

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

SOCIAL DISTANCING POLICY

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Lead Author(s):	Head of Health Safety Fire and Security

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2020 – Version 1

*Striving for perfect care
and a just culture*

Further information about this document:

Document name	Social Distancing Policy HS18
Document summary	This policy allows the Trust to measure the effectiveness of its pandemic Secure arrangements around social distancing and helps provide a framework for ensuring compliance with government pandemic guidelines.
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To be read in conjunction with	<ul style="list-style-type: none"> • Trust Infection prevention and control Policy (IC01) • Trust Health Safety and Welfare Policy (SA07) • Trust Risk Management Policy & Strategy (SA02) • Trust Cleaning Standards Policy (SA18) • Management and decontamination of medical devices (SA19) • Cabinet Office, Updated 4 June 2020. Government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing. https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing • Working safely during the coronavirus (COVID-19) outbreak www.hse.gov.uk/coronavirus/working-safely/index.htm • COVID-19 personal protective equipment (PPE) Updated 23 July 2020 www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe • Coronavirus(COVID-19):guidance www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance • Cabinet Office, Updated 29 May 2020. <i>Staying safe outside your home.</i> [Online] https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home • Cabinet Office, Updated 1 May 2020. <i>Staying at home and away from others (social distancing).</i> [Online] Available at: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others • Department for Business, Energy & Industrial Strategy, Updated: 29 May 2020. <i>Working safely during coronavirus (COVID-19).</i> [Online] https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 • NHS Employers, 2020. <i>Enabling and supporting staff to work from home.</i> https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/enabling-and-supporting-staff-to-work-from-home
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

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Version Control:

		Version History:
V1	Draft policy	Sept-v1

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1.0 PURPOSE & RATIONALE

- 1.1 The UK is currently experiencing a public health emergency as a result of the pandemic. It is critical that Mersey Care NHS Foundation Trust and its employees take steps to keep everyone safe. This document is to help the Trust and its employees understand how to work safely during this pandemic, ensuring as many people as possible comply with social distancing guidelines. When in the workplace, everyone should make every reasonable effort to comply with the social distancing guidelines set out by the government (2m, or 1m with risk mitigation where 2m is not viable).
- 1.2 The government is clear that workers should not be forced into an unsafe workplace and the health and safety of workers and visitors, and public health, should not be put at risk. We also have a legal duty to share our risk assessment and publish this throughout our sites and on the Trust website in line with Gov.uk requirements.
- 1.3 A Pandemic can be an evolving situation and so this policy is subject to change where national policy changes or our local situation develops.

2.0 OUTCOMES AND FOCUSED OBJECTIVES

- 2.1 The key objective of this policy is to ensure that there is a shared approach for following Social Distancing guidelines to ensure staff, patients, visitors and contractors are kept safe and protected from virus transmission by reducing the risk to the lowest reasonably practicable level by taking preventative measures.

3.0 SCOPE

- 3.1 This document provides a practical framework to think about what you need to do to continue, or restart, operations during a pandemic. The Trust understands how important it is that we can work safely whilst supporting the health and wellbeing of staff during a pandemic and not contribute to the spread of viruses.
- 3.2 As some office staff are not currently in the workplace, this document will help those who are already working because they cannot work from home, as well as help other people think about how to prepare for when office working returns.

4.0 DEFINITIONS

WHO	World Health Organisation
Pandemic	A global outbreak of a serious new illness that requires “sustained transmission throughout the world”
Social Distancing	Keeping space between yourself and others by: <ul style="list-style-type: none"> <input type="checkbox"/> Staying at least 2m, or 1m with risk mitigation where 2m is not viable) <input type="checkbox"/> Do not gather in groups <input type="checkbox"/> Stay out of crowded places and avoid

	mass gatherings
Shielding	A measure to protect people who are clinically extremely vulnerable by minimising the risk of coming into contact with the virus.
Clinically Vulnerable	In addition to those in the extremely vulnerable category, the Government advises this particular group of staff should take particular care to minimise their social contact through staying alert and safe social distancing

