Building Re-Opening
Information and Q & A session
Re-Opening the Building

- The re-opening of the CHBH has been planned in-line with UK Government and University guidelines and recommendations.

- Phased re-opening; each new phase will gradually allow more activity and access.

- Prioritising essential activities that can not be undertaken while working from home and can be undertaken safely (following a risk assessment).

- We must continue to work from home for all other activities.
Re-Opening Principles

In planning to safely re-open the CHBH our main considerations are;

- **Increased hygiene standards** (cleaning protocols, hand & equipment sanitiser, hand washing, reduce number contact surfaces/equipment)
- **Maintain social distancing** (movement through building, office space usage, limiting number of people in centre at any one time)
- **Implement additional measures where social distancing is not possible** (face coverings and additional cleaning protocols)
- **Support track and trace, if required, through record keeping** (initially pre-arranged attendance, verbally signing in/out at reception, avoiding a paper sign in sheet, contact details recoded)
It’s really important to note that the approval for the building to open, is separate from the approval for research activities to start.

Currently, the University has not approved research involving human participants. A document is being prepared for wider circulation soon, this will provide some further information about how research with human participants will be approached.

However, we’re working to gather information on non-participant work that could be undertaken, complete the risk assessments etc.

And, we are also preparing to submit risk assessments for some limited participant work for MRI and MEG, however, it’s not yet clear what the timeline for this will be.

We are working towards having the building approved by early to mid-July.
This is a summary of the **proposed** re-opening phases.

Based on the current guidance and information, and all going to plan, we are confident that Phases 1 and 2 will proceed as planned, and reasonably confident that we will be able to proceed into Phase 3 as planned, pending a decision on human participant work.

However, as you would expect, it is more difficult to predict what the situation will be in the later phases. It’s a working, document so it needs to remain adaptable inline with any changes in guidance.

We are currently working on **how** we will determine which projects may come online in Phase 3, but the main determining factor will be that currently, no external visitors can come onto campus.

I’m sure you’ve noticed that we are focusing on starting with some non-participant lab work, as well some MRI and MEG projects. This decision was based on discussions with College H & S.

Activities that involve close and prolonged physical contact with participants, for example putting on EEG caps, should be held until later in the phased return. However,
the situation is ever evolving, so it may be that we can bring this forward – if we can bring it forward safely we will. Settling in activities with manageable participant contact first will give us the opportunity to iron out any bugs and use this information as we start other modalities and activities.

At the moment, we will not be able to have external visitors or participants on campus. This means that, when we are allowed to commence human participant work, we may only be able to use UoB colleagues or students for now. This will unfortunately limit the projects that can start.

However, if we can show that we can successfully undertake these activities with in-house participants, we will be in a better place to start with external participants as soon as that is possible.

We have set down some key measures that need to me met before moving onto each new phase.

To give you an idea, some examples of the key measures are;

No ‘negative’ change in Government, University or College guidance on Covid-19 related restrictions.

Phase 2 successful in ensuring social distancing.

Additional hygiene measures continuing effectively.

Continued availability of necessary consumables/cleaning products.

Successfully implemented new scanning processes.

Refresher Operator training completed.

One thing that we do need to keep in the back of our minds, is that if the situation were to change, there is the possibility that we could have to partially or fully re-close. We have a plan, as best we can, for cover if key people are required to self-isolate.
The front entrance will be two way, so we will need to be very careful about when people arrive and leave.

During the closure, all of our swipe-access was removed, we will need to manually add this back on. For now, all access requests are going via the College Operations Manager. We are hopeful that once we are up and running, or as we move into the University’s Phase 2 of opening, this access will be devolved back to the Centre to manage.

Initially reception will not be open, so you will not be able to access the building unless you have pre-arranged a time.
When can I come back to CHBH?

For now, you can only attend the CHBH if;

- You have pre-arranging it with the Operations Manager, Jessica Mylchreest (j.mylchreest@bham.ac.uk)
- You have been requested to attend for training, or to participate in a specified project by either Chief Radiographer, Nina Salman or MEG Support Officer, Jonathan Winter.

- Then you will need to;
  - Complete the University’s ‘Return to Campus’ online Canvas Course [https://intranet.birmingham.ac.uk/staff/coronavirus/phased-campus-reopening.aspx](https://intranet.birmingham.ac.uk/staff/coronavirus/phased-campus-reopening.aspx)
  - Read and acknowledge the CHBH local COVID Secure Induction.
  - Completed modality specific training and/or induction (if required).

