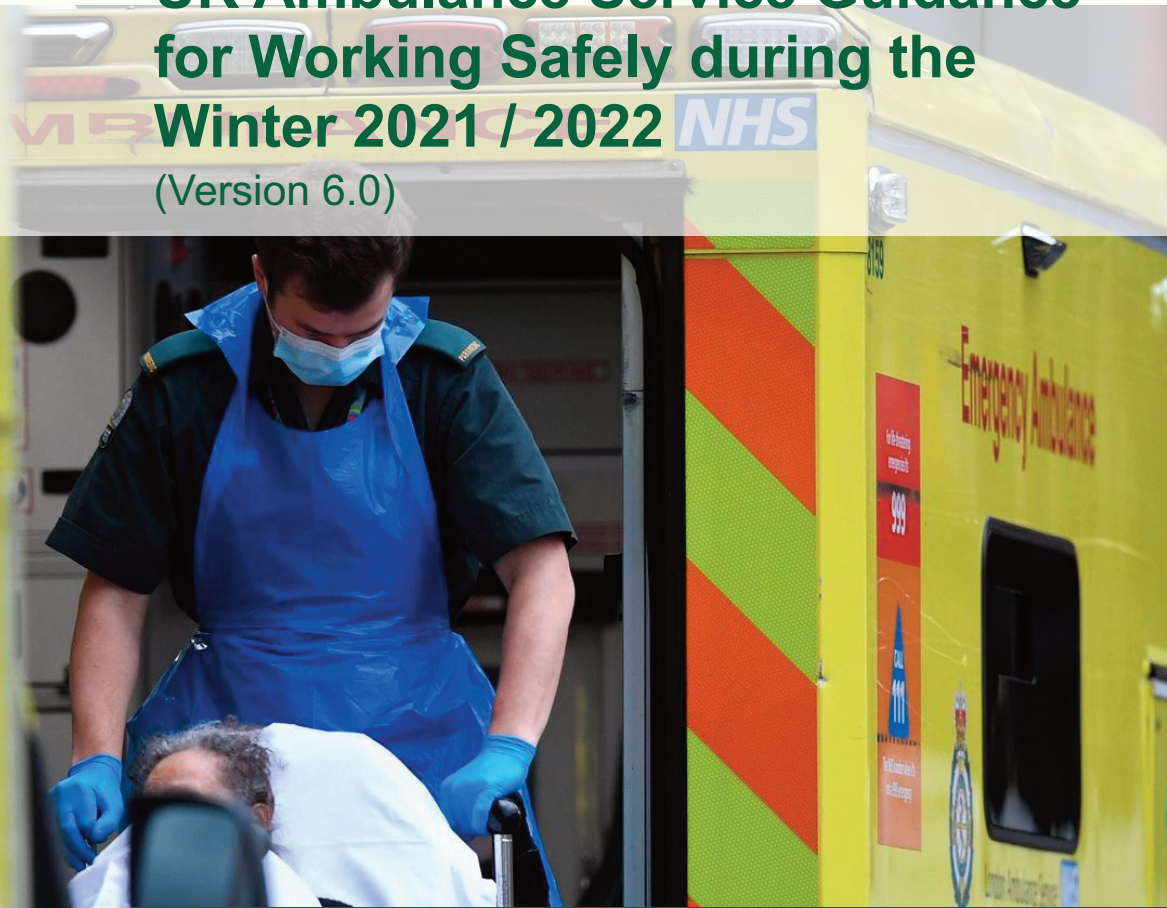




WORKING SAFELY

UK Ambulance Service Guidance for Working Safely during the Winter 2021 / 2022 NHS

(Version 6.0)



Guidance for Employers and Employees in NHS Ambulance Trusts for Infection Prevention and Control in Non-Clinical Areas

Introduction

This document has been prepared by the Association of Ambulance Chief Executives (AACE), with input from Ambulance Trusts and Trade Unions to place it in the context of the ambulance working environment. The document has been approved by the Quality Governance and Risk Directors (QIGARD) for use over the Winter period 2021/22.

This document supersedes Working safely during COVID-19 in Ambulance Service non-clinical areas (version 5.0.)

This document is to support NHS Ambulance Service Trust employers and employees in the UK to apply safe working practices in all areas of their organisation, ensuring that they comply with physical distancing guidelines (at least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing whenever feasible to 2m in all areas). The guidance provides a practical framework to support what you need to do to continue operations. It is paramount that staff can continue to work in a safe environment and that their health and wellbeing is supported. This guidance will support those staff who have returned to the workplace or who are planning to return, it will provide measures for the organisation to adopt and support safe working practices for operational delivery.

Public health is devolved in Northern Ireland, Scotland and Wales; this guidance should be considered alongside local public health and safety requirements and legislation and advice provided in Northern Ireland, Scotland and Wales.



This guidance does not supersede any legal obligations relating to health and safety, employment or equality and it is important that as an NHS Ambulance Service you continue to comply with your existing obligations, including those relating to individuals with protected characteristics. It contains supporting guidance to take into account when complying with these existing obligations. When considering how to apply this guidance, you will need account for agency staff, contractors and other people, as well as your employees.

