

Aberdeen City Council



COVID-19 Guidance and Working Procedures for Staff

VERSION HISTORY			Amended by
Version	Date issued	Changes	
V1.1	31 March 2020	First Full draft	CHST
V1.2	2/04/20	Live version 1	CHST
V2	15/04/2020	Live version 2	CHST
V3	22/04/2020	Live version 3	CHST
V4	05/05/2020	Live version 4: 4.4 – Personal Protective Equipment – includes a reference to face coverings. 4.7 – Customer facing areas risk assessment guidance 8 – Essential Maintenance in People’s Homes Hyperlinks to Health Protection Scotland (Guidance for General (Non-Healthcare) Settings Version 4.2) updated.	CHST
V5	19/05/2020	Live version 5:	CHST

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		2.2, 9– Symptoms of COVID-19 updated 2.3 - Testing staff for COVID-19 6.2 use of PPE in Education settings	
V6	6/8/20	2.3, 9 - self-isolation timescales changed	CHST
V7	19/10/20	3.1, 3.2 update guidance on work and private vehicle sharing 4.1 changes to face covering guidance in office settings	CHST

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1. Introduction

This guidance has been produced to provide staff with the information on new work procedures and precautions to take during the COVID-19 pandemic.

This guidance covers working in Aberdeen City Council Offices, meeting service users or undertaking visits to service users at home, delivery of all Education childcare services and the collection of waste by waste operatives.

This guidance will be under constant review and if you print it off, you should already consider it out of date.

1.1 COVID-19

The virus (SARS-CoV-2) that causes the disease (COVID-19) can spread from person to person through:

- Droplets from the nose or mouth of a person infected with the virus. Droplets are produced when a person coughs or sneezes and only travel a short distance through the air.
- Contact with contaminated surfaces, including skin (hands), which can then subsequently be transmitted through touch to the facial mucosal membranes (e.g. eyes, nose and mouth).

The spread of COVID-19 can be controlled by a combination of good personal hygiene, cough and sneeze hygiene and social distancing. The details of these controls can be found on the NHS inform website or Health Protection Scotland website.

2 COVID-19 Precautions

2.1 Individual staff precautions

All individual staff members should ensure that they carry out the following steps whether they are homeworking, working in the community or within the Council Offices:

- Wash hands regularly with soap and water; or use alcohol hand sanitizer where available before eating and drinking, and after coughing, sneezing and going to the toilet.
- Avoid touching eyes, nose and mouth.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- When visiting service users don't accept drinks, and if in office everyone should make their own drinks.

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- Follow the [stay at home guidance](#) if you or someone in your household has symptoms of COVID-19.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. Dispose of all used tissues promptly into a waste bin. Then wash your hands or if facilities are not available use 60% alcohol-based hand rub. If there are no tissues available, cough and sneeze into the crook of the elbow.
- Separation distances of a minimum of 2 metres between people should be maintained and direct person to person contact such as shaking hands should be avoided.

2.2 Symptoms

The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell

For most people COVID-19 will be a mild illness. However, if you have any of the symptoms above you should self-isolate at home.

2.3 Coronavirus- testing for critical workers

The primary purpose for workforce COVID-19 testing is to allow critical workers to return to work as soon as they are able by identifying those with no COVID-19 symptoms, or who have recovered from a period of illness.

- If a critical worker has a high temperature or fever, a new continuous cough or a loss or changed sense of smell or taste and has to self-isolate for 10 days then they can request to be tested.
- If a critical worker is in household isolation for 14 days because they live with someone who has a high temperature or fever, a new continuous cough or a loss or changed sense of smell or taste, then they can request a test be offered to their household member(s) with symptoms.

Even if you have had a negative result, it's important to still apply caution. If everyone with symptoms who was tested in their household receive a negative result, the employee can return to work if their work cannot be done from home, providing they are well enough, and have not had a fever for 48 hours.

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If, after returning to work, the employee or their household develop symptoms they should follow the [NHS Inform guidance](#) and self-isolate. Employees should discuss their return to work with their line manager

Firstly, any member of staff who wishes to be tested must be identified as a critical worker.

