



Guidance on Social Distancing within the Workplace

March 2021

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Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments or linkages to other documents.

The subject matter of this guidance is constantly evolving and is therefore a live document, as the Government advise changes, as we progress through the Phases of easing lockdown.

The content of the guidance was accurate at time of publication and every effort will be made to maintain that accuracy.

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Introduction

1. The health, safety and wellbeing of our staff, patients and visitors is at the forefront of this guidance to ensure we can deliver our services whilst maintaining appropriate social distancing in all the different settings within NHS Greater Glasgow and Clyde (NHSGGC).
2. Government guidance for employers and staff, regarding working safely during COVID-19, and the requirement for social distancing, outlines key principles to be considered for use within the workplace. These key principles will inform the actions and controls required to be taken as a result of making an assessment of risk within each area; department or service. Local managers in conjunction with Estates and Facilities and local health and safety trade union representatives should work collaboratively in assessing and identifying control measures where there are shared buildings, departments or common areas. Breaks require to be staggered both within and between departments and services using canteens, tea rooms or rest areas.

This applies to our Acute, Health and Social Care Partnerships and Corporate areas. This guidance should be read in conjunction with other relevant guidance on Infection Prevention and Control and PPE, as well as separate guidance specifically in relation to our Health and Social Care Partnerships. All up to date guidance, including the organisation COVID-19 risk assessment, is accessible via the Boards website. <http://www.nhsggc.org.uk/COVID19>.

Whilst this Guidance Document is intended to provide a set of general principles and guidelines for NHSGGC it is recognised that there are areas which have agreed wider and more specific working arrangements. This is particularly within Health and Social Care Partnerships where staff should ensure that they use professional judgement in relation to home visits etc. across all community delivered services. Specific guidance is linked later in the document.

3. Government advice for COVID-19 requires employers to work through the following steps in order:
 - If you are able to perform your job from home you should do this.
 - Where working from home is not practicable, local managers in conjunction with staff should make every effort to comply with the social distancing guidelines set out by the government (keeping people 2 metres apart wherever possible).
 - Strict hygiene measures must be followed.
 - The wearing of face masks or coverings as per [Government guidance](#) (additional guidance on face mask/coverings exemptions can be found at [Face Covering Exemption Card Scotland](#))
 - Where the social distancing guidelines cannot be implemented in full, in relation to a particular activity, consideration must be given as to whether that activity needs to continue for the service to operate, and if so, an appropriate risk assessment should be in place and application of specified control measures.
 - Further mitigating actions may include:

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- Increasing the frequency of hand washing and surface cleaning.
 - 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 (rather than face-to-face) whenever possible.
 - Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).
 - Use of personal protective equipment (PPE) as per Health Protection Scotland (HPS) guidance
 - Minimise use of hot desking.
4. There are some clinical conditions or other factors which put people at an elevated risk of illness from COVID-19. People at elevated risk are listed in Appendix 1 along with specific guidance that should be followed to mitigate this risk.

Self-Isolation

5. Staff require to be reminded to follow government guidance regarding self-isolation, if they or a member of their household are experiencing symptoms of COVID-19. Staff should also refer themselves or their family member for testing directly or via their line manager. Guidance is available on the Boards' website <http://www.nhsqgc.org.uk/COVID19>.
6. Where staff are isolating due to a household member having symptoms, they may be able to work from home if they are asymptomatic.

Equality

7. Any control measures implemented by us will ensure that the requirements of health and safety and equality legislation are adhered to at all times. Regular communication with staff will be vital to ensure that no individual or group is discriminated against, disadvantaged or put at increased risk through actions taken or controls implemented.

NHSGGC staff that cannot work from home should adhere to the following guidance:

Travelling to or within work

8. Staff should:-
- Stay at home if you or anyone in your household is experiencing coronavirus symptoms or if you are self-isolating.
 - Familiarise yourself with Scottish Government test and protect guidance and consider downloading the free contact tracing app.
 - You should only travel in a vehicle (car/ van etc) with those from your household or extended household.

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Within work we recognise that there may be occasions where operationally you may have to travel with colleagues or others outwith your household, e.g. patient escorts. On such occasions, you should:

- keep to small groups of people
- keep your distance when entering and exiting the vehicle
- sit as far apart as possible in the vehicle, avoiding face-to-face
- maintain good ventilation by keeping windows open when safe to do so.
- wear a face mask , unless you are exempt
- if the vehicle is your responsibility, clean the door handles and other areas that people touch
- if you regularly share transport whether it is a car or minibus or other private vehicle, try and share with the same people each time

Wash your hands thoroughly with soap and water or use a hand sanitiser before and after every transport journey.

