COVID-19 VOLUNTEER RISK MANAGEMENT

INTRODUCTION

On 31 December 2019, a cluster of pneumonia cases of unknown aetiology was reported in Wuhan, Hubei Province, China. On 9 January 2020, China CDC reported a novel coronavirus as the causative agent of this outbreak, which is phylogenetically in the SARS-CoV clade. The disease associated with the virus is referred to as novel coronavirus disease 2019 (COVID-19).

As of 11 March 2020, 118 598 cases of COVID-19 were reported worldwide by more than 100 countries. Since late February, the majority of cases reported are from outside China, with an increasing majority of these reported from EU/EEA countries and the UK.

The Director General of the World Health Organization declared COVID-19 a global pandemic on 11 March 2020.

In the current situation where COVID-19 is rapidly spreading worldwide and the number of cases in Europe is rising with increasing pace in several affected areas, there is a need for immediate targeted action. The speed with which COVID-19 can cause nationally incapacitating epidemics once transmission within the community is established, indicates that in a few weeks or even days, it is likely that similar situations to those seen in China and Italy may be seen in other EU/EEA countries or the UK.

There are no vaccines available and there is little evidence on the effectiveness of potential therapeutic agents. In addition, there is presumably no pre-existing immunity in the population against the new coronavirus and everyone in the population is assumed to be susceptible. Clinical presentations of COVID-19 range from no symptoms (asymptomatic) to severe pneumonia; severe disease can lead to death. While the majority of cases (80%) are milder respiratory infections and pneumonias, severe illness and death is more common among the elderly with other chronic underlying conditions, with these risk groups accounting for the majority of severe disease and fatalities to date.

RISK ASSESSMENT

The risk of severe disease associated with COVID-19 infection for people in the EU/EEA and UK is currently considered moderate for the general population and high for older adults and individuals with chronic underlying conditions, based on the probability of community transmission and the impact of the disease.

The risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered high. The impact and risk assessment on health system capacity can be mediated by the application of effective infection prevention and control and surge capacity measures.

NECESSARY MEASURES TO MITIGATE THE IMPACT OF THE PANDEMIC

Given the current epidemiology and risk assessment, and the expected developments in the next days to few weeks, the following public health measures to mitigate the impact of the pandemic are necessary in EU/EEA countries:

- Social distancing measures should be implemented early in order to mitigate the impact of the epidemic and to delay the epidemic peak. This can interrupt human-to-human transmission chains, prevent further spread, reduce the intensity of the epidemic and slow down the increase in cases, while allowing healthcare systems to prepare and cope with an increased influx of patients. Such measures should include:
    - the immediate isolation of symptomatic persons suspected or confirmed to be infected with COVID-19;
    - the suspension of mass gatherings, taking into consideration the size of the event, the density of participants and if the event is in a confined indoor environment;
    - social distancing measures at workplaces (for example teleworking, suspension of meetings, cancellation of non-essential travel);
    - measures in and closure of schools, taking into consideration the uncertainty in the evidence of children in transmitting the disease, need for day care for children, impact on nursing staff, potential to increase transmission to vulnerable grandparents;
    - cordon sanitaire of residential areas with high levels of community transmission.

- Ensuring the public is aware of the seriousness of COVID-19. A high degree of population understanding, solidarity and discipline is required to apply strict personal hygiene, coughing etiquette, self-monitoring and social distancing measures. Community engagement and acceptance of stringent social distancing measures put in place are key in delaying and reducing further spread. (European Centre for Disease Prevention and Control , 2020)

RISK MANAGEMENT

How might they be impacted?	What can you do to reduce the impact?	Who needs to carry out the action?	When is the action needed by?	Who do you need to communicate with?	Done (date and by whom)
Dependents					
Not knowing who or how to ask for help	Flier-drop to each house in the parish	Community / broadsheet delivery volunteers	ASAP	Community / broadsheet delivery volunteers	
Not knowing who or how to ask for help	Share details of volunteer scheme on social media, website, and by direct communication to network contacts	Clerk/Chair as webmaster and council's comms database holder	30/03/2020	Each other	Done 28.03.2020 LH
Running out of prescription medicines	Volunteers to encourage forward-planning to allow for staff shortages at the surgery dispensary	Volunteers and co-ordinators	At first point of contact with dependent	Co-Ordinator	Ongoing
Running out of food and other essential items	Volunteers to encourage forward-planning to allow for shortages in the shops	Volunteers and co-ordinators	At first point of contact with dependent	Co-Ordinator	Ongoing
Embarrassed by sharing personal requirements	Reassure dependents of confidentiality; ensure volunteers understand the importance of respecting dependents privacy	Volunteers and co-ordinators	At first point of contact with dependent	Co-Ordinator	Ongoing
Home safety compromised	Arrange time frame for the volunteer to drop things off; update changes as necessary	Volunteers and co-ordinators	At first point of contact with dependent	Co-Ordinator	Ongoing
Dependent catching virus	Ensure dependents and volunteers understand the importance of following all procedures, such as no direct contact	All parties	When matching volunteers and residents	All parties	Ongoing