- Red – critical to the Local Resilience Plan response
- Yellow – critical to protect vulnerable people
- Green – critical digital technology
- Grey – organisationally critical

Full details about the roles identified as critical to the response can be found on [People Anytime](#).

This also includes colleagues who have recently moved to undertake alternative duties that fall within any of the categories above through the Temporary Movement of Staff scheme.

As a critical worker, you or a member of your household, must have Covid-19 symptoms before you will be tested.

If you meet the criteria then you can follow the [ACC process](#) on testing for critical workers.

2.4 Risk Assessment

Line managers should complete risk assessments for the potential risks staff will face during this coronavirus outbreak. Links to templates are available throughout this document and this [guidance document](#) will assist line managers in their completion. Once completed these risk assessments need to be cascaded to all staff so they are aware of the associated risks within their roles and the controls required to ensure their health and safety.

3 Vehicle use

3.1 Work Vehicles

The Guidance for using work vehicles is based on the ability to maintain social distancing wherever possible between individuals when in vehicles Therefore the first considerations are around whether there is another way to make the journey without sharing:

- avoid multiple occupancy vehicles where safe to do so
- vehicles should not be shared if possible

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If the journey is necessary, can't be carried out any other way and if it is not possible to maintain social distancing guidelines inside vehicles (2m, or 1m with risk mitigation where 2m is not viable), then you should consider additional safety measures:

- Keeping the number of people in the vehicle to a minimum and as distanced within the vehicle space as possible.
- Devising mitigation measures where workers cannot maintain social distancing guidelines to minimise the risk of transmission, including:
 - clear signage to outline social distancing measures in place
 - single person or contactless refuelling where possible
 - using physical screening, provided this does not compromise safety, for example, through reducing visibility
 - sitting side-by-side not face-to-face.
- Using a fixed pairing system if workers must be in close proximity, for example in a vehicle.
- Making sure vehicles are well-ventilated to increase the flow of air, for example, by opening a window.
- Ensure regular cleaning of vehicles, in particular between different users.

3.2 Private vehicles and car sharing

Transport Scotland have produced [guidance to assist the public to travel safely during the coronavirus \(COVID-19\) pandemic](#). It is important that the latest version is read. You should only travel with members of your own, or extended, household.

We recognise that there may be occasions when there is no alternative but to travel with people from out with your household. This should be limited as much as possible.

On such occasions, you should:

- keep to small groups of people, up to 6 at any one time
- keep your distance and take care entering and exiting the vehicle
- sit as far apart as possible in the vehicle, avoiding face-to-face
- maintain good ventilation by keeping the car windows open
- wear a face-covering, unless you are exempt
- clean your hands before and after your journey
- 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.

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4 Working in Council Premises

This part of the guidance is for staff members who are continuing to work in Council buildings during this stage of the COVID-19 pandemic. Guidance on COVID-19 precautions in non-health care settings is available from [Health Protection Scotland](#).

4.1 Face Coverings

It is now a mandatory requirement for staff to wear a face covering when they are not seated at their desk, a table or working at their workspace. This is on line with the new [Scottish government regulation](#) which requires a face covering to be worn in communal areas and canteens unless they have an exemption. Communal areas include: passageways, stairs, lifts, staff rooms, training rooms, changing rooms, or entrances

4.2 Meetings

All meetings should be carried out over the telephone, Teams etc. Face to face meetings should only be undertaken as a last resort.

If the meeting must be held face to face it should be conducted in well ventilated open areas (not in confined offices/rooms) where a person to person separation distance of a minimum of 2 meters can be maintained.

Consider whether staff can wash hands before and after meeting to ensure good hygiene and no transferal through physical contact with surfaces.

There should be no physical contact between those attending the meeting.

