Volunteer Guidance: Restrictions and Resuming Volunteer Services

Updated March 4, 2021

What's been updated: Volunteer services may resume prior to a local ministry dropping below the community transmission threshold of 100 cases per 100,000 in population but all volunteers must be vaccinated; volunteers must meet local eligibility requirements in order to receive the vaccine; in communities with less than 50 cases per 100,000 in population the vaccine requirement is suspended

Background
Volunteers are essential members of MercyOne and their safety is paramount under the current pandemic of COVID-19.

While it is recommended that you not move to resuming volunteer services until case rates drop below the moderate-high threshold (100 cases per 100k population), it is recognized that based on local transmission patterns, ministries may determine that it is in the best interests of the community to resume volunteer services before the threshold is met.

Resumption of volunteer services must be approved by regional Incident Command leadership.

Volunteer Requirements, Regardless of Community Transmission Rate

● Adhere to the vaccination guidelines below
  ○ Community transmission greater than 50 cases of COVID-19 per 100,000 population: all volunteers must be fully vaccinated at least two weeks before beginning volunteer service.
  ■ The only exceptions to the vaccine policy is when a volunteer is used to help at a vaccine site.

● Is equipped to provide all public-facing volunteers with procedural masks and all non-public facing (i.e. back office) volunteers with cloth face covers. Volunteers who are not public-facing may provide their own face cover, if desired. No exceptions for face covers. Volunteers must be able to cover their face to serve in the facility.

● Provides training in donning/doffing of masks/face covers, hand hygiene, social distancing etc. Volunteers must observe and adhere to all requirements while serving in a MercyOne facility.
  ○ Resources to assist with training: How to wear a face mask; Face mask guidelines poster, Prioritizing your health and safety video.

● Excludes access to following areas for volunteers:
  ○ COVID/PUI units and clinics
  ○ ED
  ○ ICU
  ○ OB/L&D
Pediatrics/NICU
○ Specialty units (i.e. Oncology, Transplant, etc.)

● Volunteer privilege will be revoked if any noncompliance noted (see also Guidance-for dealing with persons who refuse to wear required mask or other PPE)

If facilities are not able to meet the above criteria, then the facility must continue full volunteer restrictions, unless qualified as an extraordinary circumstance.

NOTE: If any suspected transmission of COVID-19 within the ministry, the ministry must return to more restrictive volunteer activities until outbreak fully investigated and mitigation steps are taken.

Thresholds
Established thresholds are based on CDC definitions of community transmission. Community Transmission refers to the prevalence of COVID-19 within the local community and refers to the number of reported cases per 100,000 in county population. Refer to local executive leadership for assistance with identifying the community transmission rate.

Moderate - High Community Transmission*
Volunteer services may resume prior to a ministry dropping below the community transmission rate of 100 cases per 100,000 in population.

Community transmission greater than 50 cases of COVID-19 per 100,000 population: all volunteers must be fully vaccinated at least two weeks before beginning volunteer service

● The only exceptions to the vaccine policy is when a volunteer is used to help at a vaccine site.

Moderate or Low Community Transmission*
Community Transmission less than 50 cases of COVID-19 per 100,000 population: vaccination not required.

Facilities and Volunteers – must exclude access to the following areas for volunteers:
1. COVID/PUI units and clinics
2. ED

Volunteer Guidelines Under Extraordinary Circumstances
● All volunteers must adhere to safety guidelines and the use of PPE where needed
● No volunteer activities may include groups larger than five (5)
● All volunteers must practice recommended social distancing

Examples of Acceptable Volunteer Activities Under Extraordinary Circumstances
● Clinical and non-clinical volunteers involved in the care and support of patients and colleagues
● Volunteer clinicians, nurses and other support staff that operate in acute care or safety net health centers
● Faith Community Nurses that can be deployed to support community and clinical efforts
● Volunteers that provide critical support services to vulnerable populations that would otherwise go without care (e.g. food distribution)
● Vaccine sites set up to administer COVID-19 vaccinations

**Eucharistic Ministers and Anointing of the Sick**
● The practice of using volunteer Eucharistic Ministers is discontinued in all MercyOne sites immediately and for the duration of the COVID-19 period. Employed spiritual care staff/chaplains may distribute Communion. The practice of placing the Communion wafer on the tongue of the patient should not be used. Communion can be distributed directly into the hand of the patient.
● With respect to the Catholic sacrament of the Anointing of the Sick, priests, preferably those on staff who are trained in universal precautions, can administer the Anointing of the Sick. Volunteer clergy visits are discouraged.

*See CDC website for [Community Indicators at the County Level](https://www.cdc.gov).