To help you decide which actions to take, you should continue to carry out

regular appropriate risk assessments, just as you would for any other health and safety related hazards. These risk assessments must be done in consultation with trade unions and/or employees. Any previous mitigations already in place across trusts should remain.

This guidance sets out the minimum requirements each service is required to take to create a safe working environment; the control measures required may need to be increased following local risk assessment and/or in the event of increased prevalence. It does not supersede any additional measures which are introduced through

local COVID Alert levels or national restrictions. In some instances there may also be regional variations.

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974.



Summary of changes

This guidance is to be used in conjunction with the ambulance guidance for respiratory infections over the winter period and is not SARS CoV2 specific.

- You **must** still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:
 - **At least 1 metre**
(with appropriate risk mitigations i.e. ventilation, surgical mask) increasing whenever feasible to 2m in all areas.
 - Physical distancing is recommended to remain at 2 metres in the respiratory pathways for unscheduled/emergency care.
- Introduction of the IPC Hierarchy of Controls
- Reinforcement of the importance of ventilation in all settings
- Lateral Flow Device (LFD) Testing Requirements
- Healthcare has moved away from 'social' distancing to 'physical' distancing and this term should be used across all documentation.



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1 Hierarchy of Controls

Limiting transmission of infections in health and other care setting requires a range of infection prevention and control measures. Included is the 'hierarchy of controls' which if applied in order are used to identify the appropriate controls. Safe systems of work outlined in the hierarchy of controls including elimination, substitution, engineering, administrative controls and PPE/RPE are an integral part of IPC measures.

PPE must conform to all requirements laid out in *Essential technical requirements for PPE and medical devices: further information for manufacturers and suppliers - GOV.UK (www.gov.uk)* – July 2021

Organisations/employers have a responsibility to undertake risk assessments in the context of managing infectious agents. Key areas and measures for assessment are outlined in the main IPC guidance.

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September 2021

The Hierarchy of Controls

The latest update to the National PHE IPC guidance for the management of COVID-19 was launched at the beginning of June 2021. There are no changes to the type or level of PPE required in this update but there is an increased focus upon the implementation of the 'Hierarchy of Controls'.

The hierarchy of controls are a set of controls, presented in order, to control a given risk. In this situation the risk is COVID-19, but the risk can be anything. The controls in the hierarchy are always in the same with the most effective risk reduction control (elimination) appearing first in the hierarchy.

Control and What does this mean?

- 1. ELIMINATION**
Redesign the job or substitute a substance so that the hazard is removed or eliminated.
- 2. SUBSTITUTION**
Replace the process with a less hazardous one.
- 3. ENGINEERING CONTROLS**
Controlling aspects of the environment such as water supply or ventilation etc.
- 4. ADMINISTRATIVE CONTROLS**
These are all about identifying and implementing the procedures you need to work safely. For example developing policies and procedures for managing patients with COVID-19, signage to indicate maximum room occupancy, social distancing posters etc.
- 5. PERSONAL PROTECTIVE EQUIPMENT (PPE)**
Use of PPE should only be considered when all other controls are exhausted and where the risk can't be adequately controlled without it.

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National Ambulance Service IPC Group

The Hierarchy of Controls
September 2021

SYSTEMATIC PROCESS

The controls should always be worked through systematically with the last control, PPE, only being utilised where the other controls cannot reduce the risk sufficiently.

If PPE is required all other controls should also be utilised to ensure reduction of the risk to the lowest level possible. PPE should never be seen as the only control measure.

Sometimes the hierarchy of risk reduction controls are presented as an inverted colour coded triangle as below:

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National Ambulance Service IPC Group

The Hierarchy of Controls
September 2021

SYSTEMATIC PROCESS

You can practically apply the hierarchy of controls to your work in an ambulance setting by doing the following:

- ELIMINATION: Mitigations include:**
 - Triage and assess patients before arrival where possible i.e. scheduled care
 - Remote working where possible, for office staff
 - Twice weekly lateral flows, Vaccination of staff
 - Self isolation of staff where necessary
- SUBSTITUTION**
 - This is not generally possible for emergency healthcare to achieve as treatment needs to be carried out, the emphasis needs to be on the other controls however this could be achieved through increasing remote care and assessment, treatment and advice through 111, telecare hear and treat etc.
- ENGINEERING CONTROLS: Mitigations include:**
 - Ventilation - keep engines running and set to extract
 - Review layout of offices and centres to ensure social distancing can be applied
 - Use protective screens in offices and contact centres
 - Limit number of patients in PPS vehicles, 1 metre apart as a minimum with risk mitigation
 - Stagger rota and shifts if possible
- ADMINISTRATIVE CONTROLS: Mitigations include:**
 - Dynamic Risk Assessment at all incidents
 - Policies and procedures to follow, signage, posters, hand hygiene / hand hygiene training
 - PPE training, Donning and Doffing
 - Remote working, social distancing, good communications
 - Twice weekly lateral flow testing
- PERSONAL PROTECTIVE EQUIPMENT (PPE)**
 - Ensure right PPE is worn at all times. Level 2 for all patients, Level 3 for ADPs
 - FRSM for all patients
 - Surgical masks to be worn when walking around buildings
 - Monitoring of PPE

If you require any further information about the Hierarchy of controls or how you can utilise them in your work please contact the IPC team or your manager to discuss.

