

Applies to: ALL STHK	Staying Covid-19 Secure in 2020 (Offices) Assessment Form	FO-SHE- STHK_1.02
Classification: Internal	Uncontrolled if printed	Rev: 1.00



WE ARE COVID SECURE

We confirm we have complied with the government's guidance on managing the risk of COVID-19

Five steps to safer working together

- We have carried out a **Covid-19 risk assessment** and shared the results with the people who work here
- We have **cleaning, handwashing and hygiene procedures** in line with guidance
 - We have taken all reasonable steps to **help people work from home**
 - We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- Where people cannot be 2m distance apart, we have done everything practical to **manage transmission risk**

Department:

Date:

Signed by:

Designation:

Risk Assessment		Date : 15/06/20
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Assessment for:	By:	Date:	Reviewed:
			Reviewed by

Introduction

In order to reduce work place risk to the lowest reasonably practicable level by taking preventative measures will ensure everybody's health and safety is protected.

Where it can be demonstrated that a hospital work setting is "COVID secure" staff will not have to wear masks all the time. Public areas within the hospital cannot be COVID secure, but individual office spaces can be. This risk assessment is for managers to use in defined offices across the hospital sites. Non clinical sites e.g. Trust offices at Alexandra Business Park are not covered by the face mask rules, but must still comply with social distancing.

Managers should make every reasonable effort to enable working from home as a first option. Where working from home is not possible then every reasonable effort to comply with 2m social distancing (Keeping people 2m apart)

The risk assessment should be complete and shared with staff working in the office. If the assessment is agreed a COVID Secure declaration can be made and staff will not have to wear a face mask all the time when they are in the confines of the office covered by the assessment.

No	Risk	Mitigate Risk	What has been done?
1	Coronavirus is transferred on contact and can be carried on hands	Ensure staff have easy access to handwashing facilities and are able to clean their hands frequently. Sanitising gels should also be available at entry and exit points	
2	Coronavirus can survive on contact surfaces	Ensure surfaces and touch points are cleaned regularly. Remove non-essential items Staff should clean their work stations , keyboards and phones at the beginning and end of each shift with Sani-cloth wipes	

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3	Social Distancing of 2m reduces the risk of transfer for coronavirus	Ensure staff are working 2m apart (or do not spend more than 15 minutes in contact with others if 2M social distancing cannot be achieved e.g. thoroughfares)	
4	Coronavirus is transferred on contact	Reduce the number people each person has contact with i.e. fixed teams or partnering	
5	Staff movement increases the potential to come in contact with work colleagues	Reduce movement of staff by discouraging non-essential trips within the hospital buildings and other offices	
6	Common areas , such as corridors increase contact risk with other work colleagues	Regulate use of high people traffic areas , i.e. kitchens, staff rooms to maintain Social Distancing	
7	Work stations to achieve 2m social distancing	Where possible arrange work stations so staff are not face to face, but still 2M apart.	
8	Hot desk or workstations increase the risk of transfer for coronavirus	Where Hot desks and work stations are used these need to be cleaned by each member of staff before they start work.	
9	2m distance should visibly indicated to reduce risk of transfer for coronavirus	Use visual reminders to help staff maintain social distancing. The trust is producing a suite of documents that can be used by managers	
10	Meetings increase the risk of transfer for coronavirus	Reduce the number of meetings or use remote working tools to avoid in-person meetings.	
11	Common areas, such as kitchen and break areas in offices	Reconfigure seating and tables to maintain 2m distancing. Encourage staff to use safe areas across the	

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	increase the risk of transfer for coronavirus	Trust sites for breaks i.e. Restaurant (Spice for Life) , Break k Out areas, Doctors Mess , Outside communal Areas Maintain high standard of hygiene in these areas	
12	Lack of proper waste disposal bins for masks will increase the risk of transfer for coronavirus	Ensure appropriate waste disposal bins are provided and that staff dispose of masks in the proper bin.	

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FAQs

General

Who do the recommendations apply to?

The recommendations apply to everyone working or visiting in a hospital setting.

The use of a **surgical face mask** applies for all staff when not in patient-facing clinical settings (where appropriate personal protective equipment (PPE) should be used in line with published guidance), including:

- clinical (medical, nursing, allied health, diagnostics etc) and
- Non-clinical staff (administration, porters, volunteers, cleaning, estates staff, contactors working on NHS sites, etc).

The use of **face coverings** applies to all members of the public when in hospital, including those visiting patients or attending outpatient appointments.

This guidance does not cover the use of masks for inpatients nor the use of masks as personal protective equipment. This should be managed in accordance with existing guidance.

What is the difference between a face mask and a face covering?

All surgical face masks are classified as Type I, IR, II, IIR, and are medical devices provided by the hospital.

Face coverings can be cloth or homemade and should cover the nose and mouth of the wearer.

What supplies of face masks will be made available?

