

Volunteering – Coronavirus/Covid-19 Agreement

Your safety is of utmost importance to us which is why we are asking you to complete this agreement before you return to volunteering or you start to volunteer with us for the first time.

We are proud of our Keech Values and this form enables us to support our caring responsibilities.

Keech Hospice Care’s response to the Covid- 19 virus is in line with guidance that comes from Central Government, Public Health England, and professional bodies such as the Charity Retail Association, the Fundraising Regulator, and the Institute of Fundraising.

As this is a new disease the science behind the advice is constantly changing and, as an organisation, we are doing our utmost to keep abreast of these changes and to respond in an appropriate and timely manner.

As part of this response we are currently required to carry out a full Covid-19 risk assessment of all our sites and to publish this assessment along with a certificate to show that we are Covid-19 Secure.

Included in the assessment is a review of each volunteering role to understand where the risks of transmitting or contracting the disease are and how we can reduce this risk by putting in place a range of preventative measures.

We know, however, that the risk of severe illness from becoming infected with the coronavirus is higher for some volunteers. If this is the case then you or a member of your family, may have received a letter to say that you are ‘extremely clinically vulnerable’. In most cases you or a member of your household may have been advised to ‘shield’.

The following is a list of the criteria that may make you more vulnerable to the disease. This list is constantly being updated so it is important that you also take note of current government advice that is available on the Government website www.gov.uk/coronavirus.

Please circle Y or N against each of the following:

Volunteers Name		
Male / Female (circle as appropriate) - some evidence suggests that older males are at higher risk.		
I am age 60+	Y	N
I am age 70+	Y	N
I am age 80+	Y	N
I am clinically vulnerable Clinically vulnerable’ people are those with underlying health conditions, or comorbidities which place them at increased risk. <ul style="list-style-type: none"> Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis, hypertension and cardiovascular disease. chronic heart disease, such as heart failure 	Y	N

<ul style="list-style-type: none"> • chronic kidney disease 	Y	N
<ul style="list-style-type: none"> • chronic liver disease, such as hepatitis 	Y	N
<ul style="list-style-type: none"> • chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy 	Y	N
<ul style="list-style-type: none"> • diabetes 	Y	N
<ul style="list-style-type: none"> • problems with your spleen – for example, sickle cell disease or if you have had your spleen removed 	Y	N
<ul style="list-style-type: none"> • a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy 	Y	N
<ul style="list-style-type: none"> • being seriously overweight (a body mass index (BMI) of 40 or above). 	Y	N
<ul style="list-style-type: none"> • Pregnant women. appropriate support/actions may be dependent on which trimester they are in, underlying health conditions and the nature of the roles they are undertaking. 	Y	N
<ul style="list-style-type: none"> • BAME (Black and Minority Ethnic people) over the age of 55 with other vulnerabilities. 	Y	N
<p>I am clinically extremely vulnerable</p> <p>This list is constantly changing but currently includes the following conditions:</p> <ul style="list-style-type: none"> • People who have had an organ transplant. • People who are receiving treatment for cancer or have had bone marrow or stem cell transplants • People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD). • People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell). • People on immunosuppression therapies sufficient to significantly increase risk of infection. • Women who are pregnant with significant heart disease, congenital or acquired 	Y	N
<p>A member of my household is shielding and vulnerable</p>	Y	N
<p>A member of my household is shielding and extremely vulnerable</p>	Y	N
<p>I rely upon public transport to enable me to volunteer.</p>	Y	N

If you have answered yes to any of the above your manager or a member of the volunteering team will then discuss a range of options with you, this may mean undertaking a different role for a while, but may include asking you to refrain from volunteering for us until government advice changes.

If we agree that it is safe for you to volunteer but you develop a condition that makes you vulnerable to the disease or develop symptoms of Coronavirus we will require you to inform your manager or a member of the volunteering team at the earliest possible opportunity by telephone

and not to volunteer in the meantime. The telephone number for the volunteering team is 01582 497829

Please record the outcome of this assessment below.

- 1.** The individual may return to their volunteering role and follow current social distancing and other controls required in the workplace. **Y/N**
- 2.** A Covid-19 Secure risk assessment has been carried out in the workplace that the volunteer will return to **Y/N**
- 3.** The individual may volunteer from home **Y/N**
- 4.** The individual may return to their volunteering role with some additional controls in place – please describe these in the notes section below. For example: volunteering in a lower risk area, limiting duration of close contact with customer. Providing additional PPE, varying volunteering times, adjusting duties to lower risk areas.
- 5.** The volunteer is advised not to volunteer until government advice changes **Y/N**
- 6.** The individual is able to volunteer on limited or changed duties **Y/N** please describe what duties/locations the individual is to cover in the section below

Notes:

What are the hazards?	What preventative general measures are in place?	What additional measures could be taken	Action to be taken, by who and when
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If no vulnerability is identified then the form should be returned to Deborah Levy in the volunteering team where it will be placed on the volunteer's personal file.

If a vulnerability is identified then this form should be escalated to the Director of People and OD.

Volunteer Role

Location

Volunteer's signature

Manager signature

Contact telephone

Date