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2 Physical Distancing

Healthcare has moved away from 'social' distancing to 'physical distancing' and this term should be used across all documentation.

Physical distancing should continue to be adhered to at all times and where unable to be achieved, appropriate mitigations must be in place. This includes arriving at and departing from work, while in work and when travelling between sites.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- **At least 1 metre** (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing whenever feasible to 2m in all areas.
- Physical distancing is recommended to remain at 2 metres in the respiratory pathways and unscheduled/ emergency care.
- Where desks are at least 2 metres apart masks do not need to be worn when sat down, however do need to be worn when walking around.

All individuals are required to wear a Surgical Face Mask (type IIR) when within buildings and vehicles, unless they are separated by protective screens or on your own within a room/ office or eating and drinking.



Further mitigating actions include:

- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Further increasing the frequency of hand washing and surface cleaning.
- Keeping the activity time involved as short as possible - preferably below 15 minutes.
- Using screens or barriers to separate people from each other – particularly where 1 metre plus rules apply.
- Where reasonably practicable, and service delivery allows, reducing the number of people each person has contact with by using fixed teams or partnering, or alignment to team working patterns to keep the number of contacts to a minimum.
- Physical distancing applies to all parts of the organisation, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain physical distancing.
- Wearing a surgical mask (type IIR) is still required when moving around Trust premises as there is an increased risk of coming into contact with other individuals within corridors and doorways.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Where the physical distancing guidelines cannot be followed in full, even through redesigning a particular activity, services should consider whether that activity needs to continue for the organisation to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.



3 Ventilation guidance for buildings and vehicles

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of respiratory infections.

When someone with a respiratory illness breathes, speaks, coughs or sneezes, they release particles (droplets and aerosols) containing the virus that causes infection. While larger droplets fall quickly to the ground, aerosols containing the virus can remain suspended in the air. If someone

breathes in virus particles that are suspended in the air, they can become infected. This is known as airborne transmission.

In poorly ventilated rooms and vehicles the amount of virus in the air can build up, increasing the risk of spreading infections, especially if there are infected people in the room / vehicle. The virus can also remain in the air after an infected person has left.

Bringing fresh air into a room and removing older stale air that contains

virus particles reduces the chance of spreading infection. The more fresh air that is brought inside, the quicker any airborne virus will be removed from the room.



Steps to be considered where reasonably practicable

- Openable windows and vents should be used more than normal, as long as security is considered, and the open windows do not cause a hazard to anyone moving outside. If possible, windows should be opened for at least 10 minutes every hour.

- Ventilation systems that use recirculated air should be avoided.





4 Frontline patient facing staff

Guidance on physical distancing and Infection prevention and control precautions **MUST** be adhered to all times. Information for clinical and frontline patient facing staff can be found in the IPC Ambulance Guidance found here:

[COVID-19: guidance for ambulance services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-guidance-for-ambulance-services)



Physical Distancing:

All staff are still required to adhere to physical distancing whilst at work and where physical distancing cannot be followed in full; they must ensure they have mitigated the risk by the wearing of a surgical face mask (type II) in non-clinical settings and type IIR R fluid resistant surgical mask (FRSM) in clinical settings. Some organisations may opt to provide only Type IIR FRSM to avoid any potential for confusion.

- **At least 1 metre** (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing whenever feasible to 2m in all areas.

- Physical distancing is recommended to remain at 2 metres in the respiratory pathways and unscheduled/ emergency care.



- Type IIR facemasks must be worn in the front of vehicles.

Infection Prevention and Control precautions:

All staff are reminded that compliance to hand hygiene procedures is the single most important factor in the transmission of healthcare associated infections.





5 Control Rooms / Call Centres

For people who work in control rooms / call centres, workstations should allow them to maintain physical distancing wherever possible. As these workstations need to be shared, they should be shared by the smallest possible number of people and cleaned between users.

People must not congregate, gather or have group discussions unless essential for operational functions, and in such circumstances physical distancing must be maintained or the risk mitigated by wearing a surgical face mask (type IIR).

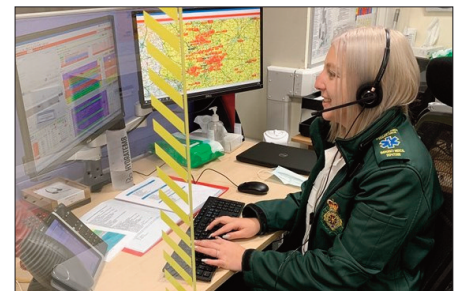
If it is not possible to keep workstations 2m apart then organisations should consider whether that activity needs to continue for the organisation to operate and if so, take all mitigating actions possible to reduce the risk of transmission.