Arriving at or leaving work

9. NHSGGC staff must maintain a distance of 2 metres from others at all times. Staff should wash, or sanitise their hands, in line with government guidance, on arrival and when exiting their workplace. Upon entry to buildings face coverings should be worn, in line with government guidance. Entrances and exits to buildings and departments can be congested at certain times, therefore staggering arrival and departure times within departments and services within our premises should be part of the assessment by local managers to reduce crowding and staff pinch points, and agreed with staff.
10. Staff are encouraged to walk, run or cycle to work; local managers are asked to accommodate this and where appropriate link with Estates and Facilities to consider additional parking/storage facilities or time to accommodate this. Staff should not travel to work in their uniform as per NHSGGC policy. Where possible local managers in conjunction with Estates and Facilities should consider increasing the number of entrances or exits to departments and buildings, which could include the use of fire doors where appropriate (ensuring security and fire safety are not compromised).
11. All areas require to consider the introduction of one-way flow systems for staff at entrances and exits, tape or other markings should be used to facilitate this. Keypads should be deactivated where security is not compromised, where this is not possible increased cleaning and disinfection will be required as well as increased staff hand washing/sanitising when using security features.

Moving around the department/building

12. NHSGGC staff should refrain from any unnecessary movement or trips between buildings, or in and around the buildings and departments that they work in. This may include restricting access to some areas or sites. When moving around within any of our buildings a face covering should be worn, in line with government guidance. Local managers should encourage the use of telephones, radios, or

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Teams to facilitate communication. All equipment should be cleaned in line with IPC policy and guidance.

13. Job location and rotation should be reduced to the minimum required for safe service provision. Lifts and room occupancy capacity will require to be reduced to ensure social distancing can be achieved, refer to Appendix 2 for Guidance on establishing maximum numbers of staff within workplaces. Where possible staff should be encouraged to use stairs. Rooms and lifts should be marked with maximum occupancy numbers.
14. Within all areas of buildings, services and departments, the provision of appropriate distance markings and hand washing/sanitising facilities will need to be provided. Where floor markings are used these will require to be inspected on a regular basis. Where tape or other stickers begin to lift or curl they must be replaced immediately.

Where required senior staff, team leads, supervisory or identified staff should be appointed to regulate and oversee the use of high traffic areas (corridors, foyers, entrances etc.) at busy times to ensure social distancing is maintained.

Ventilation

15. Recent government guidance indicates that good ventilation can help reduce the risk of spreading Coronavirus.
16. Identify poorly ventilated areas within your department.
 - Look for areas where there is no mechanical or natural ventilation, such as windows and vents that are not open or areas that feel “stuffy” or smell badly.
 - Check that any mechanical ventilation is working correctly.
 - Check ventilation grilles and clean and free from dust and debris and cleaning and maintenance regimes are up to date.
 - Where no mechanical ventilation is provided, natural ventilation can be gained through opening windows doors or vents. Work areas without mechanical ventilation should be aired as often as possible.
 - Remember - Fire doors should never be propped open.
17. Certain Units/Wards may require specialist input regarding specific information/guidance on required “Air changes” within an area (liaise with Infection Control).
18. Liaise with Estates Department if additional guidance required.

Within the department (workstations)

19. Workstations should be arranged so that the 2 metre social distancing requirements can be met, refer to Appendix 2. Local managers should review layouts and processes to allow for workstations to be moved further apart where

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required. Floor tape, paint markings or signage to be used to facilitate compliance with social distancing.

20. If this is not possible local managers should assess whether the activity needs to continue. If the activity does need to continue, mitigating actions will need to be put in place, such as; arranging staff to work side by side or facing away from each other rather than working face to face; or managing occupancy levels within departments. Desks and workstations should be assigned to individual staff members and not shared. If this cannot be achieved desks and workstations should be shared among the smallest number of people possible, with cleaning regime implemented between each use. Generally speaking, detergent wipes are sufficient in non-clinical areas, although alcohol or disinfectant wipes may also be used. Hand washing or sanitising facilities should be readily available within each area.
21. Working from a hot desk or touch down station should be avoided where possible. If staff do require to use hot desk, touch down stations, meeting rooms etc, the workstations and equipment must be wiped down between each use as detailed above. Within all work areas frequent cleaning of equipment, objects and surfaces that are touched regularly must be in place and any waste items disposed of appropriately. The frequent use and handling of equipment or materials by staff should be restricted or limited as much as possible.

