

Department for Work and  
Pensions (DWP) Guidance for  
Health and Disability  
Assessment Providers carrying  
out Face-to-Face Assessments  
during the COVID-19 period

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## 1. Introduction

### 1.1 Purpose of the document

- 1.1.1 This document has been produced for the Department for Work and Pensions' (DWP) health and disability assessment providers – Centre for Health and Disability Assessments (CHDA), Capita and Independent Assessment Services (IAS) – and the DWP Assessment Centres.
- 1.1.2 It draws on existing published sources including national infection protection and control and other public health material, and guidance from the Department for Business, Energy and Industrial Strategy (BEIS) and Health and Safety Executive (HSE). The Department has consulted with the Department of Health and Social Care (DHSC), UK Health Security Agency (UKHSA) and HSE and taken into consideration comments provided by Cabinet Office, Scottish and Welsh Government officials, public health bodies in Scotland and Wales and the Department's Chief Medical Officer.
- 1.1.3 The document sets out minimum standards for the physical building measures, safe systems of working and personal protective measures that must be in place before using Assessment Centres for the purposes of face to face health and disability assessments during the coronavirus (COVID-19) period. As such, the document reflects the Department's national approach, referencing published sources for England and generally uses terminology common across England. The Department recognises the Scotland and Welsh equivalents and provides links to relevant published sources of guidance throughout and in Annex B ("Key guidance resources"). The guidance will be kept under review to ensure the Department's approach remains aligned with published government, public health and HSE guidance.
- 1.1.4 It is essential that the standards outlined are followed to minimise the risk of infection and help protect claimants and Provider personnel – both healthcare professionals (HCPs) undertaking the face to face assessments and non-clinical staff involved in running the Assessment Centre operation. The safety and protection of everyone working in or attending an Assessment Centre is of paramount importance to the Department.

### 1.2 Risk assessment

- 1.2.1 The Department is taking a risk-based approach in the standards set for Assessment Centre safety; risks have been assessed in line with published HSE and Working Safely guidance – links in 1.2.6 below.
- 1.2.2 Limiting transmission of the COVID-19 virus requires a range of infection prevention and control measures, which can be considered as [a hierarchy of risk controls](#).
- 1.2.3 The Department has identified reasonable and practical measures to control and manage COVID-19 risk in the Assessment Centre environment. Administrative controls have been implemented at an organisational level (including changes to assessment booking procedures to stagger appointment times and limit the number of people in an Assessment

Centre at any one time; and the introduction of screens). Such measures will help prevent the introduction of infection and control and limit the transmission of infection. The control of exposure at source, including adequate ventilation systems and effective environmental decontamination (for example, frequent cleaning of high frequency touchpoints) will physically reduce potential exposure to infection.

- 1.2.4 Applying these preventative measures in line with the hierarchy of controls, routinely and systematically, should reduce the COVID-19 risk to the lowest reasonably practicable level. Only in a minority of close contact assessment situations, when risk assessed, will the final level in the hierarchy of controls be required – use of personal protective equipment (PPE).
- 1.2.5 In addition to the Department’s overarching assessment of risk, Providers will also undertake site-level risk assessments to ensure the environment is COVID-safe for their staff and claimants. See [3.8](#) below. In line with health and safety guidance and business as usual practices, risk assessments should be kept under review to ensure that risks identified are up to date and controls in place are still relevant.
- 1.2.6 Further information about risk assessment can be found at:
- HSE guidance: [Making your workplace COVID-secure during the coronavirus pandemic](#)
  - HSE guidance: [Risk assessment during the coronavirus \(COVID-19\) pandemic](#)
  - HSE guidance: [Managing risks and risk assessments at work](#)
  - Government guidance for England: [Working safely during coronavirus \(COVID-19\) in offices , factories and labs](#)
  - Government guidance for Scotland: [Coronavirus \(COVID-19\): returning to offices - gov.scot](#)
  - Government guidance for Wales: [Keeping Wales safe at work](#)