Consideration should be given to restricting access for control rooms / call centres to essential staff only.

Staff are still required to wear a surgical face mask (type IIR) when moving around, except when they are sat at a

workstation which is 2 metres apart or protected by screens/ barriers.

Each desk space should ensure a stock of alcohol hand gel, tissues and IPC approved cleaning wipes.



Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move workstations further apart:
 - Use screens or barriers to separate people from each other.
- Align staff to teams where possible and/or consider reducing relief working across rotas.
- Clean workstation area as a minimum at the beginning and end of shift and after a break period.
- Use messaging facilities where possible rather than face to face engagement (and if not, maintain physical distancing of 2m or 1m plus with risk mitigation where 2m is not viable).
- Consider an increase in cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc. (based on local risk assessment).
- Additionally lateral flow testing can be used as an addition to mitigation measures.



6 General Office areas

For people who work in one place, workstations should allow them to maintain physical distancing wherever possible. Workstations should be assigned to an individual and not shared. If they need to be shared, they should be shared by the smallest possible number of people and cleaned between users.

People must not congregate, gather or have group discussions unless essential for operational functions, and in such circumstances physical distancing must be maintained.

If it is not possible to keep workstations 2m apart then organisations should consider whether that activity needs to continue for the organisation to operate and if so, take all mitigating actions possible to reduce the risk of transmission

Staff are still required to wear surgical face masks when moving around, except when they are sitting at a workstation 2 metres apart or is protected by screens/ barriers.



Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move workstations further apart:
 - Use screens or barriers to separate people from each other.
- Avoid use of hot desks and spaces. Where not possible, clean workstations between different occupants including shared equipment.
- Align staff to teams where possible.
- Clean workstation area as a minimum at the beginning and end of shift and after a break period and when switching users.
- Use messaging facilities where possible (and if not, maintain physical distancing of 2m or 1m plus with risk mitigation where 2m is not viable).
- Restrict access for staff to only those working in that department / area.
- Consider increased cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

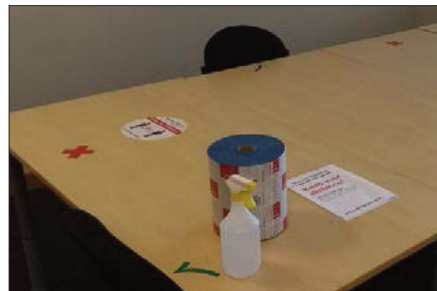


7 Meeting Rooms

Meeting rooms should allow staff to maintain physical distancing wherever possible. Desks and workstations should be and cleaned between users and all meeting papers and rubbish removed or disposed of after the meeting.

If it is not possible to keep seating arrangements 2m apart then organisations should consider whether the meeting room is suitable for use.

Staff are still required to wear a surgical face mask (type IIR) when moving around, except when they are sat 2m apart or protected by screens / barriers.



Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move workstations further apart:
 - Use screens or barriers to separate people from each other.
- Clean desks and workstation area and any equipment used as a minimum at the beginning and end of every meeting.
- Use messaging facilities where possible (and if not, maintain physical distancing of 2m or 1m plus with risk mitigation where 2m is not viable).
- Increase cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc.
- Additionally lateral flow testing can be used as an addition to mitigation measures.



8 Training Rooms / Facilities

Training areas should allow all staff and students to maintain physical distancing wherever possible.

Desks and workstations should be 2 metres apart unless screened and assigned to an individual and not shared. Screened desks must be at least 1m apart. If desks need to be shared, they should be shared by the smallest possible number of people and cleaned between users.

People must not congregate, gather or have group discussions unless essential for training requirements, and in such circumstances physical distancing must be maintained.

Staff are still required to wear a surgical face mask (type IIR) when moving around and undertaking group activities, except when they are sitting at a workstation 2 metres apart or is protected by screens/ barriers.

Shared training equipment must be decontaminated after every use and stored in a clean area.



Staff should wear Level 2 PPE whilst undertaking any training involving physical contact e.g. CPR practice, manual handling etc.

Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move workstations further apart:
 - Use screens or barriers to separate people from each other.
- Avoid use of hot desks and spaces. Where not possible, clean desks and workstations between different occupants including shared equipment.
- Align staff to training teams where possible.
- Clean desks and workstation area as a minimum at the beginning and end of training session and after a break period.
- Ensure adequate supply of alcohol gel and IPC approved cleaning wipes in all training rooms.
- Use messaging facilities where possible (and if not, maintain physical distancing of 2m or 1m plus with risk mitigation where 2m is not viable).
- Restrict access for visitors, students, and staff to only those that are in the group for training purposes.
- Increase cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc.
- Consider the use of other risk mitigations including introducing lateral flow tests for all students prior to attendance on courses



9 Driving Instruction / Training

Training areas should allow all staff and students to maintain physical distancing wherever possible. When in the classroom desks and workstations should be assigned to an individual and not shared. If they need to be shared, they should be shared by the smallest possible number of people and cleaned between users.