Toilets

22. The provision of sufficient numbers of toilets in a workplace has been covered by the Workplace Health Safety and Welfare Regulations 1992 for many years. Further NHS GGC guidance can be found on HR Connect. The issue for local managers to consider as part of assessing the workplace will be the need to ensure the hygienic cleanliness of the toilets and the adequacy of the current cleaning regime.
23. Managers and staff will need to collectively manage access to toilets ensuring social distancing is achieved.

Meetings

24. Within NHSGGC, in-person meetings should not take place unless there can be appropriate distancing within the meeting room. Meetings should be held remotely where possible, even if attendees are within the same building. If meeting in person is unavoidable, 2 metre social distancing must be maintained throughout (floor markings or signage can be used to facilitate) and the meeting attended by the minimum number of attendees. Organisers of face to face meetings should be clear in advance on the maximum number of attendees and ensure it is not exceeded. Attendees should bring their own materials and equipment to meetings with papers etc. being provided electronically. Attendees at meetings should not share equipment or materials. Meetings should be held in large open areas and be well ventilated whenever possible.

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Common areas (reception, toilets, kitchens, canteens, foyers and circulation areas)

25. Local managers in conjunction with Estates and Facilities and local health and safety trade union representatives should work collaboratively in assessing and identifying control measures where there are shared buildings, departments or common areas. Breaks require to be staggered both within and between departments and services using canteens, tea rooms or rest areas, and should be agreed with staff.
26. Staff are encouraged to use safe outside areas within grounds or environs for breaks ensuring social distancing is maintained at all times. The creation of additional break areas, freed up within services and departments, through staff working remotely, should be implemented where possible.
27. Estates and Facilities in discussion with local managers will review food outlets assessing the need for the provision of services; and where possible the requirement to provide take away services rather than fully operational canteen facilities. Seating and table configurations within all canteen, break or rest areas to enable 2m social distancing and reduce face to face interactions. This will be reviewed through the Governments lockdown phases. Within Canteen areas ward based staff must wear medical facemasks, if unable to socially distance from others.
28. Systems require to be implemented to regulate the use of staff showers, changing areas or locker rooms etc. to ensure concurrent usage is minimised and that appropriate cleaning and disinfection procedures are in place. These discussions should take into account feedback from staff in the areas.
29. Where risk assessed as being required, screens will be fitted to reception or similar areas to protect staff that interact with others. Where screens are installed there requires to be clear guidance on the cleaning of the screens on a daily basis. A cleaning procedure is referenced in Appendix 3.
30. Hand washing or sanitising facilities to be provided for staff handling packages handed to them from the public. Staff's personal storage of clothing or other items should be facilitated by the provision of appropriate personal storage space, where available.
31. Within all common areas (especially toilets and circulation areas) appropriate cleaning, disinfection and waste disposal systems of work must be in place, and where required enhanced, paying particular attention to those parts that are frequently touched or handled by staff and others such as door facings, handles, taps, keypads or intercoms etc.
32. Posters as agreed by NHSGGC should be displayed prominently within all areas to encourage good personal hygiene practices such as hand washing, avoidance of face touching, using tissues for coughs and sneezing and binning appropriately.

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33. Hand sanitiser will be readily available from procurement and must be available within all areas, services and departments in addition to those in toilets and washrooms. Signs and floor markings to be used to ensure, where possible, that social distancing requirements are adhered to.

At no time must internal Fire Doors be wedged open.

Clinical Settings – Acute, Mental Health and Community Clinics

34. NHSGGC has a duty of care to all employees, patients, visitors and contractors. Patients will be care for in a variety of settings due to the layout of our hospitals.
35. Patient placement will be in accordance with the SOP for patient pathways and PPE in accordance with Health Protection Scotland (HPS) guidance.
36. To ensure patient, staff and visitor safety, visiting arrangements have changed in response to the COVID-19 prevalence. This will continue to be reviewed by the Board based on Government guidance.
37. Special arrangements will be made to accommodate the following essential visitors:
 - Parents of children who are inpatients or attending an outpatient appointment. Parents must remain with their child at all times
 - One person to support someone with a mental health issue such as dementia, a learning disability or autism where not being present would cause the patient to be distressed
 - One family member of those receiving end of life care

Outpatient Departments – Acute, Mental Health and Community Clinics

38. Consideration should be given to the avoidance of face to face clinical assessments where possible. Patients must be reminded that they should not attend for any appointment if they or a member of their household have symptoms of COVID-19.
39. There are three potential options for new patient assessments:
 1. Assessment using Attend Anywhere / Near me: A virtual consultation using Attend Anywhere / Near me is likely to be more advantageous for new patient assessments when compared to a telephone assessment.
 2. Telephone assessment: A comprehensive new patient assessment by telephone is likely to be challenging given the obvious constraints but an enhanced triage and focussed assessment can be undertaken in individuals who are unable to use attend anywhere
 3. Face to face assessment: When neither a virtual consultation nor a telephone assessment is possible or suitable, for example due to the individual mental state, a face to face assessment might be necessary. Where possible this must

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be undertaken at base and after initial contact having been made by phone to undertake a COVID risk assessment as per Appendix 4.