### 1.3 Structure of the document

- 1.3.1 This document maps the claimant journey through the Assessment Centre from entering the building, the reception and waiting room environments, moving around the site, the assessment room itself and leaving the building. It also includes details of information claimants will receive in advance of their assessment and what they should take into account before the appointment.
- 1.3.2 For each element of the journey through the Assessment Centre, the guidance describes the physical and personal protective measures that will be in place to make sites COVID-19-secure and ensure the safety of Provider staff and claimants.
- 1.3.3 [Annex A](#) includes detailed guidance on the assessment room environment in ‘Guidance for healthcare professionals undertaking face-to-face assessments for Industrial Injuries Disablement Benefit (IIDB), Work Capability Assessment (WCA) and Personal Independence Payment (PIP)’. This section of the guidance sets out the measures that will be taken to ensure the safety of healthcare professionals and claimants in the assessment room.

## 1.4 Estates arrangements

- 1.4.1 Physical measures for front of house settings were developed in partnership with DWP Estates based on those in place in the DWP Jobcentre Plus environment and DWP provided detailed plans for the installation of social distancing measures, including example floor plans and signage for the Assessment Centres.

The Department acknowledges that the estates arrangements differ between Providers, and similarly there are differences in landlord arrangements (for example, some sites are shared with the Department; some with other businesses; and others are stand-alone Assessment Centres). Therefore, the Department accepts that it will not have been possible for physical COVID-19 precautionary measures to be replicated exactly in all sites.

- 1.4.2 In Summer 2021, Governments announced social distancing is no longer a legal requirement in England, Scotland and Wales so, as such, some of the signage and floor markings that have been installed are no longer relevant. However, there are no imminent plans to require any signage, floor markings to be removed in Assessment Centres therefore it is requested all current signage etc. continues to be displayed and Providers should ensure that the needs of people with sensory disabilities are considered – for example, in regards to visual impairments – increased contrast, minimum text sizing, DWP’s corporate typeface FS Me (developed by Mencap) and embossed Braille signage.
- 1.4.3 The over-riding requirement is to ensure that the broad principles and minimum standards described in this document relating to physical measures are applied in the most appropriate way. DWP Contract Management and Partner Delivery Account Team colleagues will discuss assurance arrangements separately.

## 2. Claimant Journey

### 2.1 Prior to assessment

2.1.1 **Appointment Letter:** Claimants invited to a face to face assessment will receive additional information with their invitation letter.

2.1.2 This additional information will refer claimants to published guidance on travelling safely ([Safer Travel Guidance for Passengers](#)) and local guidance and restrictions (in [England](#), [Scotland](#) or [Wales](#) ) so they can plan their journey to and from the Assessment Centre in advance.

[NB –Claimants are told to contact the assessment Provider straight away if travel restrictions mean they cannot get to their appointment; in such cases, Providers should re-arrange the assessment].

2.1.3 Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be clinically extremely vulnerable (CEV) will not be advised to shield again. If claimants were previously identified as CEV, they are advised to continue to follow the guidance contained in [Coronavirus: how to stay safe and help prevent the spread](#). Individuals should consider advice from their health professional on whether additional precautions are right for them.

2.1.4 The appointment letter will also highlight that claimants should not attend their appointment if, at the time of the assessment, they, or anyone coming to the assessment with them:

- have symptoms of COVID-19; or
- are following guidance to self-isolate, including after entering the UK from abroad; or
- have been contacted by the NHS and have been advised to stay at home.

2.1.5 Claimants will be referred to guidance in [England](#), [Scotland](#) or [Wales](#), which include information about the legal requirements for self-isolation in certain circumstances.

2.1.6 The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough;
- a high temperature;
- a loss of, or change in, your normal sense of taste or smell (anosmia).

More information is available on the [NHS website](#).

2.1.7 If they cannot attend their appointment for the reasons outlined above, claimants are advised to contact the Assessment Provider to rearrange.