People must not congregate, gather or have group discussions unless essential for training requirements and in such

circumstances physical distancing must be maintained.

Staff are still required to wear a surgical face mask when moving around and undertaking group activities, except when they are sitting at a workstation 2 metres apart or is protected by screens/barriers.

Students and instructors must wear surgical face masks (type IIR) when together in a vehicle.



Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move workstations further apart:
 - Use screens or barriers to separate people from each other.
- Align staff to training teams where possible.
- Clean desks and workstation area as a minimum at the beginning and end of training session and after a break period.
- Clean vehicle high touch points as a minimum at the beginning and end of each training session and after each student change. Pay particular attention to steering wheels, gear stick, instrument switches and door handles.
- Restrict access for visitors, students, and staff to only those that are in the group for training purposes.
- Increase cleaning frequencies particularly in relation to frequently touched contact points such as door handles, equipment etc.
- Ensure adequate supply of alcohol gel and IPC approved cleaning wipes in all training rooms.
- Consider the use of other risk mitigations including introducing lateral flow tests for all students prior to attendance on courses



10 Rest Room and Canteens

Rest rooms and canteens areas should allow all staff to maintain physical distancing wherever possible. Sitting and dining tables should be shared by the smallest possible number of people and cleaned between users.

People must not congregate, gather or have group discussions unless essential and in such circumstances social distancing must be maintained or mitigate the risk by wearing a surgical face mask.

If it is not possible to keep sitting and dining tables 2m apart then organisations should take all mitigating actions possible to reduce the risk of transmission in line with the physical distancing guidance.

Staff are still required to wear surgical face mask (type IIR) when moving around, except when they are sat eating or drinking or at a workstation 2 metres apart or is protected by screens/ barriers.



Steps to be considered where reasonably practicable

- Managing occupancy levels to enable physical distancing.
- Ensuring that there is adequate ventilation, through mechanical ventilation or by opening of windows.
- Review layouts and processes to allow people to work further apart from each other (2m, but if not as greater than 1m plus with mitigations as a minimum).
- Using floor tape or paint on uncarpeted flooring to mark areas to help staff keep to a 2m distance or 1m plus with risk mitigation where 2m is not viable.
- Only, where it is not possible to move sitting and dining tables further apart:
 - Use screens or barriers to separate people from each other.
- Staff to clean sitting and dining tables before and after use.
- Good housekeeping – no personal clutter, clean up after yourself
- No dishes should be left in sinks/worktops – wash up
- Food should not be shared
- Clean microwave after use
- Ensure all food is in sealed containers or food grade bags, named and dated.
- Ensure adequate supplies of alcohol gel and IPC approved cleaning wipes are available.
- Restrict access for visitors and staff that are not deemed essential.
- Increase cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc.
- Additionally lateral flow testing can be used as an addition to mitigation measures.



11 Events and physical gatherings



Steps to be considered where reasonably practicable

- Should not be held on sites during the winter period and can be reviewed in the Spring.
- Whilst in work, Covid secure measures remain in place and must be followed on Trust premises.
- Buffet/ communal foods must not be shared.
- The Trust to provide consistent and regular messaging through comms for both work and social events on how to stay safe.
- Although discouraged if gatherings are undertaken outside of the work environment, this should not be within the working groups of a specific team which would detrimentally impact service delivery through a Test and Trace (in Scotland Test and protect) exercise of close contact. A risk assessment on the gathering and its potential impact on service delivery should be carried out by the event organiser/ line manager.
- Current UK government guidance does not restrict social gatherings, however we would recommend the following actions to reduce the risk to yourself and colleagues:
 - Get vaccinated - All adults in the UK have now been offered at least 2 doses of a COVID-19 vaccine. The vaccines are safe and effective. Getting fully vaccinated is the best way of protecting you and others against COVID-19.
 - Lateral Flow Testing (LFT) – It is recommended to undertake a LFT at least twice a week but consider testing yourself before going to a social event.
 - Where possible plan events outdoors or in well ventilated room.
- Limit the numbers attending the event if possible.
- Consider wearing a face covering in overcrowded areas
- Consider lateral flow tests for all attendees prior to arrival
- Alcohol Gel available on all tables and at strategic points
- Consider temperature checking station at entrance
- Do not attend if you are symptomatic, test positive or have been in contact with someone that is.
- Further guidance is available via this link [*Coronavirus: how to stay safe and help prevent the spread*](#)



12 Safe management of the environment - non-clinical areas

Cleaning should be incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g.

- Toilets
- “Frequently touched” surfaces such as door and handles.

Decontamination of the environment must be performed using either:

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine av.cl.; or local IPC team approved alternative.
- A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl.; or local IPC team approved alternative.
- Approved Detergent/ Disinfectant Wipe.

Disinfectant must be used in high risk sites/ Outbreak areas.

Cleaning schedules should be based on individual risk assessments for that area. Domestic staff should adhere to bare below the elbows and wear appropriate PPE.





