

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

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 triage arrangements in place,
- MPD110/5 – Pandemic Planning – Management and Layout of Donor Sessions,
- DAT184/3 – 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 take into account reasonable adjustments for those who need them, including disabled donors. For example, maintaining pedestrian and parking access for disabled donors.
- Using safe outside areas for breaks.
- Creating additional space by using other parts of the working area or building that have been freed up by remote working.
- Using outside spaces for queuing where available and safe, for example some car parks. 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 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.

- Reviewing layouts and processes to maintain social distancing (2m, or 1m with risk mitigation where 2m is not viable, is acceptable) between Donors being attended simultaneously, ensuring there is sufficient spacing between donation chairs,
- Using floor markings 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.
- Adjusting how people move through the session to reduce congestion and contact between donors, for example, queue management or one-way flow. This may only be possible in larger clinics.
- Ensure Social distancing measures of 2m wherever possible and where not, at least 1m+ with additional mitigations.
- Number of beds within venues limited to enable 2m social distance between beds as some donors will be required to remove their masks whilst on the donation bed/chair.
- 2m spacing maintained where possible between donor and colleague undertaking triage
- Maintaining social distancing in waiting areas when donors wait for their appointments. When waiting areas can no longer maintain social distancing, consider moving to a 'one-in-one-out' policy.
- Waiting donors to be seated 2m where possible, if not 1m+ mitigations apart (chairs back to back or side to side, face coverings, Screens) after being received at the welcome table.
- If tea table to be used then sensible approach to maintain adverse events monitoring.
- Mealtimes arranged to enable staff to maintain 2m social distancing. Staff have access to rooms upstairs which have been socially distanced.
- Daily brief or any other training to maintain 2m social distancing.
- Implementing physical changes like barriers or installing screens to protect colleagues at triage, in reception, welcome and screening. This will not be required between the Donor Carer and donor during venepuncture
- Staggering break times to reduce pressure on the staff break rooms or places to eat and ensuring social distancing is maintained during staff break rooms.
- Provide additional supervision to ensure these measures are always implemented.
- Triage system 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.
- 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 and liquid soap and suitable options for drying are available.
- 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

- Operating an appointment-only system.
- When booking an appointment, asking the donor if they can attend on their own, where possible
- 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 that they are responsible for supervising them at all times and should follow social distancing guidelines.
- Asking donors to arrive at the scheduled time of their appointment
- 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
- Setting clear use and cleaning guidance for toilets, with increased frequency of cleaning in line with usage. Use normal cleaning products, paying attention to frequently hand touched surfaces, and consider use of disposable cloths or paper roll to clean all hard surfaces.
- Putting up a visible cleaning schedule; keep it up to date and visible.
- 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.
- Consider the particular needs of those with protected characteristics, such as those who are hearing or visually impaired.
- Providing a safety briefing of on-site protocols, rules for shared areas and key facilities, for example, handwashing
- Ensuring latest guidelines are visible and available

- Informing donors that they should be prepared to remove face coverings if asked to do so by staff for the purpose of identification or to have refreshments/fluids
- Ensuring information provided to Donors and visitors, such as advice on the location or size of queues, does not compromise their safety.
- Avoiding overrunning or overlapping appointments and contacting donors virtually to let them know when they are ready to be seen, where possible.
- Working with venue contacts to provide additional parking or facilities such as bike-racks, where possible, to help donors avoid using public transport.

Personal Protective Equipment

- Donors must always wear a face covering during the donation process. Where the donor is required to remove the face covering 2m social distance rules must be applied.
- 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. When available the wearing of masks is mandatory, at triage, when working on session to provide reassurance to colleagues and donors and during breaks if 2m social distance cannot be maintained.
- All donor carers and nurses to be trained in how to wear, use and remove masks and training package to include information on the hazard, risk and controls.
- 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, 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.
- Managers are to consider whether more staff may be needed per shift to maintain service levels while accommodating increased staff breaks.
- 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.