

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

Government advice changed in February 2022 removing all mandatory covid19 controls and mandatory requirements placed upon the public.

Healthcare sector requirements to protect vulnerable patients has meant that NHSBT is taking a more measured approach to the removal of all COVID19 controls

The NHSBT has identified that due to;

- Vaccinations impacting on hospital admissions and the numbers of deaths from covid19 related illness
- National population vaccination figures showing 85% of population has had at least 2 doses
- National Population vaccination figures showing 66% of population has had a booster dose
- Emergence of the omicron variant as the dominant variant of Covid19 and scientific evidence suggesting that it is a less severe variant particularly for fully vaccinated individuals.
- NHSBT figures showing that 80% of NHSBT employees have had at least 2 doses of the vaccine
- CO2 monitoring being undertaken at all venues to identify the level of ventilation in place.

NHSBT will relax required social distancing to 1m with the additional general mitigations when on sessions where CO2 monitoring shows the ventilation in the area means the average level of CO2 is such to create a low risk of transmission.

Where CO2 monitoring shows ventilation is moderate or poor, and the risk of transmission is high, other mitigations must be implemented on session. These will include increasing ventilation of all areas, wearing face coverings unless exempt and maintaining 1m+ additional mitigations or 2m where feasible.

Additional general mitigations still on session are outlined in this;

Hierarchy of Controls

Elimination

- Blood Donation session and Covid19 screening arrangements in place,
- MPD110/6 – Pandemic Planning – Management and Layout of Donor Sessions,
- Colleagues must not attend work if they have symptoms of Covid-19 as identified on the Government and NHS website.
 - Main symptoms include
 - Continuous cough
 - High Temperature
 - Loss or change to sense of smell/taste

- Colleagues should perform regular lateral flow tests at least twice a week prior to attending work to identify if they are asymptomatic
- Colleagues should follow the guidance for staff who are identified as a close contact of someone with COVID-19
- Colleagues must not attend work if they return a positive lateral flow test and must follow government advice on what action to take.
- COVID-19 symptom checks for 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 and parking access for disabled donors.
- Using outside spaces for queuing where available and safe, for example some car parks.
- Set up session to have separate access and egress if possible.
- Using safe outside areas for breaks

Engineering Controls

- Calculate the maximum number of donors using published guidance and airborne.cam to allow social distancing measures to be maintained and limiting the number of appointments at any one time.
- Use of CO2 monitors where appropriate to ascertain average levels of CO2 in sessions to identify levels of ventilation.
- Review total floor space as well as likely pinch points and busy areas to change.
- Review layouts and processes to maintain social distance between donors being attended simultaneously.
- Ensure there is adequate spacing (1.8m) between donation chairs and at least 1m social distancing set up of chairs in waiting areas.
- Waiting chairs can be placed back to back to achieve greater numbers in waiting areas
- Refreshment table can be removed to increase capacity of waiting donors. Where this table is removed donors should be seated in a horseshoe configuration at 1m distance between chairs
- Adjust how people move through the session to reduce congestion and contact between donors, for example, queue management with one-way flow.
- Ensure all new venues identified during the current outbreak have ability to maintain social distancing guidance and adequate ventilation.
- Maintain correct number of beds within venues to enable adequate distance between beds.

- Maintain 1m social distance in waiting areas when donors wait for their appointments. When waiting areas can no longer maintain social distancing, move to a 'one-in-one-out' policy.
- Ensure waiting donors maintain 1m social distance plus additional mitigations **during attendance on session.**
- Adapt a clinical care approach to maintain adverse events monitoring when tea table is in use.
- Arrange **seating during** mealtimes/breaks to enable staff to maintain **1m** social distance.
- Maintain **1m** Social distance during team brief or any other training.
- Implement physical changes like barriers or screens to protect colleagues in reception and welcome **at static donor centres.**
- Covid19 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.
- Keep the facilities well ventilated by fixing doors and windows open where required. **Due to temperature differentials doors and windows do not need to be fully open to improve ventilation flow.**
- 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.
- Ensure suitable handwashing facilities including running water and liquid soap and suitable options for drying are available.
- Increase visible hand hygiene using both soap and water and hand sanitiser
- Increase regular and visible cleaning of all frequently touched surfaces **as per cleanliness standards**
- Increase regular cleaning of all ICT and communication devices **as per cleanliness standards**
- Minimise how frequently equipment is shared between Donor Carers by frequently cleaning between use and assigning to an individual.
- Provide more waste facilities and more frequent rubbish clearance in the correct receptacle.
- 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

Administrative controls

- Operating an appointment-only system. No walk ins
- When booking an appointment, ask the donor if they can attend on their own,

- 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.
- 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.
- 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 **as per cleanliness standards** 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 in this area.
- Maintaining a cleaning schedule; keep it up to date and accessible.
- 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.
- 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 display posters or information setting out how donors should behave on session to keep everyone safe.
- Consider the 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 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.

Personal Protective Equipment

- Donors must always wear a face covering during the donation process unless they are medically exempt. Where the donor is required to remove the face covering **1m+ plus additional mitigations social distance** must be applied.
- The wearing of fluid resistant surgical face masks at work remains mandatory **unless medically exempt**. In team base, when travelling in NHSBT vehicles as per the risk assessment, during the load and unload of vehicles, at triage, when working on session, during training and during breaks to provide reassurance to colleagues and donors.

- 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.
- If supply totally interrupted the level of risk is still low due to other control measures in place such as maintain social distance, one way system, ventilation with correct air flow.

Information on wearing Surgical face masks during warm/hot weather

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. 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 **as per cleanliness standards**.
- Managers to ensure **face shields**, 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.