

THE Good Practice Sessions

Session 1: Wednesday 20th May 2020, 1pm

Plan: Weekly meetings held on Wednesdays 1-2pm (1hr sessions)

On a weekly basis so that people can become familiar with when the sessions are and can drop in and out of these as much as they want to (or can do).

1-hour sessions to be adhered to, so that the sessions do not take as much time up for those who have other work and priorities.

Key Topics that were discussed in this session:

1. Restocking PPE and materials
2. Safety using PPE is just as important
3. Lab-coats
4. Hand sanitisers
5. Movement, access and preparing rooms
6. Individual rooms
7. First Aid
8. Air conditioning
9. Reporting In and Out
10. Lone working
11. Contractors Coming On-site

Future Key Topics

1. How and when to get back to facilities (Face-to-face post-Christmas?)
2. What practicals are essential, how do we limit students or should we be changing the practicals?
3. Prioritising individuals to return back to work (including projects & students).
4. Mental Health and Wellbeing
5. More suggestions? Email j.p.ashton@istonline.org.uk

Technical staff across the UK are working tirelessly to aid in the safe return to work.

Some groups have been back at work for the last few weeks, others are still working from home. Ireland, Wales and Edinburgh are putting preparations in place as the guidelines are different from England and the majority of individuals are still working from home when they can. Some people are phased working or working in shifts. What was noted as essential from the meeting in all aspects of safe working, was that communication is key. This appears to be sparse at the moment but is key for safety on return to work.

People are very anxious about the return to work, therefore these sessions aim to discuss good practice and between us share advice on what is working well for them.

This document was put together by technical staff all across the UK and the meeting was facilitated by the Institute of Science and Technology.

Information provided below are suggestions from the discussions held at these sessions. Before implementing these in your workplace, it is good practice to talk to your teams and managers about the suitability of implementing these important topics.

1) Restocking PPE and materials

Sourcing PPE and materials has been reported to be difficult for some and not so bad for others. Many people in procurement will be working from home and on-site stores facilities will potentially be shut or have only one person in from time-to-time.

Some people have reported that they are waiting for supplies that could take upto 8 months. Some orders have been cancelled due to stock being redirected to the NHS.

It is good practice for groups to complete a spreadsheet updating regularly what is in stock at their local on-site stores and at companies they are currently using. It is advised to only buy what you need, when you need it instead of overstocking. It is also useful to share amongst other teams and to keep a detailed log of sharing.

VWR and **SLS** are providing spreadsheets for consumables they have in stock.

Fisher Scientific have plenty of masks available.

Most people will have their regular key contacts at the suppliers they have been purchasing from. It is key to touch-base with them to see how they can help and to let you know what they have in stock.

2) Safety using PPE is just as important

What are the options when you don't have enough gloves? It was discussed whether it was possible to wash and re-use. In general, PPE such as gloves should be one-use-only. Lab coats can carry the virus but not for long. It was discussed that for student classes they should be cleaned after every class or for the student to bring their own lab coat and ensure they are upkeeping the hygiene of the coats. Safety goggles are an issue with cleaning as for chemical labs, most risk assessments have now assessed that goggles with stretch-straps offer better protection from hazardous chemicals. This however provides problems for COVID-19, especially as they easily mist.

It was mentioned that using goggles with plastic arms/temples should be looked into where possible to use instead of the stretch-straps, so that they could be washed and dried better than fabric material. For experiments where goggles are needed to fully protect your eye with straps and a seal, a suggestion could be to replace the stretch fabric with an alternative that could be for single use and that these can be tied-on and then removed from the goggles after use. There was also a concern as most goggles mist up when using these, so there is a risk of touching your face more often. Washing hands and sanitising as much as possible should be advised. Using and cleaning your own goggles is good practice. You should wash hands more regularly when using these goggles, and to always wash hands thoroughly before and after removing goggles.

Reminders and prompts should be made clear and posters and printouts placed around stations to remind people to avoid touching faces. Training from using category 3 laboratories would apply well in these situations as it is essential that people avoid touching their face as you do not want to come in to contact with any hazardous material by touching your face, but equally, it's important for people not to spread what is on their face onto surfaces.