5.0 DUTIES

- 5.1 **The Chief Executive** - has specific accountability to ensure that responsibilities for Health and Safety are effectively assigned, accepted and managed at all levels in the Trust consistent with good practice.
- 5.2 In practice the Chief Executive will discharge these responsibilities by delegation to Executive Directors and then through the line management structure and shall ensure the regular monitoring of the health and safety arrangements through the Trust's reporting structures.
- 5.3 **Board of Directors** - The Board of Directors has overall responsibility for health and safety for the trust incorporating the duties set out in the trust's policy statements, supporting procedures and management systems. The Board of Directors has responsibility for ensuring that;
- a) Adequate resources are available to achieve and maintain an exemplary standard of health and safety throughout the trust.
 - b) Setting objectives and targets for the trust to achieve a reduction in accidents and occupational ill health in line with trust objectives.
 - c) Directors are aware of their responsibilities concerning safety management.
 - d) The health and safety performance of the trust is monitored through periodic reviews of accident and incident data and that all activities receive a periodic safety audit.
- 5.4 **Executive Director for Health and Safety** –the lead Executive Director for health and safety is the Executive Director of Communication and Corporate Governance and has strategic responsibility for:
- a) Putting in place adequate resources and arrangements to deliver and maintain the requirements of this policy.
 - b) Prioritise estate for the safe delivery of patient / clinical services (as oppose to office based and support service delivery which can be done from home) and identify ways in which our collective estate can be reduced / rationalised through this review, including the provision of IT kit to enable homeworking for staff.

- c) Ensuring that there is a consistent and co-ordinated approach to managing and controlling social distancing throughout the trust
- d) Advising the Chief Executive of any inadequate pandemic safety measures that could compromise the effectiveness and safety of staff, patients and service delivery.

5.5 Directors & Chief Operating Officers – are responsible for:

- a) Pandemic risk management arrangements (in line with this policy) and associated mitigation plans, escalating required actions to help reduce the risk associated virus transmission.
- b) Ensuring that they, and the staff whom they are responsible for, understand, are aware of, and adhere to the requirements of this policy, and any associated procedures.
- c) Seeking assurance that social distancing measures are being implemented for contractors, service level agreement providers and/or others.
- d) Seeking advice, where necessary, from competent persons, should a significant risk be identified, with such risks either removed or exposure avoided.

5.6 Heads of Department / Managers and Ward Managers – are responsible for but not limited to:

- a) Encouraging their staff, and others, within their areas of responsibility, to report all incidents and risks that compromise Social Distancing, safety and wellbeing of staff and patients.
- b) Undertaking periodic spot checks of work environments and documentation to ensure compliance with risk management standards set out within this policy around Social Distancing.
- c) Being aware of, and enacting upon those staff, and others, within their areas of responsibility, who do not adhere to the requirements of this policy, and any associated procedures, and discuss their behaviour accordingly.
- d) Periodically complete the Social Distancing checklist at Appendix 4.

5.7 Associate Director of Estates and Facilities – is responsible for:

- a) Assisting in fulfilling the requirements of this policy.
- b) Putting in place adequate pandemic safety provisions and relevant building controls such as:
 - Social distancing signage / markers barriers
 - Wall mounted hand sanitisers
 - Reception face shields
 - Increased cleaning arrangements
 - One way access / egress traffic flow where necessary
 - Making reasonable adjustments to welfare facilities to encourage social distancing
- c) Acknowledging agreement of any recommendations following the outcome of risk assessments and ensuring they are enacted upon in a timely manner.
- d) Providing guidance and direction to Divisions to ensure that Social distancing / space allocation plans fit with our broader estates and capital plans.