2.1.8 The additional information will also state that where possible, claimants should attend their assessments alone. If claimants need a companion for support, they are requested to bring only one adult with them. Where this is not possible or they also need support from an interpreter or support worker, they are advised to contact the Provider. This is to ensure the Assessment Centre is notified of how many people will attend an Assessment Centre.

- 2.1.9 The additional information also states that claimants must not bring children to the assessment. They are asked to contact the Provider if they cannot make childcare arrangements so that the Provider can consider the best way to carry out the assessment.
- 2.1.10 The additional information also states that claimants (and companions where present) must wear a face covering when attending the Assessment Centre unless a [reasonable excuse not to](#) applies. This is because the Department needs people to wear face coverings in its buildings. If the claimant or companion does not have one, a disposable face mask will be provided.
- 2.1.11 In circumstances where claimants (and/or companions) do not wear a face covering, the Provider is expected to carry out the assessment as planned in light of the infection prevention and control measures that will be in place as described in this document. Providers' risk assessments (see [1.2](#) above) should consider all relevant factors on a case by case basis to determine if:
- additional reasonably practicable measures should be adopted by the HCP; or
  - an alternative mode of assessment is appropriate/possible.
- 2.1.12 NB – options may differ between benefit assessment type; for example, there is no telephone assessment option for IIDB.

## 2.2 Entering the Assessment Centre

- 2.2.1 **Signage:** Clear signage will be in place at the entrance to the Assessment Centre advising, as a minimum, that claimants should not enter if they have COVID-19 symptoms.
- 2.2.2 **Access into the building:** Access to the building will be managed by the security guard (if there is one), site staff or Provider staff to control the number of people on site at any time. Additional management may be required where it is not feasible to use an alternate route to enter and exit the site. Arrangements for who manages access into the building may differ from site to site and depending on Provider-specific estates management arrangements.
- 2.2.3 **Temperature checking:** There is no evidence that thermal temperature monitoring is useful as a population assessment tool and therefore temperatures should not be taken on entering the building.
- 2.2.4 **Face coverings:** Claimants (and companions where present) must wear a face covering before entering the Assessment Centre unless they have a reasonable excuse not to. This is because the Department needs people to wear face coverings in its buildings.
- 2.2.5 People should wear face coverings if indoors and in an enclosed space and meeting people they do not normally meet. Claimants and companions should keep the face covering on until they leave unless there is a reasonable excuse for removing it.
- 2.2.6 Government guidance on face coverings, including exemptions and other circumstances in which it is permitted to remove a face covering, is available online for [England](#), [Scotland](#) or [Wales](#).
- 2.2.7 Providers should not ask a claimant (or companion) to disclose why they cannot wear a face covering nor ask claimants (or companions) for any written evidence of their exemption/reasonable excuse not to wear one; this includes exemption cards. They do not

need to seek advice or request a letter from a medical professional about their reason for not wearing a face covering.

- 2.2.8 If the claimant (or companion) is not wearing a face covering on arrival, the security guard (if there is one), site staff or Provider staff will ask if they have one. If they do not have a face covering and do not have a reasonable excuse for not wearing one, a disposable face mask will be provided on arrival at the site.
- 2.2.9 There is published guidance available on how to make and wear face coverings – see 2.2.6 above. A face covering is something that safely covers the nose and mouth. This can be a reusable or single-use face covering; or a scarf, bandana, religious garment or hand-made cloth covering that fits securely fit round the side of the face.
- 2.2.10 Reasonable excuses for not wearing a face covering will include people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability and who may rely on lip reading, clear sound or facial expression to communicate. In these circumstances (and for all other exemptions), the Provider should consider and determine the most appropriate way to carry out the assessment taking both claimant and Assessment Centre personnel safety into account.
- 2.2.11 **Hand sanitiser:** Hand sanitiser will be provided at the entrance of the site, to be used by claimants and companions on entering the building. The security guard (if there is one), site staff or Provider staff are responsible for reminding claimants, and companions where present, to use the hand sanitiser provided on entering the Assessment Centre.
- 2.2.12 **NHS QR code posters:** Providers in England and Wales must [register for an official NHS QR code](#), and display an official NHS QR code poster so that claimants, companions and visitors can ‘check in’ using this option as an alternative to providing their contact details. Official NHS QR posters can be [generated online](#) (see 3.2 below). More information about NHS QR codes and how to generate them is on the [NHS COVID-19 app website](#).
- 2.2.13 Providers in Scotland do not need to create or display these posters because the NHS Protect Scotland app does not include ‘check in’ functionality. If this functionality is made available in a later version of the NHS Protect Scotland app, then Providers in Scotland must register and display an official NHS QR code. More information about the NHS Protect Scotland app is available on [the NHS Protect Scotland app website](#).
- 2.2.14 In sites where the Provider shares premises with DWP and there is a shared entrance, the Provider will not need to generate a separate code.