4.3 Staff interactions

Staff should always follow the guidance listed in 2.1 above. In addition, when working in Council buildings staff should carry out the following steps:

- Try to remove the need to share work desks.
- However, if this is not possible and you must share your desk in a job share situation, ensure that all hand contact surfaces (keyboard, phone, desk, drawer handles etc.) are cleaned prior to changing over.
- Cut down on the amount of paper copies being sent between offices. If a document needs a signature, send it via e-mail. Print the signatory page, sign it, scan it and e-mail it back. This can then be attached to the original document

4.4 Post Room

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Current understanding is that for most soft surfaces the virus contamination levels will have decreased significantly after between 24 to 72 hours depending on the surface, e.g. the virus has been known to survive for up to 24 hours on cardboard. Where the materials have been left untouched for this amount of time before staff need to touch the materials the risk is negligible; this includes post.

- As it is not generally possible in a mail room to wait this period of time the risk is created by transfer of the germ from the mail to the person touching their face. Therefore instruct staff to not touch their face (mouth/nose/eyes in particular) before they have [washed their hands](#).
- After handling any mail staff should wash hands with hot water and soap immediately.

4.5 Building precautions

Areas where there are high levels of hand contact within any open building will be cleaned appropriately during the normal cleaning process. To reduce the risk of transfer from hand to door plates and handles staff should [regularly](#) wash their hands for at least 20 seconds .

Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm general-purpose detergent and dried thoroughly before being stored for re-use.

5 Service User Meetings and Home Visits.

This part of the guidance is intended for use by managers and their staff who have received a request to meet a service user or visit service user in their home or business premises during the current phase of the COVID-19 Pandemic.

No face to face meetings or home visits should be carried out unless they are related to the preservation of life or an essential service. Where possible visits will be replaced with phone calls, online chats, e-mailed pictures etc. If a visit is necessary but it can be delayed for a few weeks, then it should be.

If you require to meet a service user within School Place, then follow the guidance in [3.1](#) above.

It is for line managers to ensure that none of their staff are taking unnecessary face to face meetings or home visits.

5.1 Face Coverings

It is now a mandatory requirement for staff to wear a face covering in the communal areas of a workplace. This requirement will extend to communal areas of work places which are not Aberdeen City Council buildings.

5.2 First Contact

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On first contact with a service user who is requesting a repair or visit it should be ascertained whether they, or anyone in their household are:

- a. symptomatic of the disease and are self-isolating;
- b. One of the very high-risk groups who are shielding; these will be people who received a letter from the Government advising them to shield;
- c. belong to one of the at-risk groups (high-risk individuals, over 70-year olds, or pregnant women); or
- d. symptom free and not in any of the at-risk groups.

GDPR rules still apply during this period and we must ensure that we are recording the information we need properly and holding securely and that we are not holding personal details such as medical history that we do not need.

5.3 Carrying out visits

Visits should only be carried out by staff who themselves are not in any of the at-risk groups.

A risk assessment should be completed by managers for groups of staff who will have to make these visits using the appropriate [corporate template](#) within the risk assessment section of the corporate guidance. Staff should always follow the guidance detailed in 2.1 above. Separation distances of 2 metres between people should be maintained and direct person to person contact such as shaking hands should always be avoided during the visit. Do not accept drinks or anything else from the occupier. If the occupier is observing self-isolation/social distancing it should still be possible to do the job by allowing the occupier to go into different rooms/maintain social distance.

Where there is no alternative but to carry out a visit to any group the risk assessment should identify which PPE is required. This can be identified by this [guidance](#) on the type of PPE required.

If the service user does not follow the social distancing guidelines, then the staff member should give one verbal warning and then if the issue persists the staff member should leave.

Where the appropriate PPE is not available, or staff have not been trained in its use the visit should be delayed until such times as the issue has been resolved by following this [flow chart](#).

5.4 Home Care/Personal Care visits

Home Care and personal care visits will be carrying on during the COVID-19 pandemic. At all times the advice within the Health Protection Scotland “COVID-19: Information and Guidance for Social or Community Care & Residential Settings” should be followed, it is available [here](#).

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This guidance is regularly updated; therefore, managers and their staff should always access it from the internet rather than printed or saved copies to ensure that they are following the most up to date advice. The risk assessment undertaken and followed will depend whether the service user and their family are [symptomatic](#) or [non-symptomatic](#).

5.5 Personal Protective Equipment.

Personal Protective Equipment (PPE) is **only required** when it is indicated as being required within the [PPE Guidance](#). PPE is particularly important for those staff members carrying out personal care functions such as Home Carers and Care Home staff.

