discu	12 you may be considered at increased risk for serious illness uss these aspects at the time of engagement.
	Volunteer Signature	
	Date	

**Use of information:** The information a volunteer is requested to provide will be used during the response to COVID-19 and only to manage volunteer safety and wellbeing in accordance with work health and safety (WHS) obligations. Providing personal information to mitigate risks to a volunteer's health and safety at work, and the health and safety of others (such as co-workers and patients), ensures everybody can achieve the goal of maintaining a safe work environment for all.