40. Criteria for face to face assessment (this will not cover all scenarios and used to guide individual clinical judgement)
 - The person cannot manage a video or telephone call due to not having required equipment
 - The nature of the appointment requires a physical examination
 - The person requires an interpreter or has communication difficulties that would make a remote assessment not viable
 - High complexity or risk to self or others
 - Certain circumstances such as psychosis, cognitive impairment and incapacity should warrant automatic consideration of face to face assessment.
 - An unsuitable home environment which would make a remote assessment inappropriate for e.g. concerns about domestic violence, lack of privacy
41. The use of screens at receptions desks should be risk assessed with consideration of the guidance previously noted in this paper. Screens should only be considered once mask use has been factored into the risk assessment noting that for reasons such as health issues the wearing of masks may not be feasible. Waiting areas should be adapted to allow patients to remain 2 metres apart. Where clinical assessment rooms are not suitable to accommodate social distancing or treatments/assessments require close contact between patients and clinical staff, the use of PPE should be as per HPS guidance.
42. Patients should attend for appointments on their own unless they are unable to do so. A single carer can accompany them if required.

Community Settings

43. The Scottish Government has published guidance on the management of community based clinical services during the current pandemic. This Guidance is regularly reviewed and updated as required. The guidance can be found at: <https://www.gov.scot/publications/coronavirus-COVID-19-nursing-and-community-health-staff-guidance/>
44. Health and Social Care Partnership Staff should ensure that specific guidance is followed in relation to face to face visits, and that professional judgement should be used to assess service delivery arrangements.

Specific guidance for NHSGGC in relation to Children and Families and Adults can also be found here:

- COVID-19 NHSGGC Summary Guidance for Health Visiting, School Nursing and Family Nurse Partnership Service.
- COVID-19 NHSGGC Summary Guidance for Adults

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Professional judgement and consideration should also be given to delivery of mass immunisation programmes for NHSGGC.

45. Independent contractors (General Practitioners, Dentistry, Pharmacy and Optometry) may wish to use this guidance as a reference in their role as employer and service provider along with any other specific primary care guidance. This particularly applies where NHSGGC staff are based within those locations. Practices in Health Centres should engage with local Health Centre managers on the implementation of social distancing measures as part of overall Health Centre plans.