- 5.8 **Health and Safety / Infection Control** – are responsible for:
- a) Providing specialist advice, support and guidance to all staff to ensure compliance with this policy.
 - b) Producing regular reports specifically on Social Distancing to the Health and Safety Committee to give assurances.
 - c) Monitoring, reviewing and auditing the application and effectiveness of this policy, and any associated procedures.
 - d) Supporting individuals and teams in accessing adequate support to fully implement this policy and providing guidance to manage non-compliance (concerns).
 - e) Identify themes from divisional risk assessment in regards to social distancing.
 - f) Engaging and providing timely feedback to individuals, Committees or Groups to ensure the effectiveness of this policy and any associated procedures.
- 5.9 **Human Resources / Occupational Health** – are responsible for:
- a) Providing advice, support and guidance, where appropriate, to all relevant staff regarding any adjustments, modifications or restrictions to any work activities and that the relevant documentation is completed.
 - b) Undertaking relevant health screening and surveillance programmes, where appropriate, following the outcome of any assessments of risk and ensuring the health, safety and wellbeing needs of identified staff are met.
- 5.10 **All Colleagues** – will
- a) Ensure that they understand, are aware of, and adhere to the requirements of this policy.
 - b) Be accountable for their own health, safety and wellbeing, and that of others, affected by their acts or work undertakings.
 - c) Observe, understand and carrying out guidance in relation to Social Distancing and wearing of PPE in designated workplaces.
 - d) Report incidents, risks and near misses in relation to Social Distancing are be reported immediately to their line manager.
 - e) Raise any concerns to their line manager if this does not resolve the matter, or they feel they are unable to raise a concern in this way then they can contact one of the following people:
 - o **Health, Safety and Security team** via email safetyteam@merseycare.nhs.uk
 - o Your Staff side / trade union representative
 - o Freedom to Speak Guardian Freedomtospeak.Guardian@merseycare.nhs.uk
 - f) Immediately notifying their Manager and or Occupational Health Service of any changes to their condition or health which may impact upon their health, safety and wellbeing and the ability to maintain a safe working environment, including any symptoms of infection following normal guidance and process for reporting their health status.

6.0 PROCEDURES

6.1 Social distancing general principles and control measures

- Staff, who are unwell with symptoms such as a persistent cough, high temperature and sneezing should not travel to or attend the workplace and follow normal guidance reporting their absence to their Manager and Occupational Health.
- Working from home for those who can fulfil their role working remotely (recognising this naturally cannot apply to some roles) unless the member of staff is unable to work from home.
- All Staff being compliant to Social Distancing Guidelines at all times.
- Using technology to replace physical meetings with electronic (e.g. Skype meetings), or to limit the number of attendees and therefore being able to achieve the social distancing requirements (as 1 above).
- Increase of cleaning across the Trust in clinical and non-clinical environments.
- The importance of handwashing regularly reiterated to staff. The number of hand sanitising stations across the Trust has been increased to support this.
- Prioritisation and restarting clinical and patient facing services.

6.2 Where the Social Distancing Guidelines cannot be followed in full in relation to a particular activity, the Trust will review whether that activity needs to continue for the Trust to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between the staff and the patient and visa-versa, or between staff.

6.3 If members of staff are unable to maintain the recommended safe distance, significant efforts must be put in place to reduce any harm. For staff in office spaces, reduced office capacity should be enforced to ensure that there is minimal risk of breaching the requirement of social distancing.

6.4 Working Safely with COVID 19

6.5 Carry out a pandemic risk assessment - Before restarting work you should ensure the safety of the workplace by:

- Carrying out a risk assessment in line with the [HSE guidance](#)
- Consulting with employees and trade unions.
- Sharing the results of the risk assessment with your workforce and on your website

6.6 Helping staff to work from home

You should take all reasonable steps to help people work from home by:

- Discussing home working arrangements.
- Ensuring they have the right equipment, for example remote access to work systems.
- Including them in all necessary communications.
- Looking after their physical and mental wellbeing.

6.7 Maintaining 2m social distancing

Where possible, you should maintain 2m between people by:

- Putting up signs to remind workers and visitors of social distancing guidance.
- Avoiding sharing workstations.
- Using floor tape or paint to mark areas to help people keep to a 2m distance.
- Arranging one-way traffic through the workplace if possible.
- Switching to seeing visitors by appointment only if possible.

6.8 Where people cannot be 2m apart, manage transmission risk

Where it's not possible for people to be 2m apart, you should do everything practical to manage the transmission risk by:

- Considering whether an activity needs to continue for the business to operate
- Keeping the activity time involved as short as possible
- Using screens or barriers to separate people from each other
- Using back-to-back or side-to-side working whenever possible
- Staggering arrival and departure times
- Reducing the number of people each person has contact with by using 'fixed teams or partnering'

6.9 Coming to work and leaving work

Objective: To maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.