## 2.3 Reception/waiting area

- 2.3.1 **Waiting area:** The appointment booking approach will be changed to minimise the use of the waiting area. Appointment times will be staggered to minimise the number of claimants arriving at any one time. Claimants are requested not to arrive more than 10 minutes early for their assessment. Any unnecessary clutter should be reduced (to make cleaning easier).
- 2.3.2 **Seating:** Seating in waiting areas may be adapted and if appropriate, some seating will be designated as “closed” (or removed). Signage will be used on seating to highlight where a seat must not be used.

- 2.3.3 **Reception screens:** Screens will be in place at the designated signing in desk/reception counter in all Assessment Centres. These screens (with or without audio holes) assist in providing a safer environment for reception staff without the need for them to wear face coverings or additional PPE.
- 2.3.4 **Document handover:** Where claimants need to provide documents (for example, evidence of identity or medical condition information), these should be submitted in line with Providers' specific processes. Hand sanitiser should be available for claimants to use before passing documents over and again on receiving them back. Provider staff are also advised to hand sanitise before handling the documents and after passing the documents back to the claimant. Gloves do not need to be worn when handling documentation but skin to skin contact should be avoided. Claimants should be asked to place documentation onto the reception counter or desk in the assessment room and step away, so that the Provider staff can pick it up safely.
- 2.3.5 **Confirming contact details and symptoms:** Claimants and companions, where present, will be asked to provide information relating to the scenarios and symptoms in 2.1.4 and 2.1.6 above. As well as helping keep the Assessment Centre environment safe for claimants and Provider staff, this information will also help the Providers to support the NHS contact tracing process (see [3.2](#) below).
- 2.3.6 Where the Provider has concerns about the claimant/companion having or potentially having the virus in light of information provided or symptoms displayed, they should be sent home immediately, advised to self-isolate (see 2.1.5 above) for the advised period, and advised to arrange for a COVID-19 test. The Provider should follow their business as usual guidance for re-arranging the appointment.
- 2.3.7 Where the opinion of the claimant or companion differs to the opinion of Provider personnel as to the presence of symptoms, the opinion of the Provider will take precedence, taking into account published guidance on symptoms as 2.1.6 above refers.
- 2.3.8 The Department recognises that there will be different guidance relating to cleaning across the different parts of Provider estate. Providers are advised to follow the relevant cleaning guidance in place for their Assessment Centres where a claimant has presented with suspected or confirmed case of COVID-19. The principles for cleaning following a suspected or confirmed case are detailed in [3.1.3](#) below.

## 2.4 Getting to the assessment room

- 2.4.1 **Circulation areas:** Circulation areas within sites will be managed by the security guard (if there is one), site staff or Provider staff. Arrangements may differ as recognised in earlier parts of this document. A one-way system should be in place wherever possible and directional signage provided as appropriate, in line with COVID-19 estates management arrangements for the individual building. Where a one-way system is not feasible, Providers should follow guidance from the building's estates management to enable the safe movement of claimants and staff through the Assessment Centre.