Accidents/Emergency Situations

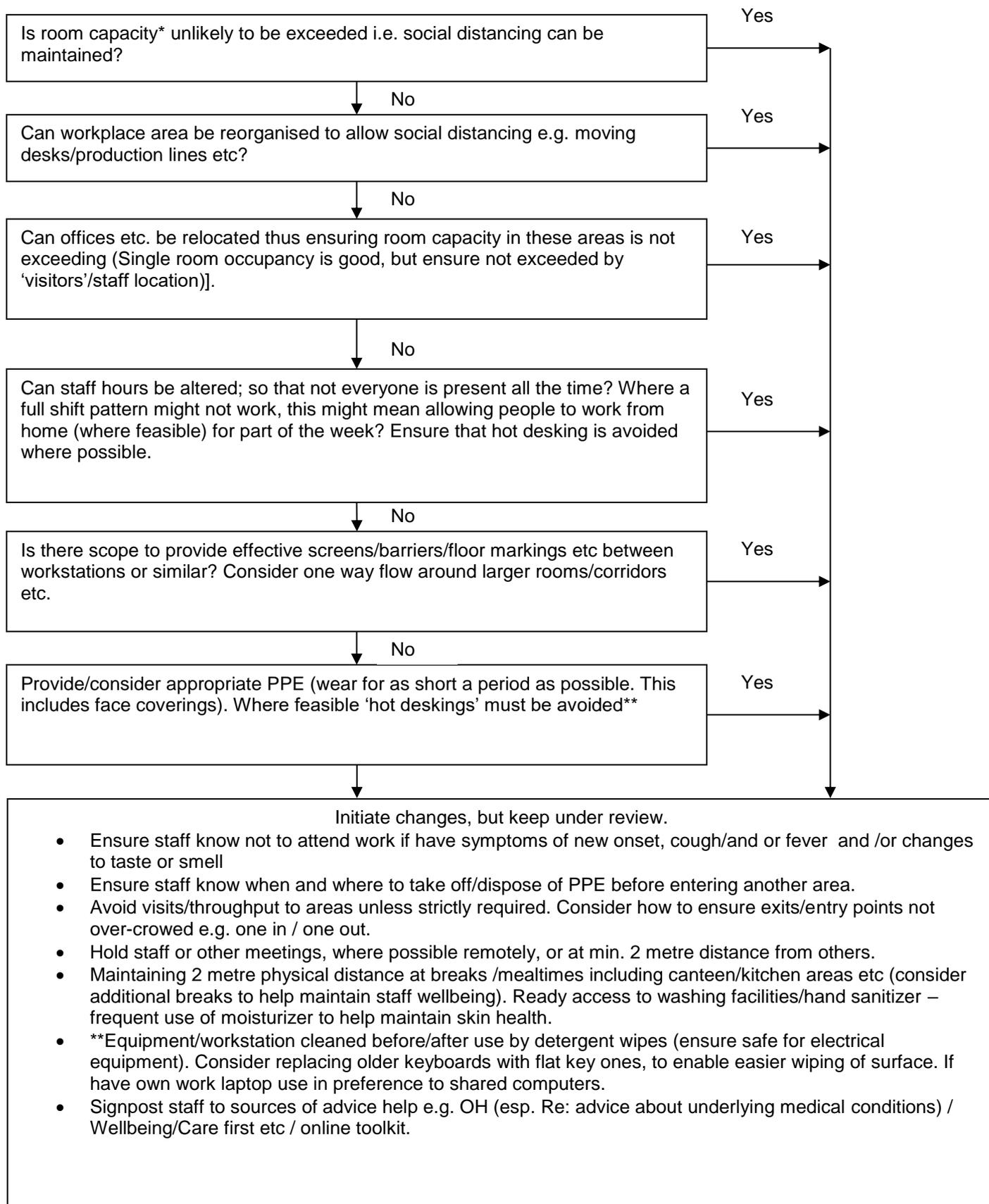
46. During emergency situations such as attending an accident, administering first aid or dealing with a fire situation it is not expected that NHSGGCs staff adhere to the social distancing requirement of staying 2 metres from others, if it would be unsafe to do so. First aiders and staff providing assistance to others should ensure that they maintain high standards of hand hygiene and sanitation afterwards. If necessary workers are recommended to use appropriate PPE.

Social Distancing in and around the Workplace <i>With patience and co-operation, we can all do our part.</i>	
1	Use online conference, MS Teams, email or the phone when possible, even when people are in the same building. In-person meetings should not take place unless there can be appropriate distancing within the meeting room.
2	Unavoidable in-person meetings should be short, in a large meeting room where people can sit at least 2 metres from each other; avoid shaking hands and physical contact.
3	Eliminate unnecessary travel and cancel or postpone non-essential meetings, gatherings, and training sessions.
4	Do not congregate in staff rooms, kitchens, around copiers or other areas where people socialise and eat lunch away from others. Minimise hot desking. Keep 2 metres apart..
5	When speaking with colleagues please respect personal space, do not hang over desks and keep 2 metres apart .

Algorithm – hierarchy of control measures

Coronavirus: hierarchy of control measures

(Regardless of measures, strict hand hygiene must be observed at all times)



Staff members at Higher Risk

Managers should undertake the Occupational Health Risk Assessment in consultation with the member of staff who falls within this category. This is particularly relevant to those who are returning to work after shielding, those who are returning to normal duties after COVID-19 related restrictions, or anyone who has a concern about a particular vulnerability to COVID-19.

As part of this undertaking, the specific control measures identified and how they will be managed should be discussed and agreed.

Should managers require further information in this regard, reference should be made to the Occupational Health department through: Occupational.Health@ggc.scot.nhs.uk

Pregnant Workers

Every pregnant worker must have a risk assessment with their manager, which may involve occupational health. We should modify the working environment to limit contact with suspected or confirmed COVID-19 patients to minimise the risk of infection as far as possible.

Pregnant women can only continue to work in direct patient-facing roles if they are under 28 weeks' gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment and deployment to suitable alternative duties. Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency units) carry a higher risk of exposure to the virus for all healthcare staff, including pregnant women, through the greater number of aerosol-generating procedures (AGPs) performed. When caring for suspected or confirmed COVID-19 patients, all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with patients with suspected or confirmed COVID-19 infection.

Healthcare workers after 28 weeks' gestation or with underlying health conditions

For pregnant women from 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home.

Staff in this risk group who have chosen not to follow government advice and attend the workplace must not be deployed in roles where they are working with patients. Services may want to consider deploying these staff to support other activities such as education or training needs (e.g. in IPC or simulation).