[Is hydrogen-peroxide technology plausible for PPE? \(Click on this to review\).](#)

Hydrogen-peroxide technology is something that has been carried out abroad. Although we cannot advise on the suitability of this, perhaps individuals and groups could be talking about the feasibility of using such techniques and what risks and precautions would need to be taken in order to use these technologies for decontamination.

3) Lab coats

It is best practice to use individual lab coats and not to share. Tissue culture labs it is best to wash these more often as these coats may be limited. It is best to keep lab coats clean on the inside as much as practically possible. Do not put lab coats in a container or a bag together as this could increase the risk of contamination due to mixing.

4) Hand sanitizers

There is an approved recipe for producing your own sanitiser. Some places have been able to source hand sanitizers easily enough. If you are producing your own, these should be clearly labelled and should be clearly identified to have followed the approved WHO recipe.

5) Movement, access and preparing rooms

Making most of utilising one way systems seems to be key practice. Closing off and locking doors where you can, in rooms where there are numerous methods of access and egress. It has been seen as good practice in some places to keep access to main buildings to one area (for example reception main entrance) and to keep this access set up as a one way system in and out. There can be more methods of exit from the building (in case of fires) but then individuals should come back in through the main entrance again.

On corridors communication is vital. You should communicate when you need people to move out of the way in corridors if they are narrow. It is a good idea where possible to operate a one way system or to ensure people are let through (a give-way approach).

To help with social distancing, place chairs upside down where possible to stop people sitting next to or adjacent to people.

It's really important to have Firepoints identified for people who are working on-site with clear instructions and indications on how people should exit in the event of a fire.

Some places are advising that if you need to use the stairs, walking downstairs have priority.

Handwashing stations in facilities and rooms should have hand-sanitisers available. Its good practice in some places to recommend that people wash their hands a minimum number of times during the day, and then if there are hand washing stations about to wash again.

Placing spare gloves and masks in areas helps to allow access to these if needed.

If needing to move to other locations, it is advised that someone in the building should know exactly where everyone is, or at least know where you are in a particular area.

6) Individual rooms

State exactly how many people can be in the lab at any time. Government guidelines are saying that occupancy should be between 20-25% to ensure social distancing in areas. If possible, expanding into other areas is advised and blocking of other entrances to rooms.

If using equipment make sure PPE is used to touch any equipment, especially shared.

If people are working close to one another, be sensible in what you are wearing, masks and gloves would be best advised in these situations and maintaining 2m.

If rooms are occupied, or you are unsure whether they are occupied, knock first before entering to alert anyone who is in the room.

It is important to monitor and clean your own workplace. It is good practice to have lab managers and building managers monitor each of the areas to ensure people are keeping up with the cleaning of individual spaces. Cleaners are advised to carry out regular touchpoint cleaning (for example - door handles, hard surface chairs and tables).

7) First Aid

If you are a first aider, 1) keep yourself safe, 2) be aware of risks to yourself and to others, 3) give early treatment (where possible), 4) keep informed and updated, 5) remember your own needs.

Lists of first aiders should be up-to-date and visible printed out on key communication vehicles (emails and noticeboards). Hot-phones/radios provided where necessary and where possible. Must always be a first aider on site. Utilise security personnel on the premises who are first aid trained.

First Aid at Work Level 3 is the recommended minimum for working in laboratories and facilities. If don't have enough people with FAW Level 3, it may be possible to review guidelines and use individuals with Emergency First Aid at Work Level 3.

CPR – the NHS are recommending that CPR should be hands only with no ventilations. Make sure that you use gloves and PPE to reduce the risk of transmission of COVID-19 where you can and only carry out compressions continuously; until you are too tired to continue, if more help arrives, or if they become conscious and start breathing.

In adults compression-only CPR may be just as effective as combined ventilation and compression in the first few minutes.

In children, they are more likely to have a respiratory problem (asphyxia arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxia arrest, use a resuscitations face shield where available.

If you have given mouth-to-mouth ventilation, there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS website.