Currently, the PPE, which may be required will come from the following list:

- Disposable nitrile gloves
- Disposable apron
- Disposable fluid resistant (Type IIR) surgical face mask
- Surgical mask
- FFP2/FFP3 respirator

The risk assessment for your service area will identify what PPE you will be required to wear for each visit. If you have not had this risk assessment shared with you then you should ask your Service Manager to provide a copy to you. If this does not happen then contact the corporate health and safety team immediately on hsw@aberdeencity.gov.uk

Hands should be washed with soap and water before PPE is put on and after all PPE has been removed.

Where someone is coughing and there is a risk of splashing to the face, the use of a full-face visor /goggles should be considered, and risk assessed.

Prior to undertaking a visit to a symptomatic household, the staff member should be shown how to don and doff the PPE to prevent infection with the virus. A video showing how this is done is available [here](#) and all staff should watch and understand this before carrying out any visits. A further visual guide on donning and doffing PPE can be found in Appendix 1.

If possible, the visit should be carried out without any contact with the occupant by requesting that they isolate themselves in another room, e.g. In the case of emergency essential repairs.

The Scottish Government has issued advice for the general public which states that there may be some benefit in wearing a facial covering when you leave the house and enter enclosed spaces, especially where physical distancing is more difficult and where there is a risk of close contact with multiple people you do not usually meet. Examples include, travelling on public transport or entering a food shop where it is not always possible to maintain a 2 metre distance from another customer. Also by face coverings this does not mean the wearing of a surgical or other medical grade mask, but a facial covering of the mouth and nose, that is made of cloth or other textiles and through which you can breathe, for example a scarf.

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This advice is not for the workplace or work activities but if your work requires you to undertake similar tasks then the guidance currently does not require surgical face masks or any form of face covering to be provided. However, if you choose to wear a scarf or face covering then this is acceptable, but when applying or removing the covering, it is important that you wash your hands first and avoid touching your face. After each use, you must wash the face covering at 60 degrees centigrade or dispose of safely.

5.6 Training

It is very important that you have been trained in the putting on and removal of the PPE which you have been provided with. Safely carrying out these functions ensures that there is no risk of transfer of the virus from this PPE to your person. Appendix 1 below gives brief visual demonstrations on putting on and taking off PPE but there are further [training materials](#) available under 'How to use Personal Protective Equipment' to explain the process for this, both as a video and also as posters which can be displayed locally.

5.7 Waste

Dispose of PPE and personal waste (e.g., used tissues and disposable cleaning cloths) securely within disposable bags. When full, the disposable bags should then be placed in a second bin bag and tied. These bags should be stored securely for 72 hours before being put out for collection. Other household waste can be disposed of as normal.

5.8 Customer-facing areas

It is now a mandatory requirement for customers and staff in customer facing areas to wear a face covering unless a person has one of the exemptions to the requirement.

It is essential that the clear recommendation of the 2-metre rule outlined in the social distancing guidance is adhered to. For work designated as essential, there are however circumstances where the 2-metre rule cannot be followed despite all possible steps being taken to try to maintain this, in those circumstances a risk-based approach should be used.

A risk assessment should be conducted that **considers** the following aspects and the outcome should be documented:

- Is it an essential role (see key worker's guidance)?
- Is the task being done essential?
- Is it essential that the task is done now, or can it be deferred?
- Can the task be done in a different way so that 2 metre distance can be maintained?

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- Yes – do this and document a justification that describes why the process has changed from usual practice, make sure your usual Health and Safety considerations are applied.
- No – then adapt the task to ensure social distancing is adhered to as far as possible and document this.
 - **Minimise the time** spent at less than 2 metres
 - **Maintain 2 metre distance for** breaks and lunch
 - **Maximise the distance**, where the 2-metre distance cannot be kept, always ensure the greatest distance between people is maintained
- Apply **environmental changes** to minimise contact such as physical barriers, markings or changing placement of equipment or seating (e.g. a screen between staff and customers, or tape markings on the floor to show the 2-metre distance required).
- Consider **changes in working practices** (stagger times at which work is done or breaks are taken; restructure workflows to allow for social distancing to be implemented).
- Ensure that good hygiene practices and all **infection prevention and control measures** are implemented fully.