Staff from Black, Asian and Minority Ethnic (BAME) Backgrounds

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All BAME staff with underlying health conditions and disabilities, who are over 70, or who are pregnant should be individually risk assessed (which can be accessed [here](#)), and appropriate reasonable or workplace adjustments should be made following risk assessment. Depending on the outcome of the risk assessment, this could include placing staff in green rather than red zones, into non-patient facing roles, or asking them to work for home, where this is possible.

Appendix 2

Guidance on establishing maximum numbers of staff within workplaces

Room occupancy

Physical distancing requires, where feasible, 2 metres distance between colleagues. In order to gauge the maximum number of occupants of an office etc. it may be as simple as measuring out 2 metres between and around each occupant.

Any surplus seating and/or equipment should be removed and the final occupancy figure you arrive is signposted on the door.

If a room is reconfigured, ensure that fire-exits are not blocked; people can still move about easily and that those with disabilities are not restricted.

Where, despite reconfiguration etc the maximum number of staff is likely to be exceeded then please refer to algorithm and consider other options to reduce risk e.g. working from other offices/barriers between work stations etc.

Calculation and examples

The following calculation is suggested as an alternative, however it should be noted that this may give a different capacity.

Estimate (using calculation below) maximum standing occupancy for an empty room. This gives a number that must not be exceeded, but in reality the number of occupants will be less once furniture/equipment is factored in.

Measure or estimate length and width of room in metres –multiply to give the metres². Please note that the calculation does not apply for single occupancy areas / offices.

Use the area in m² and divide by 12, then add 2 - this assumes each individual has a 2 metre radius circle around them (an area of approx. 12.57 m²) and the addition of 2, factors in people who might be located in corners of rooms who would only require about half that area.

This will give a very rough approximation of the maximum number of people standing in an empty room might accommodate. The final number that can be accommodated will be less than this and dependant on furniture etc.

Even when an occupancy limit looks reasonable, be careful how a room is configured as the example below shows.

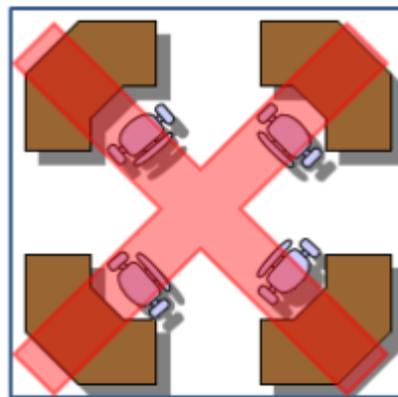
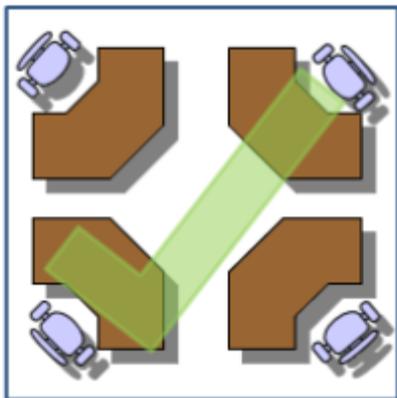


Figure 1 – adequate physical distancing Figure 2 – not adequate - staff are too close

For rooms with an unusual shape you may need to consider it in sections. In the example below a room is 10 metres long and 6 metres wide at one end and 3 metres wide at the other.

The room can be split into two 'rectangles' and the area for each calculated:
 $10 \times 3 = 30\text{m}^2$ and for the smaller rectangle $3 \times 5 = 15\text{m}^2$.

The larger rectangle might accommodate $30 / 12 + 2 = 4$ (ignoring fractions) and the smaller $15 / 12 + 2 = 3$ (ignoring fractions) giving a total of 7 people. However, as this is one room the actual final number will be less as they are not isolated spaces and reduced further when desks etc considered. Nevertheless it gives a starting point.

Appendix 3

Procedure for Cleaning Perspex Partitions

1. Perspex partitions require to be cleaned as part of the routine daily clean and can also become contaminated should someone accidentally cough or spit on the screen during talking
2. Cleaning method:

Routine cleaning:

Staff PPE:

Disposable apron and single pair of disposable gloves.

Cleaning product / materials:

Alcohol wipes

Method:

Don apron and gloves and use detergent wipes to wipe over Perspex surface. Dry surface with disposable cloth or allow to air dry. Discard cleaning materials into domestic waste bin. Discard apron and gloves into clinical waste bin and perform hand hygiene.

(This method can be used as part of a departmental clean)

Clean following exposure to body fluids:

Staff PPE

Disposable apron, gloves, FRSM and risk assessment for eye goggles / visor

Cleaning products /materials

Chlorine based detergent (1,000 ppm solution reconstituted as per manufacturer's instructions) and disposable cloth or Clinell Universal wipes.