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Appendix 1 - IPC posters

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in the cabs of vehicles



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing wherever feasible to 2m in all areas.
- Physical distancing is recommended to remain at 2 metres in the respiratory pathways and unshared/emergency care.

Mitigating actions whilst in vehicles include:
All staff must wear a surgical facemask when in a trust vehicle with other people.

- It is recommended that all staff go through a safety checkpoint on arrival at a trust location.
- Where practical staff should sit separately in vehicles e.g. in cars the passenger should sit in the back instead of the front.
- Increasing the frequency of hand hygiene with alcohol gel.
- Whilst on standby or meal break, staff must always ensure physical distancing is complied with by making use of the facilities and space within the building.
- Ensure vehicles are well-ventilated, e.g. open a window, ventilation systems should not be set to recirculate the air within the vehicle.
- Where reasonably practicable consider reducing the number of people each person has contact with by using fixed teams or partnering.
- Ensure regular cleaning of vehicles, in particular, between different users.
- If both crew members are in the cab of an ambulance, both must wear a surgical mask. The driver must wear a mask unless they possess that it impacts upon driving safety (i.e. reduced visibility due to fogging of prescription glasses).

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the vehicle is well ventilated by routinely opening windows;
- Regular cleaning of vehicle surfaces, controls and equipment within the cab;
- Especially between switching from driver to attendant and at the end of shift;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.


If you receive an alert to isolate, please follow the trust Test, Trace & Trace policy and procedure.

Remember: As a member of the NHS you are a role model in your community. Please behave responsibly in applying Infection, Prevention & Control measures at all times to protect yourself - in doing so you protect your patients, your colleagues, your loved ones and all those you meet.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 when coming to/from work



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing wherever feasible to 2m in all areas.

Mitigating actions when coming to/from work include:
All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- It is recommended to have a safety checkpoint set up at all entry points.
- Staggering arrival and departure times at work to reduce crowding.
- Providing additional parking or facilities such as bike racks etc.
- Limiting car sharing where practical and if required occupants are to comply with the use of face masks.
- Providing more storage for staff for clothes and bags.
- Using markings/signage and introducing one-way flow at entry and exit points.
- Providing additional hand hygiene facilities e.g. handwashing facilities or hand sanitiser stations.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

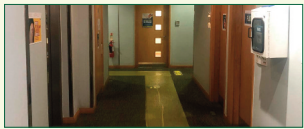
If you receive an alert to isolate, please follow the trust Test, Trace & Trace policy and procedure.

Remember: As a member of the NHS you are a role model in your community. Please behave responsibly in applying Infection, Prevention & Control measures at all times to protect yourself - in doing so you protect your patients, your colleagues, your loved ones and all those you meet.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 when moving around trust sites



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing wherever feasible to 2m in all areas.

Mitigating actions when moving around trust sites include:
All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- Staff are required to wear a surgical face mask when moving around premises.
- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones or other electronic devices, where permitted, and clearing them between use.
- Restricting access between different areas of a building or site.
- Reducing job and location rotation, particularly where this involved moving between different staff groups.
- Introducing more one-way flow through buildings.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible. Making sure that people with disabilities are able to access lifts.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Trace & Trace policy and procedure.

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in general office areas



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing wherever feasible to 2m in all areas.

General office mitigating actions include:
All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- Staff are required to wear a surgical face mask when moving around premises.
- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones or other electronic devices, where permitted, and clearing them between use.
- Restricting access between different areas of a building or site.
- Reducing job and location rotation, particularly where this involved moving between different staff groups.
- Introducing more one-way flow through buildings.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible. Making sure that people with disabilities are able to access lifts.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Trace & Trace policy and procedure.


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Appendix 1 - IPC posters

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES
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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in the Control Room



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask; protective screens around desk areas) increasing wherever feasible to 2m in all areas.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Track & Trace policy and procedure.

Control room and contact centre mitigating actions include:

All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- It is recommended to have a safety checkpoint set up at all entry points.
- Where staff are moving around the control room, they are required to wear a surgical face mask.
- Align staff to teams where possible and/or consider reducing lift working across sites.
- Clear workstation area as a minimum at the beginning and end of shift and between users.
- Use messaging facilities where possible.
- Where possible and appropriate establish one-way flows.
- Restrict access for staff to only those working in the control centre, and where possible, avoid working in "dual roles" (e.g. in an operational and control room rotational role).
- Increase cleaning frequencies particularly in relation to frequently touched contact points such as door handles, etc.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.


If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in meeting rooms/areas



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask; protective screens around desk areas where they are separated at 1m plus) increasing wherever feasible to 2m in all areas.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Track & Trace policy and procedure.

Meeting rooms/areas mitigating actions include:

All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- Staff are required to wear a surgical face mask when moving around premises.
- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones or other electronic devices, where permitted, and cleaning them between uses.
- Restricting access between different areas of a building or site.
- Reducing job and location rotation, particularly where this involved moving between different staff groups.
- Introducing one-way flow through buildings.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible. Making sure that people with disabilities are able to access lifts.
- Lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.


