

## **Pandemic, prevention and control risk mitigations for Blood Collection Sessions and Donation Clinics. Version 4.4**

### **Changes to this version**

- **Relaxation of social distancing and removal of all social distancing controls except where ventilation is poor.**
- **Change to reflect this risk assessment covers pandemics rather than just Covid19**
- **Change to include Covid19 and other respiratory illnesses**
- **Inclusion of other respiratory illness symptoms**

The NHSBT has identified that due to the changes in NHS requirements for Pandemic control, we will now completely relax required social distancing measures on all blood collection sessions and clinics.

At venues where CO2 monitoring is undertaken during the first donation session and this shows ventilation in the donation area is poor, there is a need to increase ventilation of the donation area and maintain 1m social distancing wherever possible.

Additional general mitigations still on session are outlined below;

- Blood Donation session and **respiratory illness** screening arrangements in place.
- Colleagues must not attend work if they have symptoms of **respiratory illness including** Covid19 as identified on the Government and NHS websites.
  - Main symptoms include
    - Cough
    - Fever
    - Loss or change to sense of smell/taste
  - Other symptoms include
    - Sore throat
    - Headaches
    - Runny nose
    - Fatigue
- Colleagues should perform regular lateral flow tests at least twice a week prior to attending work to identify if they are asymptomatic.
- Colleagues must not attend work if they return a positive lateral flow test and must follow government advice on what action to take.
- **Respiratory illness** symptom checks for Donors ahead of their appointment, including:
  - Have you had the recent onset of a new cough?
  - Do you have a **fever**?
  - Have you noticed a loss of, or change in, **your** normal sense of taste or smell?
- If the Donor has any of these symptoms, however mild, they should stay at home and reschedule their appointment.

- **Respiratory Illness** screening questions for donors and visitors to read upon arrival to ensure everyone who enters the donation session is well and has not had any recent illness.
- Use of CO2 monitors to ascertain average levels of CO2 in sessions to identify levels of ventilation.
- Ensure all new venues identified have adequate ventilation.
- Maintain correct number of beds within venues based on adequacy of ventilation and levels of CO2.
- Keep the facilities well ventilated by fixing doors and windows open where required.
- Minimise contact between different Donor Carers while caring for a donor.
- Review working practices to minimise the duration of contact with the donor
- Make hand sanitiser available to all on entry to session. Ensuring location is safe and practical.
- Insist donors, visitors and colleagues sanitize their hands/use alcohol hand rub (hand sanitizing gel) before entering the session environment.
- All colleagues must always maintain appropriate levels of hand hygiene.
- regular and visible cleaning of all frequently touched surfaces
- regular cleaning of all ICT and communication devices
- Instruct colleagues to avoid touching the face, particularly mouth, nose and eyes.
- Instruct colleagues to cover mouth and nose with a tissue or sleeve (not your hands) when coughing or sneezing and put used tissues in nearest bin immediately, which may be clinical waste, then wash/sanitise hands
- Change any masks that have been contaminated by coughs and sneezes
- Informing donors of guidance about visiting the premises prior to and at the point of arrival, including information on websites, on booking forms and in entrance ways.
- Reminding donors who are accompanied by children over 11 that the child is required to wear a face covering whilst on session, unless they are medically exempt.
- Maintaining a cleaning schedule; keep it up to date and accessible.
- Providing clear guidance on expected donor behaviours, and hygiene to people before arrival, when scheduling their appointment, and on arrival, for example, with signage.
- Explaining to donors that failure to observe safety measures will result in services not being provided.
- Ensuring latest guidelines are visible and available
- Informing donors that they should be prepared to remove face coverings for the purpose of identification or to have refreshments/fluids.
- Ensuring information and actions provided to Donors and visitors, such as advice on the location or size of queues, does not compromise their safety.
- Donors must always wear a face covering during the donation process unless they are medically exempt.
- The wearing of fluid resistant surgical face masks at work remains mandatory unless medically exempt. **Face masks must be worn;**
  - when travelling in NHSBT vehicles as per the risk assessment

- when donors are in attendance on session.
- All donor carers and nurses are trained in how to wear, use and remove masks and the training package includes information on the hazard, risk and controls.
- Dispose of all used masks in waste.
- If there are any shortages of masks, provide to individuals carrying out:
  - Close contact services as these roles cannot maintain 1m social distancing.

### **Information on wearing Surgical face masks during warm/hot weather**

The wearing of surgical face masks does not reduce the need for hand hygiene. Wearing personal protective equipment (PPE) in warm/hot environments increases the risk of heat stress. This occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down. Measures to control the temperature of clinical environments and enable staff to make behavioural adaptations to stay cool and well hydrated should be made. Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand. If there are shortages of masks then provide available masks to individuals carrying out: - screening, and - venepuncture, and - the nurse. As these roles **require close contact**.

Staff working in warm/hot conditions should follow the advice:

- Take regular breaks if possible, find somewhere cool if you can.
- Make sure you are well hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting). Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (eg confusion, looking pale or clammy, fast breathing) in each other.
- Between sessions, try to stay cool as this will give your body a chance to recover.
- Managers are to mitigate the above by increasing numbers of colleagues per shift to maintain service levels while accommodating increased staff breaks.
- Managers to ensure that Disposable gloves and apron are available when carrying out additional cleaning activities during the pandemic.
- Managers to ensure Disposable gloves and aprons are available and are mandatory when dealing with an unwell donor
- Use disposable items whilst cleaning and responding to an unwell donor

As such controls are acceptable.