8) Air Conditioning

Considerations should be made for air conditioning. Some places are working with colleagues on whether it is possible to increase and improve airflow by increasing extraction of air, you must be aware that some extractors pull air from other locations. Guidance from the Federation of European Heating, Ventilation and Air Conditioning Associates:

As response to the coronavirus (COVID-19 or SARS-CoV-2) pandemic, REHVA experts drafted a guidance document on how to operate and use building services in areas with a coronavirus outbreak to prevent the spread of COVID-19 depending on HVAC or plumbing systems related factors. Information on the guidance includes:

- Latest information on the airborne transmission and implications to HVAC systems;
- Ventilation continuous operation guidelines were updated to be explicit;
- SARS-CoV-2 stability data at different temperatures and relative humidity was added;
- Heat recovery equipment guidance was revised including the recommendation of inspection;
- Guidance for room level circulation units was complemented;
- HVAC maintenance personnel protection recommendation was added;
- A summary of 14 points of practical measures for building services operation was added.

Guidance from REHVA – [Click Here](#)

Working alongside on-site estates teams is really important here to ensure that requirements are communicated as well as concerns.

9) Reporting In and Out

It is best practice to sign in either at the building front desk, or even better still, using electronic devices, spreadsheets or databases to track when you are in an area.

Reporting to staff is key on a regular basis. Designated people who are aware of who is working in labs, facilities or at work, should know when and where they will be. People coming in should let their designated person know that they are in when they arrive on site, and should inform the designated person if they move to another area or leave.

Individuals should be responsible for reporting in when they are on premises, designated individuals should send general reminders to everyone out twice a day, once in the morning and then again at mid-day to ensure people are reporting in.

People should report when they are working from home, or coming in to work or whether they are carrying out business elsewhere. Questionnaires are really useful to report to designated people whether you are feeling ill and to report symptoms. They are also important for highlighting any concerns or worries.

Try to avoid just turning up at your workplace when you are not allocated a time to go in or given permission to return to your workplace. Your workplace should always know when you are going to be on-site or whether you are working from home.

10) Lone Working

It is best practice to make sure that there are people close by, in the event of an emergency.

In the event where lone working is unavoidable, designated individuals (these could be referred to as laboratory guardians) must be aware you are on site and where you are. It is good practice to check on people every hour.

You could make use of social groups, such as WhatsApp to 'check-in' with individuals in your teams. Radio transponders are useful if you have availability to them.

11) Contractors Coming On-site

It was noted that it is so important to provide documentation for people visiting on site (for example for deliveries, or for maintenance/repairs). Decontamination of equipment and documents to prove this has been carried out should be observed as normal good practice.

Considerations for future topics.

How and when to get back to facilities (Face-to-face post-Christmas?)

What practicals are essential, how do we limit students or should we be changing the practicals?

Prioritising individuals to return back to work (including projects & students).

Mental Health and Wellbeing

Working where social distancing isn't possible?

For instance, we run teaching labs that involve taking samples and measurements of humans. As far as I know, these kind of labs aren't feasible to run at all in the near future. Does anyone working in a similar situation have any idea or guidance about how they might be re-introduced?

List of Attendees

Name	Organisation
Nadia Aoudjane	Cardiff University
John-Paul Ashton	IST / NTDC
Josh Barlow	Swansea University
Carolynn Cairns	University of Edinburgh
Andrew Callaway	Bournemouth University
Wendy Clark	Swansea University
Caroline Dalahoyde	University of Edinburgh
James Fox	University of York
Rae Freestone	Cambridge Consultants
David Gardner	Environment Agency - NLS (Leeds)
Val Gordon	University of Edinburgh
Steve Hale	University of Birmingham
Natalie Homer	University of Edinburgh
Michael Hughes	University of Manchester
Claire Hutton	Newcastle University
Antony Jones	University of Birmingham
Sian Leech-Mills	University of Cambridge
Amelia Lesiuk	University of Leeds
Hayley Markham	University of Huddersfield
Ian Mathews	Swansea University
Kevin Oxley	Hull / IST
Gillian Riddell	Queen's University Belfast
Bryn Rosser-Stanford	Swansea University
Elisabeth Shaw	Lancaster University
Clare Stevenson	John Innes Centre
Jonathan Stewart	Queen's University Belfast
Joan Ward	IST
Katherine Webb	University of Birmingham
Russell Wilson	Edinburgh Napier University

Representation from technical staff across Higher Education, Research and Development, Research Centres and Industry.