If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES
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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in the Training Centre



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask; protective screens around desk areas where they are separated at 1m plus) increasing wherever feasible to 2m in all areas.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Track & Trace policy and procedure.

Training Centre mitigating actions include:

All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- It is recommended to have a safety checkpoint set up at all entry points.
- Consider virtual learning platforms and remote working tools.
- Consider staggering practical assessment/ skill station access to limit the numbers of students in the area.
- Group work should be undertaken in line with physical distancing principles, with considerations for working side by side instead of face to face. Where practical forming student groups or bubbles to limit the numbers of students in contact with each other.
- Avoiding transmission during training sessions, for example, avoiding sharing pens and other objects.
- Providing hand sanitiser, disinfectant wipes and tissues in training rooms.
- Ensure workspaces and equipment are wiped down following training sessions.
- Additionally lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

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Seasonal Respiratory Infections (SRIs) secure Winter 2021/22 in the Crew rooms



COVID-19 is still prevalent in our communities and adherence to our Working Safely during Winter 2021/22 and trust Test and Trace procedures is paramount.

Compliance is expected from all staff, visitors and contractors when undertaking duties in non-clinical areas and moving around trust buildings or working in vehicles.

You must still maintain physical distancing in the workplace wherever possible. This should be based on local trust assessment and should be:

- At least 1 metre (with appropriate risk mitigations i.e. ventilation, surgical mask) increasing wherever feasible to 2m in all areas.

Please Note

If you have downloaded the NHS COVID-19 Test and Trace app remember to switch off Contact Tracing when you arrive at your workplace and switch it on again when you leave at the end of your shift / working day.

If you receive an alert to isolate, please follow the trust Test, Track & Trace policy and procedure.

Control room and contact centre mitigating actions include:

All individuals are required to wear a surgical mask when within buildings, unless they are protected behind protective screens or on your own within a room/office, or when eating/drinking.

- Staff are required to wear a surgical face mask within the crew room except when they are eating or drinking.
- The sharing of communal food/buffets is not permitted.
- The organisation should stagger break times to reduce pressure on break rooms or canteens. Limit the numbers of staff who can use the facilities at one time.
- Using safe outside areas for breaks where possible. Staff should not take breaks or have lunch with shared vehicles with other people.
- Encouraging staff to remain on-site and, when not possible, maintaining physical distancing while off-site.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Ensure people tidy away and clean any equipment, crockery and cutlery after use.
- Lateral flow testing can be used as an addition to mitigation measures.

Contact with someone confirmed as COVID-19 positive

If a member of staff has come into close contact with someone who has COVID-19 symptoms or confirmed COVID-19 and they were either not wearing appropriate PPE, or there was a breach in the PPE, then they must inform their line manager and cooperate in the undertaking of a risk assessment as soon as possible.

If the risk assessment concludes that there has been a significant breach or close contact without PPE the member of staff must then follow local Test and Trace policy and procedure.

If the risk assessment confirms that any of the mitigation listed below has been in place and appropriately adhered to, they are not considered as a close contact and do not need to isolate:

- Trained in IPC and the wearing of a surgical mask;
- Ensuring the premises is well ventilated by routinely opening windows;
- Regular cleaning of surfaces, controls and equipment;
- Use of surgical masks where the 2m physical distancing rule cannot be maintained.

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Appendix 2 - Hierarchy of Controls



September 2021

The Hierarchy of Controls

The latest update to the National PHE IPC guidance for the management of COVID-19 was launched at the beginning of June 2021. There are no changes to the type of or level of PPE required in this update but there is an increased focus upon the implementation of the 'Hierarchy of Controls'.

The hierarchy of controls are a set of controls, presented in order, to control a given risk.

In this situation the risk is COVID-19, but the risk can be anything. The controls in the hierarchy are always the same with the most effective risk reduction control (elimination) appearing first in the hierarchy.

Control and What does this mean?



1. ELIMINATION

Redesign the job or substitute a substance so that the hazard is removed or eliminated.



2. SUBSTITUTION

Replace the process with a less hazardous one.



3. ENGINEERING CONTROLS

Controlling aspects of the environment such as water supply or ventilation etc.



4. ADMINISTRATIVE CONTROLS

These are all about identifying and implementing the procedures you need to work safely. For example developing policies and procedures for managing patients with COVID-19, signage to indicate maximum room occupancy, social distancing posters etc.



5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Use of PPE should only be considered when all other controls are exhausted and where the risk can't be adequately controlled without it.