Method:

Don PPE and use cleaning product as above to wipe over Perspex surface. If a chlorine product is used, rinse the surface with a disposable cloth dampened in clean water. Dry the surface with disposable cloth or allow to air dry. Discard cleaning materials into the clinical waste bin along with PPE and perform hand hygiene.

COVID 19 Social Distancing and Workplace Risk Assessment

This risk assessment has been developed to enable local Managers in conjunction with staff to undertake a specific risk assessment to identify risks and suitable control measures in order to reduce the risk associated with COVID-19 in the workplace as low as is reasonably practicable.

Government advice for COVID-19 requires employers to work through the following principles in order:

- Work from home where possible
- Where working from home is not practicable, local managers in conjunction with staff should make every reasonable effort to comply with the 2 metre social distancing guidelines
- Strict hygiene measures must be adhered to.
- The wearing of face masks or coverings as per [Government guidance](#).
- Where the social distancing guidelines cannot be implemented in full, consideration must be given as to whether that activity needs to continue for the service to operate, and if so, an appropriate risk assessment should be in place and application of specified control measures.

The risk assessment is based on the “Guidance on Social Distancing within the Workplace” document and completion will ensure that the guidance within the document is being followed. In utilising the assessment managers should confirm that risks have been addressed or are outstanding and therefore identify the necessary actions required.

How to Use this Assessment – refer to the Social Distancing Implementation Plan

A risk management approach should be adopted, which should look to include;

- Reduce the numbers of people who may be potentially exposed at any time.
- Create or maintain social distance through reviewing layout.
- Adhere to Government guidance in regards to the use of face masks and face coverings in hospitals and care homes which will be applied across NHSGGC.

Where it is identified that these measures are not sufficient, additional controls should be explored including:

- Introduction of barriers or screens where the 2 metre distance cannot be maintained.

The wearing of Personal Protective Equipment as per Health Protection Scotland Guidance.

Completed assessments should be kept in the departmental Health & Safety Management Manual and action plan escalated through service management.

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For assessments that identify issues requiring support from Estates and Facilities; complete the Request Form (Page 21) and submit the form to Site and Estates Facilities Lead. A contact list has been created in support.

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Area/Department	
Description of Activity	
Who could be affected?	

Risk Details Considerations	Yes / No / N/A	Comments / Description of Controls or Action Required
Elevated risk and Self-isolation Individuals who fall within the elevated risk categories should follow specific guidance detailed in the Social Distancing within the Workplace guidance document. If individuals or their family members show symptoms they should follow government guidance regarding self-isolation and refer themselves or family members for testing. Guidance is available on the Boards website: http://www.nhsggc.org.uk/COVID19 .		
Are local managers aware of the common symptoms of the Coronavirus and aware of the action to take if an individual presents symptoms?		
Are managers aware of the procedures for responding to individuals who have self-isolated but are ready to return to work? <i>Advice available from HR and Occupational Health</i>		
Are local managers aware of the well-being support available to staff? <i>Refer to the NHSGGC Staff Health Strategy</i>		
Travelling to and within Work - Staff should be made aware of the guidance related to travelling to and within work and the control measures that should be adopted where 2 metre social distancing cannot be maintained.		

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Arriving, leaving and moving around the Workplace - 'Social distancing' requires that people remain at 2 metres or greater distance apart.		
Have arrangements been made to accommodate increased arrival by foot or cycle?		
Are start/finish times staggered and agreed with staff to reduce footfall of people?		
Is there suitable signage and visual reminders of protocols displayed? <i>Standardised signage at entry point, posters throughout and instructions for patients and visitors detailed on letter, email, website etc.</i>		
Are there a sufficient number hand hygiene stations situated throughout? <i>In line with Infection Prevention and Control Guidelines.</i>		
Are the numbers of people entering into your department and flow of people within it restricted? <i>Consider separate entrance and exit points to minimise contact and introduction of one way flow around the department.</i>		
Have the number of people within the department been reduced to increase physical distancing? <i>Consider staff, patients and visitors.</i>		
Are staff able to stop undertaking any tasks that prevent distancing being maintained? <i>Are there any non-service critical tasks that can be stopped and help maintain distancing.</i>		
Are lunch and break times staggered to reduce the number of people in communal areas agreed with staff?		
Are any physical measures required to manage workplace? <i>Consider:</i> <ul style="list-style-type: none"> ▪ <i>Residual risk following the use of face masks and face coverings as per Government guidance</i> 		