How might they be impacted?	What can you do to reduce the impact?	Who needs to carry out the action?	When is the action needed by?	Who do you need to communicate with?	Done (date and by whom)
Volunteers					
Volunteer catching virus /developing symptoms	Ensure dependents and volunteers understand the importance of following all procedures, such as no direct contact	All parties	When matching volunteers and residents	All parties	Ongoing
Not knowing where to go	Issue map/directions; accompany if necessary, for first visit	Volunteers and co-ordinators	At first point of contact with dependent	Co-Ordinator	Ongoing
Volunteer being accused of improper practices	Ensure all parties are clear as to what they can/cannot do. Consider pairing-up volunteers where possible, assessing the inherent risks of doing so (virus transmission) on a case-by-case basis	All parties	At first point of contact	Co-Ordinator	Ongoing
Personal property or possessions					
Damage to recipients' premises	Advise volunteers to carry out sensible visual risk assessment from the street before entering the property boundary	Volunteers	Each time they visit	Volunteers	Ongoing
Damage to volunteers own vehicle	Advise volunteers to check with their own motor insurers before carrying out any volunteering activity that requires the use of their own vehicle.	Volunteers	Before they carry out their first activity	Volunteers	Ongoing

How might they be impacted?	What can you do to reduce the impact?	Who needs to carry out the action?	When is the action needed by?	Who do you need to communicate with?	Done (date and by whom)
Financial risk					
Unable to pay for shopping by card	Make alternative arrangements	Clerk & Chair	On a case-by-case basis	Clerk / Chair and co-ordinators	Ongoing
Dispute over cash / cash going missing	Operate a no cash system with alternative arrangements	All volunteers	From the first day	All volunteers and recipients	Ongoing
Volunteers being asked to withdraw cash	Ensure all parties understand that this is not possible; remind dependents that they should not give their card / disclose their PIN to anybody.	All parties	At first point of contact	All parties	Ongoing
Dependent worrying about owing money	Local services to offer regular account statements; offer cheque or alternative payment methods via local shops and medical surgery	Local services, Clerk & Chair	At first point of contact	Local services, Clerk & Chair Clerk/Chair and co-ordinators	Ongoing
Dependent dying owing money	Keep accurate records, with a wet signature where possible on a statement of account at regular intervals.	Clerk & Chair	After the death of a dependent	Clerk/Chair and co-ordinators	Ongoing
Other considerations:					
Feeling overwhelmed &/or scared	Ensure support and offer regular debrief	All parties	At first point of contact	All parties	Ongoing

How might they be impacted?	What can you do to reduce the impact?	Who needs to carry out the action?	When is the action needed by?	Who do you need to communicate with?	Done (date and by whom)
Feeling angry/upset if deaths occur	Try to support within available resources; refer to external sources	All parties	At first point of contact	All parties	Ongoing

Nota bene:

The above risk management table does not use the usual likelihood x severity matrix to assess low, medium, high or very high risk. This is because it is impossible to assess and therefore manage/mitigate risk of a biological hazard about which very little is known; these are unprecedented circumstances.

Instead this risk assessment and risk management table has been prepared after consultation with the Council's insurance advisor. It is a 'walk-through' of what might go wrong, with actions and mitigations that would be reasonable given the unknown variables with which we are faced. The focus is on the higher-risk areas, i.e. the handling of cash, and the safeguarding of dependents and volunteers, with a pragmatic approach that would not perhaps in more 'normal' circumstances, be viewed as acceptable. It is intended to be a live document, updated as we learn more about the virus and identify any new hazards once the scheme becomes operational.

A Community Support Scheme Volunteer protocol has been prepared based on the above identified risks; it will be issued to all parties electronically, however the return of a signed copy will not be required due to the associated risk of virus transmission.

Volunteer Risk Assessment
Prepared by: Lisa Hutchings, Woolsery Parish Clerk
Date: 10.03.2020
Version control: v1