Guidance on Physical Distancing within the Workplace

September 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 that will be reviewed and updated as the Government advice changes.

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 physical 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 physical distancing, outlines key principles to be considered for use within the workplace.

   This guidance should be read in conjunction with the “Addendum to Guidance on Physical Distancing with NHS GGC” which is available here. This addendum describes the physical distances to be maintained within NHS GGC. These distances have been approved by the Strategic Executive Group.

   The 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 organisational 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.

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 physical distancing guidelines, established by the government and approved by the Strategic Executive Group (refer to the Addendum).
   • 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 physical 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:
  • 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.
  • Reduce 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 NHSGGC Infection Prevention and Control PPE guidance
  • Minimise the 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.nhsggc.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. [NHSGGC: COVID-19 (Coronavirus) - For NHSGGC Staff](https://www.nhs.glasgow.scot/coronavirus-covid-19/for-staff/)
   - 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.

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:
   - wear a face mask / covering
   - 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
   - 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 should maintain a physical distance 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 mask/covering should be worn, in line with government guidance.** Local managers should encourage the use of telephones, radios, or Teams to facilitate communication. All equipment should be cleaned in line with Infection Prevention and Control 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 physical distancing can be achieved. 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 physical 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 physical distancing requirements can be met. Local managers should review layouts and processes to allow for workstations to be moved further apart where required.

   Floor tape, paint markings or signage to be used to facilitate compliance with physical distancing. The general provisions on workspace dimensions as detailed within the Workplace Health Safety and Welfare Regulations 1992 continue to apply. Further NHS GGC guidance can be found on HR Connect [NHSGGC: Policies, Guidance Documents & Forms](#).

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 physical distancing is achieved. Signage should also be included as part of this approach.

Meetings

24. Within NHSGGC, meetings should be held remotely where possible, even if attendees are within the same building. If meeting in person is unavoidable, physical 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.

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 necessary the requirement to provide take away services rather than fully operational canteen facilities. Seating and table configurations within all canteen, break or rest areas should be configured to enable physical distancing and reduce face to face interactions. This will be reviewed through the Governments lockdown phases.

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. Appropriate signage should be displayed reminding staff that face masks should be worn where practicable, e.g. in changing and locker rooms.
29. Where risk assessment deems them to be 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 2.

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.

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 physical distancing requirements are adhered to.

At no time must internal Fire Doors be wedged open.

Clinical Settings – Inpatient (Acute, Mental Health etc.)

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 and updated by the Board based on Government guidance.

Outpatient Departments – Acute, Mental Health and Community Clinics

37. 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.
38. 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 focused 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, a face to face assessment might be necessary. Where possible this must be undertaken at base and after initial contact having been made by phone to undertake a COVID risk assessment.

39. 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

40. 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 face mask use and distancing has been factored into the risk assessment noting that for reasons such as health issues the wearing of face masks may not be feasible.

41. Waiting areas should be adapted to allow patients to maintain physical distancing.

42. Where clinical assessment/treatment rooms are not suitable to accommodate physical distancing or treatments/assessments require close contact between patients and clinical staff, the use of PPE should be as per HPS guidance.

43. Patients should attend for appointments on their own unless they are unable to do so. A carer can accompany them if required.
Community Settings

44. 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/

45. 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 Adults

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

46. 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 physical distancing measures as part of overall Health Centre plans.

Accidents/Emergency Situations

47. 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 physical distancing requirement 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.
Appendix 1 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 including inability to wear any PPE or face mask exemption.

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.

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 must wear appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with patients with suspected or confirmed COVID-19 infection.

Pregnant healthcare professionals should now be following UK Government Guidance Coronavirus (COVID-19): advice for pregnant employees - GOV.UK (www.gov.uk) which is applicable in Scotland. Any pregnant staff member, who is currently shielding, should have their arrangements revisited to ensure current arrangements in place are suitable and to ensure that considerations for local redeployment or home working have been exhausted. The local workplace risk assessment, enhanced return to/remaining at work form and Maternity Risk Assessment Form should be completed and discussions should take place between the employee, line manager and OHS (If applicable) with regards to any associated risks and mitigations should be discussed. This includes revisiting existing arrangements with staff already shielding. If the risk assessments indicate a high level of risk; a non-patient facing role/home working/local redeployment should be considered. Only after these options have been exhausted, should an employee be placed on COVID Special Leave following a discussion with HR.

Any employee, over 28 weeks who wishes to remain at work within a patient facing role, should have an effective risk assessment and a discussion should be had with OHS first.
Staff from Black, Asian and Minority Ethnic (BAME) Backgrounds

All BAME staff with underlying health conditions and disabilities, who are over 70, or who are pregnant should be individually risk assessed 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 from home, where this is possible.
Appendix 2 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, FRSMS 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.