
Clinical Departments COVID-19 Procedures Booklet, Version 1



dovehouse
hospice

caring for people with a life limiting illness

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Important websites, telephone numbers and email:

- Guidance: NHS test and trace: how it works <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>
- Hospice’s absence line: 01482 785754
- Hospice’s HR department email: hr@dovehouse.org.uk

Section 1: Introduction

This document has been produced to communicate how we have adapted the workplace in our clinical areas in response to the COVID-19 pandemic.

This document has been produced following guidance:

- New government recommendations for England NHS hospital trusts and private hospital providers <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-government-recommendations-for-england-nhs-hospital-trusts-and-private-hospital-providers>
- Working safely during coronavirus (COVID-19) Offices and contact centres <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres>

and after conducting our own risk assessments.

The remit of the risk assessments are around risks faced due to COVID-19 and ways to reduce risk to the lowest reasonably practicable level by taking preventative measures.

The 'Inpatient Unit' is not able to be COVID-secure, therefore in this area, when not otherwise required to use personal protective equipment, individuals should wear a facemask; worn to prevent the spread of infection from the wearer. All other areas of the hospice are COVID-secure.

This booklet and risk assessments can be found and downloaded from our website www.dovehouse.org.uk

Please note that this document is constantly subject to change due to changes in government guidance.

Please also note that in an emergency, for example, an accident or fire, people do not have to stay 2m apart if it would be unsafe. People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands.

Section 2: Individual circumstances and working from home

Employees: Working from home

We have not identified any roles within our clinical teams that can be done from home.

Employees: Those that are in the 'Clinically Extremely Vulnerable Group' (Shielding) - See appendix 3 for more information on definition

Clinical extremely vulnerable individuals have been strongly advised not to work outside the home. Employees in this category, will remain on furlough at this time and we will monitor the advice and guidance going forward. This also applies to volunteers.

Employees: Those that are in the 'Clinically Vulnerable Group' - See appendix 4 for more information on definition

The government advice is for you to undertake your work duties that enables you to stay 2 metres away from others, wherever possible, although employees may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, we will carefully assess and discuss with you whether this involves an acceptable level of risk. Alternative roles can be considered. Pregnant employees are classed in this category and those who live with someone who is shielding. A risk assessment has been carried out for this group.

For the avoidance of doubt, if an employee lives with someone who is clinically vulnerable, they can attend work as normal. It is only when the staff member lives with someone who is clinical extremely vulnerable (shielding) that the risk assessment completed is applicable (see appendix 5).

Mental health and support

All staff have access to a confidential telephone counselling service under our employee assistance programme (EAP). If you would like to talk to a trained counsellor about any worries that you may be having about the impact of Coronavirus, whether work related or not, you can access this by calling 0800 107 6147.

You can also access Occupational health and/or independent counsellors if you wish. Please discuss with this with your line manager or HR.

Section 2: Individual circumstances continued

Symptoms of COVID-19

The symptoms detailed by the government in relation to COVID-19 are below. If you have any of the symptoms below, you should isolate and be tested. You would only be referred for a test if you have any of the symptoms below.



Do not leave home if you or someone you live with has any of the following:

- a high temperature
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste

[Check the NHS website if you have symptoms](#)

Employees: Who need to self-isolate

a) **When symptoms are associated with COVID-19**

If you have any of the symptoms associated with COVID-19, you should follow the normal absence notification procedure by calling the absence line, with the following additions.

- To state the date you first experienced symptoms
- A mobile telephone number to contact you on (and to be used for referral for a test)

If you are tested positive for COVID-19, you should remain off for a minimum of 10 days (from the onset of your symptoms)

Section 2: Individual circumstances continued

b) When a member of your household has symptoms associated with COVID-19 (and you do not)

If a member of your household has any of the symptoms associated with COVID-19, you should follow the normal absence notification procedure, with the following additions.