6 Work activities – no person to person contact

In theory the COVID-19 risks for staff where there is no person to person contact is low, however activities such as handling open waste (e.g. going through fly-tipped waste), carrying out housing inspections of empty properties or dealing with a deceased persons belongings for whom no burial arrangement have been made could introduce the risk of contact with materials contaminated with the virus. Current understanding is that for most surfaces the virus contamination levels will have decreased significantly after 24-72 hours.

Where the materials have been left untouched for 72 hours or more before staff need to touch the materials the risk is negligible.

Where it is not possible to wait the 72-hour period before undertaking the tasks the only risk would be due to contamination of hands and then touching face (mouth/nose/eyes in particular).

The employment of good personal hygiene will prevent risk of infection. Staff should immediately wash hands or as minimum use anti-viral/anti-bacterial hand gel/wipes where soap and water are not available; in the interim staff should not touch their face with their hands.

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7 Schools and Nurseries

- 7.1 Face coverings: It is now a requirement for staff and pupils to wear a face covering in communal areas of the school where there it is not possible to maintain the 2 metre distance required at all times; however this does not include classrooms
- 7.2 All settings should rigorously observe the usual safe hygienic practices normally associated with regulated childcare settings. This will ensure a foundation of 'good practice' on which any additional steps can be built.

The overall operation of the setting should follow the most recent guidance from Scottish Government on [Education Settings](#). Please note that this guidance changes frequently, so you should always check to see that you are working to the latest version.

As well as the precautions followed in 2.1 above the additional following procedures should be followed:

- A flexible staff rota should operate. This means staffing the setting with the number of staff that are needed for the ratio requirements and covering breaks and no more. Large staff teams should be split into smaller teams to cover the rota on a rotational basis. The rest of the team should be 'on stand-by', working from home or resting. Where possible these teams should form a cohort i.e. the same staff with the same pupils daily.
- Appropriate staff: child and space: child ratios should be maintained. For early learning and childcare this would be 1:8 and **no more than 20% of registered number** in the setting and 1:8 and no more than 8 children/young people in a classroom/learning space for those of primary and secondary age.
- Staggering start and finish times should be applied to reduce congestion at the entrance.
- Where possible staff should greet children at the door and take them into the nursery, so parents do not need to come in. This will help maintain the social distancing that is required. If possible, use the outside door in the nursery rather than having parents walk through the school
- Prior to children being dropped off, parents should confirm with the school that the children are well and that nobody else in the household has any symptoms of COVID-19. If someone is ill, the child cannot be accepted, and the parent should be reminded of the current isolation periods.
- Only children 'registered' to attend should be accepted. Any unexpected arrivals should be directed on where to complete an application form. If the child/young person is registered, but not expected for a particular session, and the parents/carer is clear that this is an emergency situation for them as a key worker, the child/young person should not be turned away. It is important however to maintain agreed staff ratios and not exceed the agreed capacity number.
- Where possible, staff and children should follow the social distancing advice within the setting, this means that staff should space themselves out within the room and adults should avoid being too close together. For some children this is not practical; consideration should be given however using the environment to create opportunities for children to spread themselves out. Staff should limit close contact with the children to

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times it is necessary and unavoidable e.g. changing/toileting.

- If computer workstations are offered as part of the provision, these should be single user stations. Keyboard/mouse should be wiped prior to a new user accessing the stations.
- To support children's wellbeing, ensure children get outside in the enclosed play space, if available, for good periods of time.
- Appropriate supervision of staff should be in place in order to allow time for the team to reflect on the work being done and act early, should individuals or groups of staff feel anxious about the work they are being asked to do.