Steps that must be taken:

- Staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.
- Providing additional parking or facilities such as bike racks to help people walk, run, or cycle to work where possible.
- Limiting passengers in trust vehicles, for example, work minibuses. This could include leaving seats empty.
- Reducing congestion, for example, by having more entry points to the workplace.
- Providing more storage for workers for clothes and bags.
- Using markings and introducing one-way flow at entry and exit points.
- Providing handwashing facilities, or hand sanitiser where not possible, at entry and exit points and not using touch-based security devices such as keypads where possible.
- Maintaining use of security access devices, such as keypads or passes, and adjusting processes at entry/exit points to reduce risk of transmission. For example, cleaning pass readers regularly and asking staff to hold their passes next to pass readers rather than touching them.

6.10 Moving around buildings and worksites

Objective: To maintain social distancing wherever possible while people travel through the workplace.

Steps that must be taken:

- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones or other electronic devices, where permitted, and cleaning them between use.
- Restricting access between different areas of a building or site.
- Reducing job and location rotation.
- Introducing more one-way flow through buildings.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible.
- Making sure that people with disabilities are able to access lifts.
- Managing use of high traffic areas including corridors, lifts turnstiles and walkways to maintain social distancing.

6.11 Workplaces and workstations

Objective: To maintain social distancing between individuals when they are at their workstations.

- For people who work in one place, workstations should allow them to maintain social distancing wherever possible.
- Workstations should be assigned to an individual and not shared. If they need to be shared they should be shared by the smallest possible number of people.

If it is not possible to ensure working areas comply with social distancing guidelines (2m, or 1m with risk mitigation where 2m is not viable) then the service should consider whether that activity needs to continue to operate, and if so take all mitigating actions possible to reduce the risk of transmission.

Steps that must be taken:

- Review layouts and processes to allow people to work further apart from each other.
- Using floor tape or paint to mark areas to help people comply with social distancing (2m, or 1m with risk mitigation where 2m is not viable).
- Only where it is not possible to move workstations further apart, arranging people to work side by side or facing away from each other rather than face-to-face.
- Only where it is not possible to move workstations further apart, using screens to separate people from each other.
- Managing occupancy levels to enable social distancing.
- Avoiding use of hot desks and spaces and, where not possible, for example, call centres or training facilities, cleaning and sanitising workstations between different occupants including shared equipment.

6.12 Meetings

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.

Steps that must be taken:

- Using remote working tools to avoid in-person meetings.
- Only absolutely necessary participants should physically attend meetings and should maintain social distancing (2m, or 1m with risk mitigation where 2m is not viable).
- Meeting rooms in designated areas will display safe occupancy levels which should not be breached.
- Time spent in meeting rooms should be reduced to as low as reasonably possible.
- Avoiding transmission during meetings, for example avoiding sharing pens, documents and other objects.
- Providing hand sanitiser in meeting rooms.
- Holding meetings outdoors or in well-ventilated rooms whenever possible.
- For areas where regular meetings take place, using floor signage to help people maintain social distancing.

6.13 Communal areas

Objective: To maintain social distancing while using common areas.

Steps that must be taken:

- Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example, receptions, staircases.
- Staggering break times to reduce pressure on the staff break rooms or places to eat and ensuring social distancing is maintained in staff break rooms.
- Using safe outside areas for breaks.
- Creating additional space by using other parts of the workplace or building that have been freed up by remote working.
- Installing screens to protect staff in receptions or similar areas.
- Encouraging workers to bring their own food.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Encouraging staff to remain on-site and, when not possible, maintaining social distancing while off-site.
- Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.
- Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.

6.14 Accidents, security and other incidents

Objective: To prioritise safety during incidents.

In an emergency, for example, an accident, provision of first aid, fire or break-in, people do not have to comply with social distancing guidelines 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.

Steps that must be taken:

- Reviewing your incident and emergency procedures to ensure they reflect the social distancing principles as far as possible.
- Considering the security implications of any changes you intend to make to your operations and practices in response to a pandemic, as any revisions may present new or altered security risks which may need mitigations.
- Conduct physical searches of people, considering how to ensure safety of those conducting searches while maintaining security standards.