- To state the date they first experienced symptoms
- A mobile telephone number for them to be contacted on (and to be used for referral for a test)

If a member of your household is tested positive for COVID-19, you should remain in household isolation for 14 days from the onset of their symptoms. If the member of your household showing symptoms has a negative COVID-19 test, you would be able to return back to work immediately, without waiting for the 14 days.

Employer referral

All employees based at the hospice site, can be referred for a test via CHCP.

Following notification of your symptoms via the absence line, you will be called back by a member of the HR team to discuss the referral. Once referred by the hospice, you or a member of your household with symptoms will receive call with a date and time for your test.

Please note: a member of your household will only be referred for a test if they are showing symptoms and you are not. If you are showing symptoms, then it will only be you that is referred

We ask that employees go through the hospice to receive a test. This will enable a consistent approach and will allow us to properly support you through this process. We have been advised that testing is more effective when it is within the first 3 days from the onset of symptoms.

Section 2: Individual circumstances continued

Employees: Who need to self-isolate continued

- c) **When called by the NHS Test and Trace team if identified as a 'contact' of someone who has recently been tested positive for COVID-19**

If you are called by the NHS Test and Trace team and informed you are a 'contact' then you should follow their guidance of self-isolating for 14 days from your last contact with them.

Test and Trace

Under the Test and Trace program, if tested positive for COVID-19, you will be contacted by the NHS Test and Trace team by phone from 0300 013 5000, text or email.

In preparation for this call, we ask that you call the hospice's absence line to talk to a member of the HR team. If you leave a message, you will be called back and they will assist you to produce a list of people you have been in contact with, in line with the Government guidelines. If the NHS Test and Trace call you before you have spoken to a member of the HR team, answer their questions but tell them that you will call the HR team to discuss and obtain contact details of any work colleague required.

With social distancing measures in place, and PPE being worn where appropriate, there shouldn't be many circumstances whereby you will have 'close contact' with anyone from work, unless it's a requirement for the role or 'set teams' or 'team bubbles' are in place. NHS Test and Trace will ask:

1. If you have family members or other household members living with you. In line with the medical advice they must remain in self-isolation for the rest of the 14-day period from when your symptoms began
2. If you have had any close contact with anyone other than members of your household. The Test and Trace Team are interested in the 48 hours before you developed symptoms and the time since you developed symptoms. Close contact means:
 - having face-to-face contact with someone (less than 1 metre away)
 - spending more than 15 minutes within 2 metres of someone
 - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
3. If you work in – or have recently visited – a setting with other people (for example, a GP surgery, a school or a workplace)

Section 2: Individual circumstances continued

They will ask you to provide, where possible, the names and contact details (for example, email address, telephone number) for the people you have had close contact with.

Based on the information you provide; they will assess whether they need to alert your contacts and ask them to self-isolate.

Even if you know contact details of work colleagues you may have had contact with, please speak to HR for assistance with this.

Pay while isolating

Under each scenario (a,b,c above) if required to self-isolate, you will receive full discretionary sick pay (100% of your basic salary). The hospice reserves the right to amend this or remove it at any point in which normal sick pay rules will apply. Normal sickness pay applies to all other forms of sickness absence.

Section 2: Individual circumstances	Actions <ol style="list-style-type: none">1. If you have not already done so, to inform us of your current personal circumstances and keep us updated2. Seek support if your mental health has been affected3. Follow the hospice's normal absence procedure if you develop COVID-19 symptoms, member of your household develops symptoms or you are contacted by the NHS Test and Trace team
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Section 3: Social distancing at work

Coming in and out of the hospice

Due to various shift patterns of staff based at the hospice, we do not believe we will have people crowding into the workplace. Normal shift times will continue.

When arriving at the hospice (at any time) you will need to fob in to access reception (or ring the doorbell if you do not have a fob.) This allows us to better control how many people are in the area at one time.

Offices, meetings rooms and communal areas capacity

Signage is displayed outside each meeting room/communal area showing the maximum occupancy. An example of signage used can be seen below.