Already across early learning and childcare settings the following activities **should be withdrawn** from the routine experience of children coming into the nursery:

- Malleable materials such as playdough and clay, sand, water, messy play e.g. gloop, pasta, lentils
- Toothbrushing (in general, avoid sharing sinks at the same time).
- Children preparing food (plate snack and avoid baking)

If you have a large nursery/setting and few children, close off one portion. Limit resources to ones that are easy to clean. Staff should not bring items from home for children to play with. Do not stop children bringing a comforter if they need one

Staff should clean any surfaces that children have dribbled on and ensure that these are cleaned with appropriate products.

Regularly clean items by wiping them down, running them through a hot dishwasher or a washing machine.

7.3 Use of PPE

Physical distancing, hand washing and respiratory hygiene, remain scientifically proven to be the most important and effective measures to prevent the spread of coronavirus.

The use of individual pupil risk assessments at a local level must be used to inform on the provision of PPE. Risk assessments should include the risk of droplet and contact infection risks. The use of PPE by staff within education and childcare settings must be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff come into contact with blood and body fluids.

Where individual pupil risk assessment identify where there is a need for close intimate care of pupils for a period in excess of 10 minutes within a 2 metre distance then staff should wear the level of PPE identified in the [guidance table](#).

Staff should only wear PPE when it is appropriate to the task they are undertaking.

8 Waste Collection Services

It is recognised that waste operatives and drivers share the cab of the refuse collection vehicle and are unable to maintain the 2-metre personal distance. If all staff are well, the

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likelihood of passing on the disease is low. Staff feeling unwell should report this immediately and follow the guidance set out below in **section 9**. As well as following the precautions in section 2.1 above staff should also:

- Increase the ventilation within the cab by opening windows.
- Staff should not sit directly facing each other; and
- Increase hand washing or use alcohol-based hand sanitiser with a minimum of 60% alcohol content.
- Carry out regular cleaning of hand contact surfaces within the cab.

9 Essential Maintenance in People's Homes

Employees who are carrying out essential repairs and maintenance work in people's homes can continue to work. No work should be carried out by anyone who has COVID-19 symptoms, however mild (see section 9 below).

Employees continuing to carry out essential work should follow the procedures in section 4 above. Additional measures include:

- Contacting occupants in advance of arriving at the property to confirm household members have no symptoms and there are no shielded individuals within the property
- Checking upon arrival that no-one has developed symptoms since initial check.
- Maintaining a 2-metre distance from household occupants at all times. As an example, barrier off work area or ask residents to stay in separate room.
- Wash hands using soap and water for at least 20 seconds on entry to the home and when leaving the property. Also wash hands after blowing nose, sneezing or coughing and before eating. If soap and water are not available for handwashing, then alcohol-based hand sanitiser should be used.
- Although not required by guidance consider wiping down work areas with antiseptic wipes or similar.
- Ensure good ventilation in the working area where possible, for example, opening a window or external door.

Where the occupants of the household are isolating or an individual is shielding, maintenance work should not be undertaken unless there is a direct risk to the safety of the household. In these circumstances household members and shielded individuals should remain in a separate room for the duration of the visit.

10 Advice on what to do if someone (staff member or young person) show any symptoms of COVID-19

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Make sure that all staff and individuals in your workplace / organisation, including children and young people, know to inform a member of staff or responsible person if they feel unwell. Staff members need to inform their line managers that they are unwell and leaving work.

If a member of staff has worked with, been in the same room/area or helped someone who was taken unwell with a new, continuous cough, a high temperature, a loss of, or change in, their normal sense of taste or smell they **do not** need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus (COVID-19) infection.

It is **not** necessary to close the business or workplace or send any staff home, unless government policy changes. Keep monitoring the government response page or the Government Guidance for Employers for the latest details.

If they have mild symptoms they should go home as soon as they notice symptoms and self-isolate. Children and young people should be collected by their parent/guardian. The parent/guardian may need to be reminded about the 10 and 14 day isolation periods.

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19.

Whilst you wait for advice or an ambulance to arrive, the child, young person or staff member should be isolated behind a closed door in a space, such as a staff office or meeting room, that has been previously identified.

If it is possible to open a window, do so for ventilation. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

For very young children and vulnerable young people, a responsible adult should be there to support the individual, while maintaining a 2-metre distance.

