

## **COVID-19 Infection, Prevention and Control risk mitigations for Blood Collection Sessions at Donation Clinics.**

### **Leicester Donor Centre**

Government advice is clear that 2m social distancing must be maintained whenever possible. Government advice also concedes that it may not always be possible for workplaces to maintain 2m social distance and undertake business critical activity. The collection of blood products is clearly a business-critical activity. Where 2m social distance cannot be maintained the government has identified that 1m+ additional mitigations would provide a similar level of protection as 2m. Therefore, on blood collection sessions the following controls must be implemented

### ***Elimination***

- Colleagues must not attend work if they or any household member has symptoms of Covid-19.
- Blood Donation session and welcome arrangements in place.
- MPD110/6 – Pandemic Planning – Management and Layout of Donor Sessions
- DAT184/7 – Pandemic Questions - Triage
- DAT186/2 – Pandemic Planning - Process Flow Chart for Triage Area.
- COVID-19 related screening questions to be asked of Donors ahead of their appointment, including:
  - Have you had the recent onset of a new continuous cough?
  - Do you have a high temperature?
  - Have you noticed a loss of, or change in, 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.

### ***Substitution***

- Ensuring any changes to entrances, exits and queue management consider reasonable adjustments for those who need them, including disabled donors. For example, maintaining pedestrian access for disabled donors.
- Creating additional space by using other parts of the working area or building.
- Using outside spaces for queuing where available and safe. Queues outside should be managed to ensure they do not cause risk to individuals or other businesses, for example by introducing queuing systems, using barriers and where possible having staff direct donors.

### ***Engineering Controls***

- NHSBT should calculate the maximum number of donors to allow social distancing measures to be maintained in that clinic (2m, or 1m with risk mitigation where 2m is not viable, is acceptable) and limiting the number of

appointments at any one time. Consider total floorspace as well as likely pinch points and busy areas.

All rooms used for non-clinical activities have signage clearly outlining the maximum capacity of the space if users are not wearing PPE

- Layout has been reviewed to maintain social distancing (2m, or 1m with risk mitigation where 2m is not viable, is acceptable) between donors attending simultaneously, ensuring there is enough spacing between donation chairs, this has involved the removal of beds to ensure space.
- Floor markings have been employed to help people comply with social distancing guidelines wherever possible (2m, or 1m with risk mitigation where 2m is not viable, is acceptable). particularly in donor interaction zones.
- 2m spacing maintained where possible between donor and colleague undertaking triage (there is an accepted, very short period when temperature is taken that distance is less than 1m)
- Maintaining social distancing in waiting areas when donors wait for their appointments. Chairs have been removed to force social distancing at 2 metres and if needed the lobby can be used as an overflow area, but this is a public, unheated space.
- Staff operating the refreshment area should use a sensible approach to maintain adverse events monitoring. This may include suspending use of the area and reverting to on bed refreshments if space is compromised by an unwell donor.
- Mealtimes arranged to enable staff to maintain 2m social distancing. This has included the use of non-clinical spaces for breaks.
- Daily brief or any other training to maintain 2m social distancing where practical. PPE must be worn whenever 2m cannot be implemented.
- Provide additional supervision to ensure these measures are always implemented.
- Self-Assessment for donors and visitors to ensure everyone who enters the donation session is well and has not had any recent illness.
- Keep the facilities well ventilated, for example by fixing doors and windows open where appropriate (non temperature controlled areas only).
- Minimising contact between different Donor Carers while caring for a donor.
- Reviewing working practices to minimise the duration of contact with the donor
- To enable good hand hygiene, hand sanitiser is available on entry to session where safe and practical.
- Donors, visitors and colleagues must sanitize their hands/use alcohol hand rub (hand sanitizing gel) before entering the session environment.
- Suitable handwashing facilities including running water, liquid soap and paper towels
- Increased visible hand hygiene using soap and water or hand sanitiser
- Increased regular and visible cleaning of frequently touched surfaces
- Increased regular cleaning of ICT and communication devices
- Minimising how frequently equipment is shared between Donor Carers, frequently cleaning between use and assigning to an individual where possible.
- Providing more waste facilities and more frequent rubbish clearance.
- Avoid touching the face, particularly mouth, nose and eyes.

- Cover mouth and nose with a tissue or your 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.

### ***Administrative controls***

- Leicester donor centre is operating a 'donors only' policy. Donors are advised that they must attend on their own including not bring children to session due to space restrictions.
- Asking donors to arrive at the scheduled time of their appointment. Donors who are early for their appointments may be asked to return closer to their booked time.
- Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, to avoid touching your face, and to cough or sneeze into a tissue which is binned safely
- Providing clear guidance on expected donor behaviours, social distancing and hygiene to people before arrival, when scheduling their appointment, and on arrival, for example, with signage and visual aids. Explaining to donors that failure to observe safety measures will result in services not being provided.
- Providing written or spoken communication of the latest guidelines to both colleagues and donors inside and outside the premises. We should display posters or information setting out how donors should behave on session to keep everyone safe.
- Considering the particular needs of those with protected characteristics, such as those who are hearing or visually impaired – clear masks are available and text to speech apps have also been approved for use. Due to limited availability of clear masks, when clear masks are used the donor carer stays with the donor for the duration of the donation to minimise PPE wastage.
- Ensuring latest guidelines are visible and available – Comms folder available for all staff to review in the break room.
- Informing donors that they should be prepared to remove face coverings if asked to do so by staff for the purpose of identification, to have refreshments/fluids or if experiencing an adverse event.

### ***Personal Protective Equipment***

- Donors must always wear a suitable face covering during the donation process which must cover their nose and mouth. Where the donor is required to remove the face covering 2m social distance rules must be applied.
- Face covering will be provided to donors who attend session without one, or who attend wearing an unsuitable covering (such as a face shield). Donors who are unable to wear a face covering will be advised that they cannot attend the session and should self-defer until such time that face coverings are no longer required.
- In the donation environment donor carers / nurse will be in close contact with a number of donors without being able to carry out social distancing. In normal circumstances, these donors will be healthy. As an additional risk reduction

measure and to reassure colleagues, the use of fluid repellent surgical face masks for front line colleagues is being implemented. This is a precautionary measure. The wearing of NHSBT issued masks is mandatory whilst carrying out session activities including whilst traveling in a NHSBT vehicle (or private vehicle with more than 1 occupant) during the load and unload of vehicles, at welcome, when working on session, when using office spaces if occupied by multiple persons and during breaks if 2m social distance cannot be maintained.

- All donor carers and nurses are trained in how to wear, use and remove masks and training package to include information on the hazard, risk and controls is available for reference. Training has also been provided on how to remove the mask from an unwell donor.
- Dispose of all used masks in clinical waste.
- If there are any shortages of masks, provide to individuals carrying out:
  - screening, and
  - venepuncture, and
  - the nurse.as these roles cannot maintain social distancing.
- If supply totally interrupted the level of risk is still low due to other control measures in place.
- The wearing of surgical face masks does not reduce the need for hand hygiene and colleagues do not attend work if they or any household member has symptoms of Covid-19.
- 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 cannot maintain social distancing. If the supply is totally interrupted the level of risk is still low due to other control measures in place.
- 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.
- Disposable gloves and apron are available and mandatory when carrying out additional cleaning activities during the pandemic.
- Using disposable items where possible

As such controls are acceptable.