Section 3: Social distancing at work continued

Maintaining a 2 metre social distance

Everyone must maintain social distancing in the workplace wherever possible. We don't feel a one-way system around the hospice is required, but we ask people to walk down corridors on the left. It is advised that brief, transitory contact, such as passing in a corridor, is low risk.

Pictures from the canteen are below showing a reduced seating/table layout and floor markings as a reminder on social distancing.



<p>Section 3: Social distancing at work</p>	<p>Actions</p> <ol style="list-style-type: none">1. Maintain a 2 metre social distance wherever possible2. Abide by the room capacity numbers
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Section 4: Managing visitors

Visitors to the hospice

Site guidance on social distancing and hygiene should be explained to visitors on or before arrival.

Visitors to the In-Patient Unit

Before attending the hospice, all visitors will be asked to contact the clinical area to discuss the arrangements.

All visitors will be asked to wash their hands before entering and leaving the in-patient area.

All visitors will be asked to wear a face covering that covers their mouth and nose.

Visitors will be encouraged to provide their own face covering, but if not, face covering will be provided.

In the event of a patient displaying COVID 19 symptoms, or testing positive, further guidance will be given to visitors on an individual basis.

Any visitors showing signs or symptoms of COVID 19, will not be allowed to enter the hospice and asked to follow the recommended guidance regarding Self Isolation.

Section 4: Managing visitors	Actions 1. To site guidance on social distancing and hygiene should be explained to visitors on or before arrival
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Section 5: Hygiene

Keeping the office areas/corridors clean

In order to prevent transmission by touching contaminated surfaces, hard surfaces including tables, phones, kitchen worktops, door handles etc to be cleaned down regularly. This will be done by the Domestic team as normal, however additional cleaning equipment and disposable cleaning wipes will be provided for offices.

Keeping the Kitchen area clean

Normal high hygiene standards to still apply.

Hand sanitiser stations

We have installed hand sanitiser stations in reception and outside the canteen.

Handwashing

Staff are encouraged to regularly wash their hands with soap and water as often as possible and for 20 seconds every time. This should be done on arrival at the setting, before and after eating, and after sneezing or coughing.

Signs and posters (e.g catch it bin it kill it posters) will be displayed to build awareness of good handwashing technique, the need to increase handwashing frequency, avoiding touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.

Section 5: Hygiene	Actions <ol style="list-style-type: none">1. Frequently wash hands2. Frequently clean surfaces
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Section 6: PPE and Face Covering

PPE

PPE is provided to those working in the clinical settings for which Public Health England advises use of PPE.

The following PPE will be used when providing direct patient care to those tested negative or not displaying COVID 19 symptoms:

- Disposable Gloves
- Disposable Apron
- FFP Type IIR, Fluid resistant surgical masks (F.R.S.M)
- Eye/Face Protection (where appropriate, following an appropriate risk assessment)

The following PPE will be used when providing direct patient care to those tested positive or displaying COVID 19 Symptoms:

- Disposable Gloves
- Disposable Apron
- FFP2 as above
- Eye/Face Protection (where appropriate, following an appropriate risk assessment)

The following PPE will be used when providing direct patient care to patients requiring Aerosol Generating Procedures (AGP's):

- Disposable Gloves
- Disposable fluid repellent overall/gown
- FFP3 Mask
- Eye/Face Protection

Face covering

Due to use of PPE in clinical areas, the use of face covering is not appropriate for clinical staff.

Section 6: PPE and Face Covering	Actions 1. For those teams identified, to wear the appropriate PPE when needed.
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Section 7: Workforce (Staff and Volunteers)

Travelling to and from work

Public transport to be avoided if possible. If you do have to use public transport to follow the social distancing guidelines where possible.

Staff are encouraged to walk, cycle or drive to work.

Set teams

Where possible, for staff to be assigned to a 'set team'. Where this is possible, we will try and maintain set teams, however due to the nature of the work and staffing levels, this may not always be possible.