6.15 Before reopening buildings

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

- An assessment for all sites, or parts of sites, that have been closed, before restarting work.
- Carrying out cleaning procedures and providing hand sanitiser before restarting work

Steps that must be taken:

- Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- Most air conditioning systems do not need adjustment, however where systems serve multiple buildings or you are unsure, advice can be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.

6.16 Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that must be taken:

- Regular cleaning plays a vital role in limiting the transmission of viruses.
- As a minimum, frequently touched surfaces should be wiped down at the beginning and at the end of each day, and more frequently depending on: the number of people using the space, whether they are entering and exiting the setting, and access to hand washing and hand-sanitising facilities.
- Increase the frequency of cleaning, using standard cleaning products such as chlorine based products, paying attention to all surfaces but especially ones that

are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices and keyboards.

- Clearing workspaces and removing waste and belongings from the work area at the end of a shift and wipe down own workstation with chlorine based wipes.
- Limiting or restricting use of high-touch items and equipment, for example, printers or whiteboards.
- When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.
- If you are cleaning after a known or suspected case of infection then you should refer to the [specific guidance](#).
- Providing extra non recycling bins for workers and visitors to dispose of single use face coverings and PPE. You should refer to [guidance for information on how to dispose of personal or business waste](#), including face coverings and PPE.

6.17 Hygiene: handwashing, sanitation facilities and toilets

Objective: To help everyone keep good hygiene through the working day.

Steps that must be taken:

- Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid 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.
- Providing regular reminders and signage to maintain personal hygiene standards.
- Providing hand sanitiser in multiple locations in addition to washrooms.
- Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved.
- Enhancing cleaning for busy areas.
- Providing more waste facilities and more frequent rubbish collection.
- Providing hand drying facilities – either paper towels or electrical driers.
- Keeping the facilities well ventilated, for example by fixing doors open where appropriate.

6.18 Changing rooms and showers

Objective: To minimise the risk of transmission in changing rooms and showers.

Steps that must be taken:

- Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and social distancing is achieved.
- Introducing enhanced cleaning of all facilities regularly during the day and at the end of the day.

6.19 Handling goods, merchandise and other materials, and onsite vehicles

Objective: To reduce transmission through contact with objects that come into the workplace and vehicles at the worksite.

Steps that must be taken:

- Cleaning procedures for goods and merchandise entering the site.
- Cleaning procedures for vehicles.
- Introducing greater handwashing and handwashing facilities for workers handling goods and merchandise and providing hand sanitiser where this is not practical.
- Regular cleaning of vehicles that workers may take home.
- Restricting non-business deliveries, for example, personal deliveries to workers.

6.20 Wearing of surgical masks (inpatient areas)

This revised guidance concerns use of personal protective equipment (PPE) by health and social care workers, in the context of the current pandemic. It supersedes previous PPE guidance. This guidance relates solely to considerations of PPE, represents one section of infection prevention and control guidance for the virus and should be used in conjunction with local policies.

Refer to [further guidance and resources](#).

In line with government advice all staff in hospitals in England must wear a fluid resistant (Type IIR) surgical facemask (FRSM) for example, ward containing possible or confirmed cases of infection, whether or not involved in direct patient care. However under this guidance there is no need to wear masks in offices.

All visitors and outpatients must wear face coverings at all times.

For undertaking any direct patient care, disposable gloves, aprons and eye protection should be worn. When working in inpatient areas with no identified possible or confirmed cases, use of PPE should be risk assessed ([section 7](#)). Aprons, gloves and FRSMs may be indicated in certain inpatient areas dependent on intensity of the virus transmission in the local context and the nature of clinical care undertaken. An [evidence review](#) on the use of aprons or gowns was conducted by Health Protection Scotland and [Health Safety Executive](#).

6.21 When you do not need to wear a face covering

In settings where face coverings are required in England, there are some circumstances, for health, age or equality reasons, where people are not expected to wear face coverings. Please be mindful and respectful of such circumstances, noting that some people are less able to wear face coverings, and that the reasons for this may not be visible to others.

It is not compulsory for employees of indoor settings or transport workers to wear face coverings although employers may consider their use where appropriate and where other mitigations are not in place. Employers should continue to follow [COVID-19 Secure guidelines](#) to reduce the proximity and duration of contact between employees.