- 2.4.2 **Lifts:** Signage should be in place to highlight that only one claimant plus a companion should use the lift at any one time.
- 2.4.3 Only those with mobility issues should use the lift; but, in line with business as usual practices, people with mobility issues should not use the lift if they are unable to exit the building via a stairwell in the event of an emergency. Evacuation chairs should continue to be used in the normal way. Providers should consider this scenario in risk assessment considerations. In line with business as usual arrangements, claimants should have notified the Providers in advance of any mobility issues that need to be taken into account.

## 2.5 In the assessment room

- 2.5.1 **Signage:** Signage will be in place on assessment room doors to indicate if the room is in use.
- 2.5.2 **Maintaining social distance in assessment rooms:** All assessment rooms that will be used for face to face assessments should allow for a 2 metre distance between the HCP and the claimant.
- 2.5.3 Similarly, where a companion attends with the claimant a 2 metre distance will be needed between the HCP and the claimant and their companion, but not between the claimant and their companion.
- 2.5.4 The 2 metre distance from the HCP should be marked out from the edge of the desk where the HCP's chair is.
- 2.5.5 The Provider will have responsibility for marking out assessment room floors and arranging any moves of furniture that may be required to ensure the 2 metres distancing can be maintained (ensuring that any changes do not add risk into the assessment room environment).
- 2.5.6 **Cleaning:** The Provider should also ensure any clutter in the room is reduced (to make cleaning easier – see [3.1](#) below).
- 2.5.7 **Hand sanitiser:** The Provider should ensure there is hand sanitiser in the assessment room for the HCP to use between assessments. Where the assessment room has a sink in it, normal hand washing can be undertaken instead. There is no requirement for hand sanitiser for claimants to use in the assessment room as it will be available at reception and entry/exit points to the building.
- 2.5.8 **Assessment:** PIP and WCA assessments will be no-touch during the COVID-19 period. Any physical assessment will be undertaken at a distance of 2 metres with the claimant demonstrating active movements only. IIDB assessments will continue as normal (but see 2.5.9 - 2.5.10 below).
- 2.5.9 **PPE and face coverings:** The 'Guidance for Health Care Professionals Undertaking Face-to-Face Assessments' ([Annex A](#)) sets out the basic PPE that should be worn by the HCP for all benefit assessments, with additional items required for IIDB (close contact) assessments. Claimants, companions (where present) and the HCPs should keep face coverings on throughout their time in the Assessment Centre (but see 2.2.6 above regarding exemptions/reasonable excuses not to wear one).

- 2.5.10 The guidance at 2.5.8 – 2.5.9 and Annex A also applies to other assessment types (for example, for Veterans Agency). Wherever possible, assessments should be carried out at a 2 metre distance. Where this is not possible and a close contact assessment is necessary (in the minority of cases), the IIDB approach should be adopted.
- 2.5.11 **Terminating an assessment:** If the healthcare professional has concerns about the claimant/companion having or potentially having the virus in light of information provided or symptoms displayed during the assessment itself, the assessment should be terminated and steps taken in line with 2.3.6 – 2.3.7 above.
- 2.5.12 Providers should follow the relevant guidance for their Assessment Centres in relation to cleaning following a suspected or confirmed case (see [3.1.3](#) below).

## 2.6 Exiting the assessment room/centre

- 2.6.1 **Exiting the assessment room:** HCPs will ensure the corridor is clear before the claimant leaves the room.
- 2.6.2 **Hand sanitiser:** Hand sanitiser will be provided at the site exit for claimants to use. The security guard (if there is one), site staff or Provider staff are responsible for reminding claimants, and companions where present, to use the hand sanitiser provided when exiting the Assessment Centre.
- 2.6.3 **Exiting the site:** Provider staff should ensure that the claimant and companions leave the building promptly to minimise the number of people in the Assessment Centre at any one time. Additional management may be required where it is not feasible to use an alternate route to enter and exit the site.