Work related travel

We would encourage people to use their own transport when travelling for work related purposes. We will try and ensure any work related travel is done, only when necessary.

Communication

We will keep you updated with latest developments via your line manager, text, phone call and/or letter.

Training

Training will be conducted in small groups if required and e-learning is not suitable. If you have any questions relating to this booklet or training needs in relation to COVID-19 that have not been addressed in this booklet, please ask your line manager, or contact the HR team.

Section 7: Workforce (Staff and Volunteers)	Actions 1. Keep yourself updated on latest guidance
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Section 8: Inbound and outbound

Incoming medication

Normal procedures to apply.

Outgoing medication

Normal procedures to apply.

<p>Section 8: Inbound and outbounds goods</p>	<p>Actions</p> <ol style="list-style-type: none">1. Ensure normal procedures are followed.
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Appendix 1: COVID 19 RISK ASSESSMENT FOR CLINICAL AREAS OF THE HOSPICE

Date of Assessment: 26/05/2020. Assessed by: Dave Carrick, Health and Safety Manager

CLINICAL AREAS			
Hazards	Risk of catching COVID 19	Section of Covid-19 Booklet	2,3,5,6
Who is at risk of catching the virus	Nursing staff, Doctors, any other clinical staff, any volunteers on the unit, patients, visitors, contractors called in to provide any maintenance, other DHH staff		
Controls	<ol style="list-style-type: none"> 1. Clinical staff must adhere to the Govt guide of 2 mts distancing rule at all times, where possible. This may be difficult when looking after patients 2. They are also informed to wash hands regularly during the day especially before any break for eating food, or drinking, or after dealing with any patient. Hand wash recommended for 20 second per wash session. 		
Further controls	<ol style="list-style-type: none"> 1. Nurse's station work surfaces are cleaned down on a regular occurrence, and nurse's room is set aside for single person use only. 2. The drugs room must be used by maximum 2 persons only with disposable masks available to staff. 3. Staff to report any symptoms of COVID-19 to not attend work, call the absence line and attend a test. If positive for COVID-19 to then self-isolate for 10 days. 4. Gloves to be worn when handling patients and items brought in when patient is taken onto the Unit must be wiped down. 		
Risk	Med		

Hazards	Safe environment	Section of Covid-19 Booklet	2
Who is at risk of catching the virus	All staff based at the hospice		
Controls	<ol style="list-style-type: none"> 1. Line managers to check daily with staff if any COVID symptoms may be present. Any staff showing signs must be sent home and referred for testing. 2. HR Dept can give help to any staff member who may have increased anxiety levels or have suffered personal loss as a result of the virus. 		
Further controls	<ol style="list-style-type: none"> 1. HR Dept must be informed of any concerns by line managers and if any staff are sent home. 2. Line managers must be kept up to date with any changing guidance from Govt by way of HR Dept, H&S Manager and via Senior Managers. If employees do not follow safe guidance, HR must be informed. 		
Risk	Med		

Hazards	Travelling to/from the hospice, risk of catching virus	Section of Covid-19 Booklet	7
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Who is at risk of catching the virus	All staff based at the hospice
Controls	1. Public transport to be avoided if possible. 2. Consider staff still working from home if possible
Further controls	1. Social distancing (2 mts) to be honoured at all times. 2. Advise walk to work and home/cycle if possible
Risk	Low

Appendix 2: Extremely Vulnerable (Shielded Group)

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.

Taken from <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Appendix 3: Clinically Vulnerable Group

Clinically vulnerable people are those who are:

1. aged 70 or older (regardless of medical conditions)
2. under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
3. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
4. chronic heart disease, such as heart failure
5. chronic kidney disease
6. chronic liver disease, such as hepatitis
7. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
8. diabetes
9. a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
10. being seriously overweight (a body mass index (BMI) of 40 or above)
11. pregnant women

Those in this group are advised to stay at home as much as possible and, if you do go out, take particular care to minimise contact with others outside your household.