You do not need to wear a face covering if you have a legitimate reason not to. This includes (but is not limited to):

- young children under the age of 11 (Public Health England do not recommended face coverings for children under the age of 3 for health and safety reasons)
 - not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
 - if putting on, wearing or removing a face covering will cause you severe distress
 - if you are travelling with or providing assistance to someone who relies on lip reading to communicate
 - to avoid harm or injury, or the risk of harm or injury, to yourself or others
 - to avoid injury, or to escape a risk of harm, and you do not have a face covering with you
 - to eat or drink if reasonably necessary
 - in order to take medication
 - if a police officer or other official requests you remove your face covering
- There are also scenarios when you are permitted to remove a face covering when asked:
- if asked to do so in a bank, building society, or post office for identification
 - if asked to do so by shop staff or relevant employees for identification, the purpose of assessing health recommendations, such as a pharmacist, or for age identification purposes including when buying age restricted products such as alcohol
 - if speaking with people who rely on lip reading, facial expressions and clear sound. Some may ask you, either verbally or in writing, to remove a covering to help with communication

6.22 Exemption Cards

Those who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, this includes exemption cards. No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering.

Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign.

This is a personal choice and is not necessary in law.

[Access exemption card templates](#)

For exemptions in different parts of the UK please refer to the specific guidance for [Northern Ireland](#), [Scotland](#) and [Wales](#).

6.23 Challenging non-compliance

Where an individual member of staff in a health care setting is not wearing a mask within designated areas they should be challenged to identify their reason for non compliance.

If a clear disregard is acknowledged, reinforce the safety message of the need to protect themselves, their colleagues and patients and if necessary escalate to the individual's line manager.

For persistent non compliance a DATIX report should be raised and formal disciplinary action via the HR Disciplinary Policy and procedures should be considered by the responsible manager.

6.24 Occupational health exposure RIDDOR reporting

The reporting requirements relating to non fatal cases, or deaths from a disease is reportable to the HSE under via RIDDOR if it is decided that exposure and infection was an occupational exposure as a result of a person's work.

- 6.25 When deciding if a report is required, the Pandemic Infection panel will make a judgement, based on the information available, as to whether or not a confirmed diagnosis of the virus is likely to have been caused by an occupational exposure, that is, whether or not there is reasonable evidence that a work-related exposure is the likely cause of the disease.

7.0 CONSULTATION

- 7.1 The Trust recognises that an effective safety culture requires a partnership between management and staff, working together to identify risks and to improve safety standards and working practices.

- 7.2 In developing this policy the following groups have been consulted with

- Local Division – Risk Lead
- Secure / SpLD Division – Risk Lead
- Community Division - Head of Corporate Governance Assurance
- Estates and Facilities Senior Management Team
- Staff Side
- Health and safety Advisors

8.0 TRAINING

- 8.1 All staff involved in keeping service areas clean will be given the relevant information training and instruction on the type of product, its use, and risk factors and provided with personal protective equipment.

9.0 MONITORING

- 9.1 The Health and Safety Committee, as the approving Committee, will regularly monitor the key performance indicators of this policy.

- Where deficiencies in compliance with this policy have been identified, action plans will be developed and monitored by the committee.
- Risk exceptions will be reported to the Health and Safety Committee on a regular basis and go through normal Trust governance processes.

9.2 The following key performance indicators will be used to measure the effectiveness of this policy.

Area of policy for Monitoring	How	Who by	Frequency	Reported / escalated to
6.5 Virus transmission risk assessment	Pandemic Assurance Group data on completed assessment	Head of health and safety	Monthly	Health and safety Committee/ Risk management Committee
6.8 Compliance with social distance measures	Building inspections	Safety Advisors/ Risk Leads	Quarterly	Health and safety Committee/ Risk management Committee
6.23 Occupational exposure	DATIX incident reports Staff sickness absence records	Pandemic RIDDOR Panel	As required	Health and safety Committee/ Risk management Committee

10. Equality and Human Rights Analysis

Title: Social Distancing Policy
Area covered: Health and Safety
<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> the aims and objectives are;</p> <p>The key objective of this policy is to ensure that there is a shared approach for following Social Distancing guidelines to ensure staff, patients, visitors and contractors are kept safe and protected from virus transmission by reducing the risk to the lowest reasonably practicable level by taking preventative measures.</p>
<p>Who will be affected? <i>e.g.staff, patients, service users etc.</i> Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.</p>