## 3. Additional Information

### 3.1 Cleaning

#### 3.1.1 Standard additional cleaning

3.1.1.1 Additional cleaning will be undertaken at all sites during the COVID-19 period, alongside business as usual cleaning regimes. For general cleaning and wiping down where no one has symptoms of, or confirmed, COVID-19, usual standard cleaning agents should be used (for example, detergents and bleach).

3.1.1.2 Dispose of routine waste as normal, placing any used cloths or wipes in ‘black bag’ waste bins. There is no need to put them in an extra bag or store them for a time before throwing them away where no one has symptoms of, or confirmed, COVID-19. Waste does not need to be segregated unless an individual in the setting shows symptoms of, or tests positive for, COVID-19 – see 3.5.5 below.

3.1.1.3 When cleaning/wiping surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used, where no one has symptoms of, or confirmed, COVID-19.

3.1.1.4 As a minimum, frequently touched surfaces (for example, keyboards and telephones) should receive touchpoint cleaning twice a day. One of these should be at the beginning or the end of the working day. More frequent touchpoint cleaning should be undertaken where items are used by more than one person.

3.1.1.5 Providers are required to ensure that appropriate cleaning regimes are in place in their Assessment Centres in line with [published guidance](#).

3.1.1.6 As an example, the information below reflects the level of cleaning that DWP is adopting across its estate. It is based on published cleaning guidance that advises cleaning at the start and end of the day as a minimum, adjusted upwards according to traffic. The DWP additional cleaning regime is:

- Touch point cleaning of reception areas, waiting rooms and communal areas during the core working hours
- Checking and spot cleaning washrooms/shower facilities hourly
- Checking and spot cleaning kitchenettes and tea points hourly
- Checking and spot cleaning other high traffic areas more frequently during the day, including:
  - Door push-plates
  - Hand rails
  - Communal worktop surfaces
  - Sanitisation stations
- Checking and replenishing stocks of consumables, including but not limited to:
  - Paper based disposable products
  - Sanitisation products
  - Approved for use PPE

- Hand washing products.

### 3.1.2 Within the assessment room

- 3.1.2.1 Following each assessment, the Provider should ensure that high frequency touchpoints and areas that the claimant will have had prolonged contact receive a touchpoint clean. Particular attention must be given to, for example, door handles, chairs (vinyl/plastic areas), desks and examination couches (where relevant).
- 3.1.2.2 Chairs with fabric elements (for example, seats/backs) do not need to be cleaned between assessments. Covers should be intact.
- 3.1.2.3 Time will need to be allowed between appointments for the cleaning described in 3.1.2.1 above. Ten minutes should suffice. Usual standard cleaning agents should be used.

### 3.1.3 Specific cleaning if a suspected or confirmed case

- 3.1.3.1 The guidance below is relevant if there is a suspected case of COVID-19 and/or where a claimant or their companion has tested positive for the virus recently and where:
- they are currently in the Assessment Centre; or
  - their appointment has taken place in the previous 48 hours.
- 3.1.3.2 Information that there has been a positive COVID-19 test result could come from NHS contact tracing services or be advised by the claimant themselves on the day of the assessment or subsequently.
- 3.1.3.3 Providers should follow the relevant cleaning guidance in place in their estates setting, following the published [principles of cleaning after a suspected or confirmed case has left the setting or area](#).
- 3.1.3.4 Public areas where a symptomatic person has passed through and spent minimal time, but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.
- 3.1.3.5 All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas, such as toilets, door handles, telephones and grab rails in corridors and stairwells (targeted touchpoint cleaning).
- 3.1.3.6 Published government guidance does not set out a need for deep cleaning (including fogging and taking swabs), although exact cleaning arrangements may differ in line with different Provider estates settings.
- 3.1.3.7 The published guidance referred to in 3.1.3.3 above reflects that:
- the minimum PPE to be worn for cleaning an area after a person with symptoms of, or confirmed, COVID-19 has left the setting is disposable gloves and an apron; and

- if a risk assessment of the setting indicates specific viral contamination risks, then additional protection, including PPE, may be recommended. The local Health Protection Team from [UK Health Security Agency \(UKHSA\)](#), [Health Protection Scotland \(HPS\)](#) or [Public Health Wales \(PHW\)/Local Public Health \(Wales\)](#) can advise on this.