- If you need to attend CHBH to collect something from your office this will also need to be pre-arranged. The College is working on a ‘click and collect’ arrangement, but details are still to be confirmed.
When can I start working in my office again?

We have not had any confirmation from the University about a general return to offices, but when we do...

We will work with people in multi-occupancy offices to agree a plan to maintain social distancing, options include:

- Agreeing a work schedule
- Moving people within the office to remove face-to-face working
- Relocating some people to other rooms within the CHBH (like break-out, meeting, hot-desk rooms) to maintain social distancing.

In the meantime, you can request RDP access to your work PC if necessary.
Important H & S changes

- There will be new covid secure policies and processes;
  - CHBH re-opening induction
  - Modality or activity specific training
  - Updated Wiki and intranet information (risk assessments available on intranet)
  - Contact list of people if you have any questions or concerns.
- Covid Secure assessments of each activity will need to be considered

- There is a new online form for locally reporting **non-urgent** Health and Safety concerns. It's located on the CHBH Intranet, under CHBH Resources. You can report anonymously if you would prefer.

- If you see something that could pose an **immediate risk** to a colleague, student or participant, please contact the following people immediately;

**CHBH H&S Representative**
Nina Salman  
[Email](mailto:n.salman@bham.ac.uk)  
07966 311 325

**CHBH Operations Manager**
Jessica Mylchreest  
[Email](mailto:j.mylchreest@bham.ac.uk)  
07970 771 407

(Alternatively, if they are not available, please contact your PI or Line Manager)
Reporting symptoms

It will be important to remember that as we start to return to campus, if you think that you or someone you live with, might have COVID-19 related symptoms, or have tested positive…

The main symptoms of coronavirus are:

**high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

**new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

**loss or change to your sense of smell or taste** – this means you’ve noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.


Please follow the guidance for Staff and Line Managers here -

[https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx](https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx)

(top expansion box under both Staff and Line Managers)

Alongside informing the relevant School Operations Manager, please also inform the CHBH Operations Manager, Jessica Mylchreest.

(j.mylchreest@bham.ac.uk or 07970 771 407)
Questions

No matter how well planned we are, there will always be something that we’ve missed, guidance that changes (especially at the moment) and plans that need amending once we try them out. There are still many ‘what if’s’.

But... if you have any questions, we will do our best to answer them.

Submitted Questions –

When will it be possible to have external visitors and speakers? Is this likely to be possible in September?

* I was unable to find any specific answer to this on the Intranet Q and A. However it seems unlikely based on the information we have been given to date. Even if we were allowed external speakers, it appears highly unlikely that a meeting or gathering of more than a few people would be allowable.*
Questions

When will EEG and TMS projects start, and how is this decision made?

Based on the discussions with the College H & S Coordinator, activities with close and prolonged physical contact, like this, would not meet the risk v’s benefit test – risk to both researcher and participant. Whilst some protective processes and equipment may mitigate the covid risk, these would not be sufficient for these types of activities.

As the situation and guidance changes (hopefully for the better) we will constantly be reviewing which activities could start, and then undertaking the necessary risk assessments.

Before any activity re-starts, we will need to consider whether a covid secure risk assessment needs to be completed, some activities will be sufficiently covered under the building or modality assessment, other activities will need an additional risk assessment.
Questions

Will there be PPE available?
There are some activities that do not allow the 2m social distancing to be maintained at all times, for example positioning a participant ready for a scan.
In these situations other, protective processes will be implemented, these include:
- Changing some processes to reduce the length of contact and removing the transfer of documents or other items between people.
- Limiting the number of people in contact
- Additional cleaning protocols before, during and after.
- When it is deemed as necessary, we will provide face coverings (basic surgical masks) for the operator and participant.

A surgical mask provides a barrier between the nose and mouth of the wearer and potential contaminants in the immediate environment. However, masks are only intended to block large particle droplets from sneezes or coughs, splashes, sprays and splatters that may contain bacteria or viruses from reaching the wearer’s mouth or airway.

Surgical masks are NOT ENOUGH to filter out viruses such as COVID-19, their benefit is limited. They don’t protect from airborne virus particles, from a cough or a sneeze, getting into your eyes. They are just another physical barrier between you and the participant as you will be getting within 2 meters of them during the screening/scan positioning.

We will provide these basic surgical face masks and ensure they are MRI safe for MRI participants. (Sterile Removal of Metal Nose Strip)

Masks and other face protecting barriers should be the last line of defence.