Evidence
<p>What evidence have you considered? HSE and PHE Information as published on the website in relation to the content of this policy</p>
<p>Disability (including learning disability) Some staff with disabilities might be classed as vulnerable people under PHE guidance</p>
<p>Sex No significant issues</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>BAME colleagues, clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p> <p>Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> No issues noted</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian,</i></p>

<p>gay and bi-sexual people. No significant issues</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. No significant issues</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities. No significant issues</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. No significant issues</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. No significant issues</p>
<p>Cross Cutting implications to more than 1 protected characteristic No significant issues</p>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Use not engaged if Not applicable Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	Use supportive of a HRBA if applicable Supportive of HRBA.
Right to liberty (Article 5)	Supportive of HRBA.
Right to a fair trial (Article 6)	Supportive of HRBA.
Right to private and family life (Article 8)	Supportive of HRBA.
Right of freedom of religion or belief (Article 9)	Supportive of HRBA.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Supportive of HRBA.

Right freedom from discrimination (Article 14)	Supportive of HRBA.
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Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
This was the 2 yearly policy review submitted to the Health and Safety Committee for approval

<p>Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i></p>
<p>Eliminate discrimination, harassment and victimisation</p> <p>Where appropriate the policy is supportive</p>
<p>Advance equality of opportunity</p> <p>Where appropriate the policy is supportive</p>
<p>Promote good relations between groups</p> <p>Where appropriate the policy is supportive</p>

<p>What is the overall impact?</p> <p>The overall impact on the implementation on this policy review is minimal</p>
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<p>Addressing the impact on equalities</p> <p><i>There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups</i></p>

<p>Action planning for improvement</p> <p>Detail in the action plan below the challenges and opportunities you have identified. <i>Include here any or all of the following, based on your assessment</i></p> <ul style="list-style-type: none"> • <i>Plans already under way or in development to address the challenges and priorities identified.</i> • <i>Arrangements for continued engagement of stakeholders.</i> • <i>Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)</i> • <i>Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies</i> • <i>Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results</i>

- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Head of Health Safety Fire and Security

Date assessment completed: July 2020

Name of responsible Director: Elaine Darbyshire

Date assessment was signed: July 2020

Appendix 1: Workplace and Workstation Safety

1. Assigned workstations to individual and not shared.
2. If they need to be shared they should be shared by the smallest possible number of people.
3. Review layouts and processes to allow people to work further apart from each other.
4. Using floor tape to mark areas to help people comply with social distancing (2m, or 1m with risk mitigation where 2m is not viable).
5. Only where it is not possible to move workstations further apart, arranging people to work side by side or facing away from each other rather than face-to-face.
6. Only where it is not possible to move workstations further apart, using screens to separate people from each other.
7. Managing occupancy levels to enable social distancing.
8. Avoiding use of hot desks and spaces and, where not possible, for example, call and training facilities, cleaning and sanitising workstations between different occupants including shared equipment.

Appendix 2: Use of Meeting Rooms

Organisers of meetings need to think about the potential risk from COVID19 before requesting the use of meeting rooms and must follow these instructions

Before the meeting

1. Ask yourself, can the meeting be held via skype or can some people skype in to reduce numbers
2. Check the seating capacity and room size
3. Check that 2m social distancing can be maintained
4. Check that hand sanitiser and wipes are readily available
5. Wipe down tables/chairs before people arrive

During the meeting

6. Maintain 2m social distancing at all times
7. Avoid sharing items such as pens etc
8. Keep meetings as short as possible

After the meeting

10. Discard all waste safely
11. Wipe down desk and chairs

Do not exceed the **safe occupancy levels** which can be found at the point of entry on the door.