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Daren Mochrie OAM
CEO, North West Ambulance Service NHS Trust (AACE Chair)

Martin Flaherty OBE, OAM
(AACE Managing Director)



Appendix 2 - Hierarchy of Controls

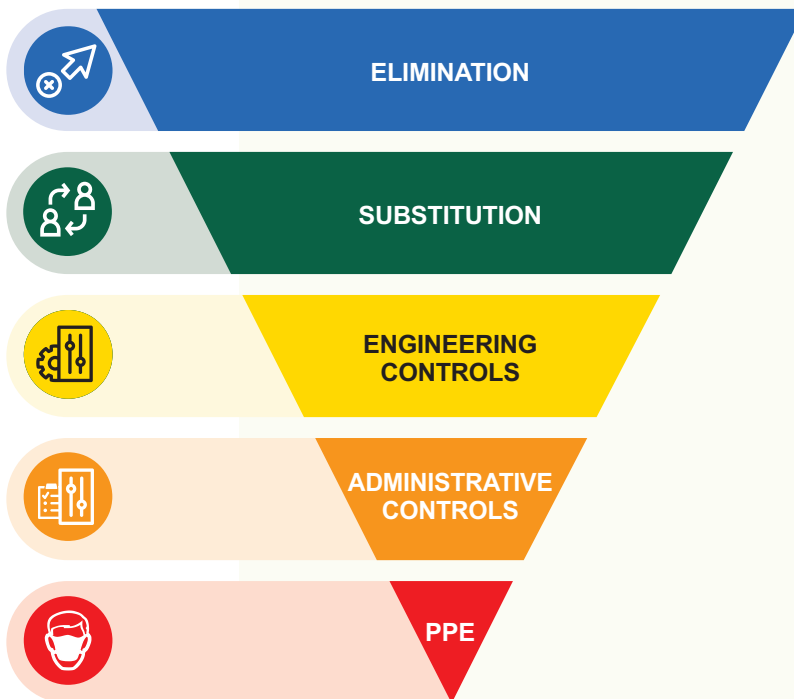


SYSTEMATIC PROCESS

The controls should always be worked through systematically with the last control, PPE, only being utilised where the other controls cannot reduce the risk sufficiently.

If PPE is required all other controls should also be utilised to ensure reduction of the risk to the lowest level possible. PPE should never be seen as the only control measure.

Sometimes the hierarchy of risk reduction controls are presented as an inverted colour coded triangle as below:



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Daren Mochrie OAM
CEO, North West Ambulance Service NHS Trust (AACE Chair)

Martin Flaherty OBE, OAM
(AACE Managing Director)



Appendix 2 - Hierarchy of Controls



SYSTEMATIC PROCESS

You can practically apply the hierarchy of controls to your work in an ambulance setting by doing the following::



ELIMINATION: Mitigations include:

- Triage and assess patients before arrival where possible i.e. scheduled care
- Remote working where possible, for office staff
- Twice weekly lateral flows, Vaccination of staff
- Self isolation of staff where necessary



SUBSTITUTION

- This is not generally possible for emergency healthcare to achieve as treatment needs to be carried out, the emphasis needs to be on the other controls however this could be achieved through increasing remote care and assessment, treatment and advice through 111, telecare hear and treat etc.



ENGINEERING CONTROLS: Mitigations include:

- Ventilation - keep engines running and set to extract
- Review layout of offices and centres to ensure social distancing can be applied
- Use protective screens in offices and contact centres
- Limit number of patients in PTS vehicles, 1 metre apart as a minimum with risk mitigation
- Stagger rota and shifts if possible



4. ADMINISTRATIVE CONTROLS : Mitigations include:

- Dynamic Risk Assessment at all incidents
- Policies and procedures to follow, signage, posters, hand hygiene / hand hygiene training
- PPE training - Donning and Doffing
- Remote working, social distancing, good communications
- Twice weekly lateral flow testing



PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Ensure right PPE is worn at all times. Level 2 for all patients. Level 3 for AGPs
- FRSM for all patients
- Surgical masks to be worn when walking around buildings
- Monitoring of PPE

If you require any further information about the hierarchy of controls or how you can utilise them in your work please contact the IPC team or your manager to discuss.



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www.aace.org.uk

Daren Mochrie OAM
CEO, North West Ambulance Service NHS Trust (AACE Chair)

Martin Flaherty OBE, OAM
(AACE Managing Director)



Where to obtain further guidance

COVID-19: what you need to do

<https://www.gov.uk/coronavirus>

Support for businesses and employers during coronavirus (COVID-19)

<https://www.gov.uk/coronavirus/business-support>

General guidance for employees during coronavirus (COVID-19)

<https://www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19>

Definitions

Surgical Face Mask:	Refers to medical grade surgical facemasks either type II surgical mask or type IIR fluid resistant surgical masks.
Ambulance Service non-clinical areas:	Ambulance control rooms, training centres, general offices, ambulance premises, ambulance cabs.
Common areas:	Refers to areas and amenities which are provided for the common use of more than one person including canteens, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.
Local COVID alert level:	Local COVID alert levels set out information for local authorities, residents and workers about what to do and how to manage the epidemic in their area. Find out what you can and cannot do according to the local COVID alert level, in the areas where you live, work or travel. https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know
Support Bubble:	The term 'support bubble' refers to single adult households, where adults live alone or with dependent children only, expanding their support network so that it includes one other household of any size. Read further information about support bubbles.