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<ul style="list-style-type: none"> ▪ <i>reconfiguration of workspace and equipment</i> ▪ <i>installing barriers, screens and floor markings to implement one-way systems (where feasible) or physical barriers to create segregation.</i> 		
<p>Is there a regime in place to monitor and enforce social distancing? <i>It is essential that a culture of positive challenge is encouraged and managers lead by example.</i></p>		
<p>Within the Department: Workstations and Meetings Government advice includes regular handwashing and good hygiene practices and cleaning of surfaces. Rooms that would normally bring people close together such as meeting/conference and training rooms need to be considered.</p>		
<p>Are there keypads at entrances and exits that require skin contact? <i>Keypads should be deactivated where security is not compromised. Where this is not possible increased cleaning regimes and disinfection will be required.</i></p>		
<p>Are facilities provided for washing hands or using a sanitiser on entry to or before leaving a location? <i>Consider areas such as the egress of stairwells to ensure the avoidance of inherent safety measures e.g. the use of handrails.</i></p>		
<p>Have touch points been identified and enhanced cleaning regimes implemented? <i>Key touch points include: handrails, door handles, switches, printers/photocopiers, kitchen facilities and toilet / handwash facilities, waste bins etc</i></p>		
<p>Is there opportunity for fresh air flow within areas or other form of ventilation? <i>Staff should be encouraged to use open windows in shared working areas to increase air flow, where possible.</i></p>		
<p>Are there suitable storage, allowing segregation of outer wear to avoid potential cross contamination?</p>		
<p>Are office and meeting room area occupancy numbers limited sufficiently to allow for the 2 metre distancing? <i>Measure out 2m</i></p>		

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<i>between workstations- Refer to Appendix 2 Guidance on establishing maximum numbers of staff within workplaces.</i>		
Are face to face meetings being reduced as much as possible? <i>Video conferencing and telephone should be utilised above face to face where possible.</i>		
Are 'hot desks' in use? If so, are they cleaned between use? <i>Hot desk areas should have appropriate instructions displayed for safe use with cleaning materials available. Hot desking should be avoided where possible.</i>		
Are staff allocated personal stationery items to minimise the need for sharing?		
Are hand sanitisers provided for general use?		
Common Areas (receptions, toilets, kitchens, canteens etc) Local managers in conjunction with Estates and Facilities should work collaboratively in assessing and identifying control measures where there are shared buildings, departments and common areas.		
Have shared, common and patient treatment and waiting areas been identified and arrangements to coordinate usage to maintain 2 metre social distancing? <i>Consider reconfiguration of the layout, floor markings and /or the need for physical barriers. In line with current Government guidance, there should be a gap of at least 2 metres between each bed, couch, etc</i>		
Have outside areas that could be used for break times been identified and communicated to staff?		
Where showers, lockers and changing areas are present have arrangements been developed to coordinate usage whilst maintaining 2 metre social distancing? <i>Consider reconfiguration of the layout, floor markings and /or the need for physical barriers.</i>		
Are works that require individuals to work within 2 metre been assessed for criticality? <i>Are there any non-service critical tasks that can be stopped and help maintain distancing.</i>		

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Where working within 2 metre is required has the close working time been reduced as much as is possible? <i>Infection Prevention and Control guidance.</i>		
Where staff cannot maintain 2 metre distancing, review PPE requirements. Health Protection Scotland Guidance on PPE		
Are controls in place to manage risk to staff from wearing PPE? e.g. <i>Dermatitis risk from wearing PPE and hand hygiene. Refer to health surveillance policy and guidelines. Also potential for increased heat stress to staff wearing full PPE (Gowns, FFP3 etc) - increased breaks away from having to wear PPE may be required, together with rehydration.</i>		
Are there other areas where screens, curtains or other physical barriers for tasks where the 2 metre distance cannot be maintained required?		
Other Health & Safety Considerations It is essential to ensure that health and safety risks aside from the hazard associated with COVID-19 continue to be controlled.		
Do any existing Risk Assessments require to be reviewed due to COVID-19/ Social Distancing? Including Fire Evacuation plans		
First Aid: Are First Aiders provided with additional PPE?		
Is safety related training being maintained / updated?		
Are safety briefs and inspections still being undertaken?		

Issues Identified	Action Plan	Responsible Person(s)	Due Date

Completed by		Date	
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Title		Date for Review	
Were staff involved in the development of the Risk Assessment (Y/N)			
How are staff informed of the findings of the Risk Assessment – Detail how e.g. safety brief, tool box talk, reading and sign off			

Estates and Facilities Support Request Form

Area/Department	
Priority Category	

Support Required i.e. barrier or screen	No.	Responsible Person(s)	Date Required