Appendix 3: Returning to work from shielding

Supporting colleagues in higher-risk groups

Line Managers must:

- Complete a risk assessment with individuals at risk/ clinically vulnerable.
- Discuss with individuals the risk management measures that you have put in place to minimise transmission to keep them, and others, safe.
- Emphasise the importance of individual and wider workforce engagement, buy-in and cooperation to ensure controls are applied stringently.
- Regularly review your risk assessment, and do everything 'reasonably practicable' to protect those workers from harm.
- Some pregnant workers will be at greater risk of severe illness from coronavirus. They are defined as clinically extremely vulnerable and should stay at home where possible. Managers must take this into account in their risk assessment.
- If you cannot put the necessary control measures in place, such as adjustments to the job or working from home, you should suspend the pregnant worker on paid leave. This is in line with regulation 16(3) of the Management of Health and Safety at Work Regulations 1999.
- Listen and respond to individual concerns about their safety

Appendix 4: Cleaning and Disinfectant

1. Regular cleaning plays a vital role in limiting the virus transmission.
2. Reducing clutter and removing difficult to clean items can make cleaning easier.
3. Increase the frequency of cleaning, using chlorine based products, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices.
4. As a minimum, frequently touched surfaces should be wiped down at the beginning and at the end of each day, and more frequently depending on: the number of people using the space, whether they are entering and exiting the setting, and access to hand washing and hand-sanitising facilities.
5. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.
6. When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.

Appendix 5: Social Distancing Checklist

Location:		
Managers Name:		
Assessors Name:		
Assessment Date:		
All Working Environments	Yes	No
Is there sufficient space between desks (2m or 1m with risk mitigation) for staff to maintain a safe social distancing? Has additional office space been considered? Has back to back or side working been considered?	<input type="checkbox"/>	<input type="checkbox"/>
Has all of the necessary screens, floor tape, signage, posters been added to ensure people are clear on the required social distancing rules?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a sufficient amount of hand sanitisers around the facility	<input type="checkbox"/>	<input type="checkbox"/>
Has an increased cleaning rota for the office and toilets been established?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff been split into teams/shift groups / buddying system to reduce the amount of contact with others? Have start and finish times been staggered? Could a shift system be introduced?	<input type="checkbox"/>	<input type="checkbox"/>
Does the office space have a shared break-out / welfare facility which is used such as (kettles / toasters)? Are there visual reminders such as a poster, note to remind staff to clean equipment and facilities with anti-bacterial spray / wipes to use?	<input type="checkbox"/>	<input type="checkbox"/>
Have teams / shift groups been established where staff cannot work from home	<input type="checkbox"/>	<input type="checkbox"/>
Can any priority of singular use of offices be given to members of staff who must continue to come into work but are in a vulnerable group?	<input type="checkbox"/>	<input type="checkbox"/>
Have members of staff got access to the same (regular) desk, rather than 'hot desking' and are their sufficient cleaning materials available to clean desks on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
Have all staff been briefed on the appropriate use of PPE and 'face coverings'	<input type="checkbox"/>	<input type="checkbox"/>
Has all of the necessary floor tape, signage, posters been added to ensure people are clear on the required social distancing rules?	<input type="checkbox"/>	<input type="checkbox"/>
Have start and finish times been staggered where this may assist?	<input type="checkbox"/>	<input type="checkbox"/>
Has the ward considered activity which they can reduce or stop to prevent further transmission of the virus between staff? (Changing tasks, reducing face to face contact, using back to back or side working etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is guidance clearly available and cascaded to staff around the use of PPE within wards and other clinical settings	<input type="checkbox"/>	<input type="checkbox"/>

Shared spaces, common rooms and break-out areas	Yes	No
Have break times been staggered so there is sufficient room and access to breakout rooms and staff are able to safely adhere to a safe social distance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the breakout rooms being regularly cleaned and hygiene maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Are we monitoring the use of locker rooms and changing rooms to reduce concurrent usage?	<input type="checkbox"/>	<input type="checkbox"/>
Staff working from home	<input type="checkbox"/>	<input type="checkbox"/>
Are managers regularly checking in with staff (for wellbeing and line management purposes) who are working from home, in a vulnerable / high risk group and following occupational health advice?	<input type="checkbox"/>	<input type="checkbox"/>
WHERE 'NO' HAS BEEN ANSWERED PLEASE ESCALATE FINDINGS TO DIVISIONAL RISK LEADS TO ENSURE THIS IS TAKEN INTO ACCOUNT IN THE DIVISIONAL RISK ASSESSMENT/REGISTER	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL COMMENTS/OBSERVATIONS		

Action Plan

Issues	Action required	Who by	Date completed