



0. Amendment Record

Version	Description of Amendment	Date
1	First issue of guidance following changes in guidance from Gov.uk and client enquiries	10/3/20

Contents

Amendment Record 2

1. Introduction

This guidance has been created for managers and employees of Aston Services Group and is based on the guidance issued by the UK government, Public Health England, the HSE, the WHO, and the European Centre for Disease control. Further information can be found via the following links:

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19>

<https://www.hse.gov.uk/news/coronavirus.htm>

<https://www.who.int/health-topics/coronavirus>

<https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation>

This procedure will be kept up to date as the situation and guidance evolves.

2. About the Covid-19 virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020. The incubation period of COVID-19 is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected.

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

There is currently little evidence that people who are without symptoms are infectious to others.

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Viruses are normally transferred to and by people's hands. Therefore, regular hand hygiene and cleaning of frequently touched surfaces will help to reduce the risk of infection.

See [hand washing guidance](#).

3. Guidance to employees

Public Health England (PHE) recommends that the following general cold and flu precautions are taken to help prevent people from catching and spreading COVID-19:

- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. See [Catch it, Bin it, Kill it](#)
- put used tissues in the bin straight away
- wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. See [hand washing guidance](#)
- try to avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- do not touch your eyes, nose or mouth if your hands are not clean

If you are worried about symptoms, please call NHS 111. Do not go directly to your GP or other healthcare environment.

Further information is available on the [PHE blog](#) and [NHS.UK](#).

4. Procedure if an employee/member of the public becomes unwell and believe they have been exposed to COVID-19

If the person has not been to any of the affected areas in the last 14 days, then normal practice should continue.

If someone becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a closed door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They 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 put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.

5. Procedure if a member of staff or the public with suspected COVID-19 has recently been in your workplace

For contacts of a suspected case in the workplace, no restrictions or special control measures are required while laboratory test results for COVID19 are awaited. In particular, there is no need to close the workplace or send other staff home at this point. Most possible cases turn out to be negative. Therefore, until the outcome of test results is known there is no action that the workplace needs to take.

6. Procedure if a member of staff or the public with confirmed COVID-19 has recently been in your workplace

Closure of the workplace is not recommended.

The management team of the office or workplace will be contacted by the PHE local Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.

A risk assessment of each setting will be undertaken by the PHE Health Protection Team with the lead responsible person. Advice on the management of staff and members of the public will be based on this assessment.

The PHE Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team. and is outlined later in this document.

7. Procedure if individuals in the workplace have had contact with a confirmed case of COVID-19

If a confirmed case is identified in your workplace, the local Health Protection Team will provide the relevant staff with advice. These staff include:

- any employee in close face-to-face or touching contact
- talking with or being coughed on for any length of time while the employee was symptomatic
- anyone who has cleaned up any bodily fluids
- close friendship groups or workgroups
- any employee living in the same household as a confirmed case

Contacts are not considered cases and if they are well they are very unlikely to have spread the infection to others:

- those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
- they will be actively followed up by the PHE Health Protection Team
- if they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call NHS 111 for reassessment
- if they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection

Staff who have not had close contact with the original confirmed case do not need to take any precautions and can continue to attend work.

8. Cleaning offices and public spaces where there are suspected or confirmed cases of COVID-19

The minimum PPE required to be worn for decontaminating an area where a possible or confirmed case has been includes disposable gloves and apron. Hands should be washed with soap and water after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of contamination may be present (for example where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE such as a surgical facemask and full-face visor should be considered. The local Health Protection Team can advise on this.

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as directed by any existing workplace risk assessment or manufacturer's instructions on the safe use of their cleaning products.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles and sanitary fittings in the room, following one of the two options below:

- use either a combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine
- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into the waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example upholstered furniture and mattresses, steam cleaning may be used.

Spillages of blood and body fluids should be managed in accordance with the organisations spillage policy, before cleaning and disinfection. If any items are heavily contaminated with body fluids and cannot be appropriately cleaned, consider discarding. Gain permission to do this from the owner.

If an area can be kept closed and secure for 72 hours, wait until this time for cleaning, as the amount of virus contamination will have decreased significantly. The area can then be cleaned as directed by any existing workplace risk assessment or manufacturer's instructions on the safe use of their cleaning products.

9. Rubbish disposal, including tissues

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the test result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, you will be instructed by PHE what to do with the waste.

