

COVID-19

Provincial Guidance for Volunteers in Acute Care Facilities

Volunteers perform valuable services throughout our health care system, even when their scope of services is limited, as has been the case throughout COVID-19.

“Volunteers” are defined as individuals who are registered and trained at a health-care facility to perform “volunteer” services. Volunteers are provided training and education in Infection Prevention and Control (IP&C) practices to enable them to safely deliver volunteer services. Volunteers follow the same precautions as outlined for staff, including adherence to screening requirements, IP&C practices, use of appropriate Personal Protective Equipment (PPE) and Point of Care Risk Assessments (PCRA).

Volunteers play an integral role in providing patient-centered care while working alongside the care team/delivering support to various program staff. These individuals are not considered “visitors” and facilities are strongly encouraged to utilize this volunteer workforce to facilitate patient/resident visitation.

NOTE: volunteers undergo regional/facility onboarding processes that are similar to staff. This includes a requirement that all volunteers sign a pledge of compliance with PHIA obligations.

Screening Requirements

All health care workers, including volunteers, must work proactively to identify suspect or confirmed cases of COVID-19 in staff, patients, visitors, and volunteers.

Screening of volunteers must align with site processes for staff screening. Refer to <https://sharedhealthmb.ca/files/covid-19-guiding-principles-for-staff-screening.pdf> and <https://sharedhealthmb.ca/files/covid-19-staff-screening-tool.pdf>.

Individuals with symptoms, exposure or travel history that will result in an inability to pass screening should self-screen and if appropriate, seek testing. They should not present to facilities for their scheduled shifts and instead should notify their supervisor and/or Occupational Health Services or designate, as per their region/facility’s established processes.

Sites shall ensure screening of all volunteers is conducted, with assessment for symptoms, known exposure or travel history prior to entry

Training and Monitoring Requirements

Training and monitoring of volunteers for compliance with the Personal Protective Equipment (PPE) requirements is required. Volunteers are expected to adhere to the same IP&C practices

and requirements as those required for staff in the same setting/situation.

Appropriate donning and doffing protocols must also be adhered to and monitored to minimize the risk of contamination.

Staff must support volunteers in appropriate use of PPE.

Specific training requirements include:

- Hand hygiene education (include LMS, hand hygiene printed resources, and examples specific to the volunteer role)
- Personal Protective Equipment requirements, such as:
 - Masking and eye/face protection (for those providing or participating in patient care)
 - Volunteers will perform hand hygiene before they don a mask, after doffing, and prior to putting on a new mask. They shall not touch the front of mask while wearing it, nor allow it to dangle under the chin, off the ear, under the nose, or place on top of the head
 - Volunteers must also perform hand hygiene prior to and after removing eye protection and prior to putting on clean eye protection.

Appropriate donning and doffing protocols must be practices in order to minimize the risk of contamination

- Point of Care Risk Assessment (PCRA) - Volunteers are responsible to conduct a Point of Care Risk Assessment (PCRA) prior to any interaction with a patient.
- Refer to <https://sharedhealthmb.ca/files/covid-19-point-of-care-risk-assessment-tool.pdf>.
 - Prior to any patient interaction, volunteers have a responsibility to assess the infectious risks posed to themselves and others from a patient, situation or procedure. The PCRA should be applied before every clinical encounter regardless of COVID-19 status and is based on knowledge, skills, reasoning and education regarding the likelihood of exposing themselves and/or others to infectious agents (e.g. COVID-19), for a specific interaction, a specific task, with a specific patient, and in a specific environment, under available conditions.
 - The PCRA helps select the appropriate actions and/or PPE to minimize the risk of exposure to known and unknown infections (e.g. asking yourself, “Will I be in contact with body fluids?”).
- Physical Distancing requirements, including the need to maintain at least 2-metre spatial distance between patients, and other staff/volunteers during breaks, etc.

Volunteer Activities Permitted/Not Permitted

- Volunteers may provide or participate in patient care with Green Zone patients.
- Volunteers are not permitted to provide or participate in patient care with Orange or Red Zone patients.
- Volunteers may be involved in facilitating virtual visits and other activities outside the Orange/Red zone or room.

- Volunteers are not permitted to enter designated COVID-19 units.
- Volunteers may provide or perform duties/interactions in a non-clinical setting.
- Volunteers may move between acute care facilities for the purposes of volunteering. They will continue to be screened at each facility and must follow PPE guidelines at each site.
- Volunteers who perform volunteer services in a clinical setting across multiple sites are required to consult with site Infection Control Professionals.
- Volunteers who perform volunteer services at a facility experiencing an outbreak of COVID-19 are not permitted to volunteer at another site until the outbreak has been declared over by Public Health.