Once a possible case has left the premises, the immediate area occupied by the individual e.g. desk space, should be cleaned with detergent and disinfectant. This should include any potentially contaminated high contact areas such as door handles, telephones, grab-rails.

Once this process has been completed, the area can be put back into use.

Any public areas where a symptomatic individual has only passed through (spent minimal time in) e.g. corridors, not visibly contaminated with any body fluids do not need to be further decontaminated beyond routine cleaning processes.

11 Cleaning and Disinfection

Cleaning and disinfection advice for non-health care settings can be found at Appendix 2,

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For Social or Community Care & Residential Settings follow the procedures and specific [guidance](#) for your workplace. Check with your line manager for the latest advice.

Health Protection Team at NHS Grampian (01224 558 520) or the Corporate Health and Safety Team (hsw@aberdeencity.gov.uk) can be contacted by Line Managers for advice.

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Appendix 1: – Best Practice - Putting on and removing PPE

Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the patient environment.
- Regularly perform hand hygiene.
- Always clean hands after removing gloves.


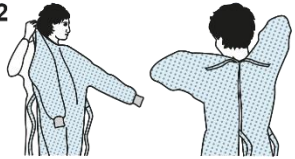


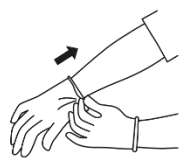
NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves. The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask.

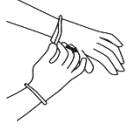







1. Putting on Personal Protective Equipment (PPE).

- Perform hand hygiene before putting on PPE

<p>1</p>  <p>Apron Pull over head and fasten at back of waist.</p>	<p>2</p>  <p>Gown/Fluid repellent coverall Fully cover torso neck to knees, arms to end wrist and wrap around the back. Fasten at the back.</p>	<p>3</p>  <p>Surgical mask (or respirator) Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit/check respirator if being worn.</p>	<p>4</p>  <p>Eye Protection (Goggles/Face Shield) Place over face and eyes and adjust to fit.</p>
<p>5</p>  <p>Gloves Select according to hand size. Extend to cover wrist.</p>			

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2. Removing Personal Protective Equipment (PPE)

<p>6</p>  <p>Outside of gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off.</p>	<p>7</p>  <p>Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remained glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.</p>	<p>8</p>  <p>Apron Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.</p>	<p>9</p>  <p>Gown/Fluid repellent coverall Gown/Fluid repellent coverall front and sleeves are contaminated. Unfasten neck, then waist ties.</p>
<p>10</p>  <p>Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder towards the same hand.</p>	<p>11</p>  <p>Gown/fluid repellent coverall will turn inside out. Hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle.</p>	<p>12</p>  <p>Eye Protection (Goggles/face shield) Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/ decontamination.</p>	<p>13</p>  <p>Surgical Mask (or respiratory) Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing/ decontamination.</p>

- Perform hand hygiene immediately on removal.
 - All PPE should be removed before leaving the area and disposed of as healthcare waste.

Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.
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Appendix 2: Cleaning and Disinfection (Non-Health Care Setting)

COVID-19 CLEANING AND DISINFECTION

STOP THE SPREAD

Wash your hands more often and for 20 seconds

Use soap and water and/or a hand sanitiser when you:

- Get home or into work
- Blow your nose, sneeze or cough
- Use the bathroom
- Eat or handle food

Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze and throw the tissue away straight away.

CLEANING & DISINFECTION.

Cleaning an area with regular household disinfectant after someone with suspected coronavirus has left will reduce the risk of passing the infection on to other people.

Wherever possible during this task where someone was suspected of having coronavirus, wear disposable or washing up gloves and aprons for cleaning. These should be double bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished. Wash your hands with hot water and soap as soon as you have finished cleaning any one area.

Using a disposable cloth, **first clean hard surfaces** with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.

The amount of virus living on surfaces will reduce significantly after 72 hours.

If an area can be kept closed and secure, wait until this time has passed before cleaning.

If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus, consider using protection for the eyes, mouth and nose as well as gloves and apron.

AFTER CLEANING & DISINFECTION.

Wash hands with soap and water, after removing gloves, aprons and other protection used whilst cleaning.

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