Taken from <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people>

Appendix 4: COVID 19 RISK ASSESSMENT: Extremely vulnerable group (Shielding)

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Hazards	Risk of catching virus
<p>Who is at risk of catching the virus</p>	<ol style="list-style-type: none"> 1. Solid organ transplant recipients. 2. People with specific cancers: <ul style="list-style-type: none"> • people with cancer who are undergoing active chemotherapy • people with lung cancer who are undergoing radical radiotherapy • people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment • people having immunotherapy or other continuing antibody treatments for cancer • people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors • people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs 3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD). 4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell). 5. People on immunosuppression therapies sufficient to significantly increase risk of infection. 6. Women who are pregnant with significant heart disease, congenital or acquired.
<p>Controls</p>	<ol style="list-style-type: none"> 1. To work from home if possible. <p style="color: red;">At the current time, the guidance remains that this group is strongly advised to stay at home at all times and avoid any face to face contact. All below to apply when the government guidelines change to advise those in this group that they may return to work.</p> <ol style="list-style-type: none"> 2. Before returning to work, following government guidelines, to attend a welfare meeting with line manager. 3. To discuss a possible phased return to work over a few shifts/weeks. 4. To consider moving individual to a lower risk work area within work setting to enable them to stay 2 metres away from others. If this isn't possible, to assess whether this involves an acceptable level of risk taking individual and role specific factors into account. Alternative roles to be considered. 5. Given priority in accessing COVID-19 testing if showing symptoms. 6. If on medication, to inform your line manager of this, any side effects experienced and if any changes are made.

	7. To follow the COVID-19 risk assessment generated for your work area which applies to all staff.
Further controls	1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med

Appendix 5: COVID 19 RISK ASSESSMENT: Clinically vulnerable group

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Hazards	
Who is at risk of catching the virus	<p>Risk of catching virus</p> <ol style="list-style-type: none">1. aged 70 or older (regardless of medical conditions)2. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis3. chronic heart disease, such as heart failure4. chronic kidney disease5. chronic liver disease, such as hepatitis6. chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy7. diabetes8. a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets9. being seriously overweight (a body mass index (BMI) of 40 or above)10. pregnant women
Controls	<ol style="list-style-type: none">1. To work from home if possible.2. To consider moving individual to a lower risk work area within work setting to enable them to stay 2 metres away from others. If this isn’t possible, to assess whether this involves an acceptable level of risk taking individual and role specific factors into account. Alternative roles to be considered.3. Given priority in accessing COVID-19 testing if showing symptoms.4. If on medication, to inform your line manager of this, any side effects experienced and if any changes are made.5. To follow the COVID-19 risk assessment generated for your work area which applies to all staff.
Further controls	<ol style="list-style-type: none">1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med

If you do not have any of the medical conditions listed above, however live with someone who does, normal social distancing and hygiene measures should be adhered too.

If you do not have any of the medical conditions listed above, however live with someone is ‘Extremely Vulnerable’ (Shielding), this risk assessment will also apply to you (where applicable)

Appendix 6: COVID 19 RISK ASSESSMENT: Black, Asian or Minority Ethnic (BAME) individuals

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Hazards	Risk of catching virus
Who is at risk of catching the virus	1. Black, Asian or Minority Ethnic (BAME) individuals Emerging evidence shows that black and minority ethnic (BME) communities are disproportionately affected by COVID-19. https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff
Controls	1. For individual to inform their line manager if they have any underlying health conditions as outlined in the 'Extremely vulnerable group' or 'Clinically vulnerable group' and that the associated control measures (as described in the risk assessment for both groups) are adhered too. 2. Given priority in accessing COVID-19 testing if showing symptoms. 3. To follow the COVID-19 risk assessment generated for your work area which applies to all staff. 4. For individuals in a clinical setting, to receive PPE training as a priority.
Further controls	1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med



Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures or High Risk Areas

- Eye protection eye shield, goggles or visor
- Filtering facepiece respirator
- Long sleeved fluid repellent gown
- Gloves

Clean your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control