Surgical face masks will be made available through hospitals' usual PPE deliveries. Since Sunday, 7 June 2020 a larger quantity of surgical masks have been sent out each day to help hospitals prepare for the additional need. Initially extra deliveries have focused on type IIR masks, and type Is and IIs will also be delivered and will be clearly labelled so staff do not use these in clinical settings.

Staff

Why is a recommendation now being made for all hospital staff to wear a surgical face mask (Type I or II) in non-clinical and social areas?

The recommendations have been made for all staff to help prevent the spread of infection. Evidence has shown that those infected with COVID-19 can have very mild or no respiratory symptoms (asymptomatic) and potentially transmit the virus to others without being aware of it, so it is important we take steps to reduce the risk of transmission from staff that may be asymptomatic.

A face mask worn in this context will help to reduce the risk of directly transmitting COVID-19 from the wearer to others and indirectly transmitting the virus to others from contaminated environmental surfaces.

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What do the different surgical face mask types mean?

All surgical/medical face masks are classified as Type I, IR, II, IIR, and are medical devices. These are tested against BS EN 14683:2019. The tests check the bacterial filtration of the mask, the breathing resistance and the splash resistance. Type IR and Type IIR have an extra layer of material that ensures splash resistance and are not required for this purpose (but could be used in place of Type I or II masks as needed). Face coverings are not considered acceptable substitutes for staff.

Why are there different characteristic of surgical face masks?

- Manufacturers produced surgical masks in a variety of colours and the external layer can be white, green, and blue.
- Masks can have ear loops or head ties to secure in place.
- The masks can be made of 2, 3 or 4 layers of material.

NB: All surgical masks have external pleats/vents, and these should always be worn downwards to the outside with the nose mould used to seal the material securely around the face.

Surgical face masks should cover both nose and mouth; not be allowed to dangle around the neck; not be touched once put on – only handle by the straps when putting on and taking off; and be changed when they become moist or damaged.

Do I need to wear a mask if I work in a private workspace where I work alone?

No, if you are working alone you will not be expected to wear a mask but when you leave the private work area to move through the hospital building, e.g. on an errand, or for meal breaks, you should put on a surgical face mask (Type I or II).

If you share an office with others, hospitals can perform specific (e.g. office or laboratory) **workplace assessments**. If these demonstrate robust and reliable COVID-19 prevention measures, including but not necessarily limited to social/physical distancing, hand hygiene and frequent surface and equipment decontamination, then face masks for staff may not be needed. All risk assessments that conclude that areas are **COVID-secure** should be documented.

What if I am already wearing a face mask for sessional use, do I need to change my mask?

Yes, if you are leaving a clinical area. This is because you have been wearing a mask to protect yourself when providing direct patient care. This should be removed when you leave the clinical area; and hand hygiene performed, prior to putting on a Type I or Type II face mask.

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What happens when I go to the hospital restaurant/staff room wearing my face mask?

You should continue to maintain social/physical distancing measures while in hospital restaurants or staff rooms. If eating/drinking, you should remove your mask and dispose as offensive waste. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking you should put on a new face mask to return to your clinical area or workplace. Secure supplies of face masks and alcohol hand rub should be made available in staff canteen areas.

At the end of the shift/day you should dispose of the face mask: you may use more than one mask depending on the duration of your shift.

How will staff have access to face masks when they arrive for work?

A supply of masks should be made available to staff as they arrive on the premises as near to staff entrances as possible (e.g. held at staffed reception desks). Handwashing or alcohol hand rubs should be available prior to donning (putting on). These area(s) should be large enough to accommodate several staff members to ensure physical distancing is maintained.

If, for example, staff are on-call and are required to work at various times, then they should be given a mask prior to leaving work.

Each organisation will need to identify a safe and secure method of supply. Face masks must be stored in accordance with manufacturers' guidance.

How do I dispose of my face mask after work?

Each organisation will need to provide offensive waste bins and alcohol hand rub at facility exits to ensure that staff are able to remove masks and dispose of them and decontaminate their hands.

Will wearing a face mask in a non-clinical area protect me from getting COVID-19?

The purpose of wearing a face mask in non-clinical areas is to prevent transmission from asymptomatic staff to others who they may come into contact with.

Symptomatic staff should be excluded from work.

Wearing a face mask is only one infection prevention and control measure that can help to limit the spread of COVID-19. Other measures include: compliance with social/physical distancing (two metres); frequent environmental cleaning; hand and respiratory hygiene.

What if I have a long-term health problem/breathing difficulties/claustrophobia and worry wearing a mask may make it worse?

Please discuss this with your line manager and occupational health department who will provide individual advice.

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I work in an elective area (non-COVID) - do I need to wear a surgical face mask?

This recommendation is for all staff in all settings and areas of the hospital when not otherwise required using personal protective equipment as per existing guidance.

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