3.1.3.8 In situations where someone has symptoms of COVID-19, the published advice is to double bag and store waste for 72 hours as an additional precaution – see 3.5.5 to 3.5.9 below and published guidance on [Disposing of waste](#) and [Cleaning in non-healthcare settings outside the home](#).

## 3.2 Contact tracing

### 3.2.1 Collecting claimant and companion data for NHS contact tracing

3.2.1.1 By maintaining records of staff, claimants, companions and visitors, (and displaying an official NHS QR poster in England and Wales – see 2.2.12 above), Providers will be able to help NHS contact tracing services ([Test and Trace](#) in England; [Test and Protect](#) in Scotland; [Test Trace Protect](#) in Wales) if needed, to identify and notify people who may have been exposed to the virus.

3.2.1.2 Records should be kept in a way that is manageable for the Provider. In the case of claimants, Providers will already have means of providing this information without the need for additional record keeping (i.e. through appointment booking systems). If information has been collected solely for the purpose of NHS contact tracing, it must be securely disposed of or deleted after 21 days. Records that are made and kept for other business purposes do not need to be disposed of after 21 days. Further guidance is available for [England](#), [Scotland](#) or [Wales](#).

3.2.1.3 Providers are required to record responses to claimant and companion screening questions at initial reception stage (see 2.3.5 above). Companion contact details should also be captured at this point unless they have been notified in advance and the Provider already has the details recorded on their systems. Reception staff will capture this information.

3.2.1.4 The provision of information is voluntary and claimants/companions who do not provide their details can still enter the Assessment Centre for their scheduled appointment. However, Providers should, in line with published guidance, encourage claimants and companions to share their details in order to support NHS contact tracing. They should be advised that this information will only be used where necessary to help stop the spread of COVID-19. Ideally, at least one member of every party of claimants/companions/other visitors will agree to provide their name and contact details.

3.2.1.5 If a claimant or companion informs the Provider that they do not want to share their details for the purposes of NHS contact tracing, they can choose to opt out. If people opt out, Providers should not share information used for booking purposes with NHS contact tracing.

3.2.1.6 The accuracy of the information provided will be the responsibility of the individual who provides it. There is no requirement for the Provider to verify an individual's identity for NHS contact tracing purposes.

3.2.1.7 Providers do not have to request details from people who check in with the official NHS QR poster, and should not ask them to do both. Providers must not make the specific use of the NHS QR code a precondition of entering the Assessment Centre (as the individual has the right to choose to provide their contact details instead, or not at all, if they prefer).

3.2.1.8 For more detailed guidance, see NHS contact tracing guidance in [England](#), [Scotland](#) or [Wales](#). Providers are asked to pay particular attention to the GDPR and consent sections and ensure that information is requested, stored and managed accordingly (including that relating to claimants who opt out). Information collected beyond that which is routinely kept for business as usual purposes should be securely disposed of or deleted after 21 days.

### 3.2.2 Claimants and/or companions with the virus/suspected infection

3.2.2.1 Should a claimant or companion test positive for the virus after their appointment and they have advised NHS contact tracing services they have been to an Assessment Centre, Providers may expect NHS contact tracing teams to make contact (depending on timescales).

3.2.2.2 The published guidance states that if NHS contact tracing services request information, this does not mean that the Assessment Centre must close. NHS contact tracing services will, if necessary, undertake an assessment and work with the Provider to understand what actions need to be taken. NHS contact tracing services will give the necessary public health support and guidance. Further information is included in the guidance linked at 3.2.1.8 above.

## 3.3 Business continuity plans

3.3.1 If an Assessment Centre needs to close for a temporary period for any COVID-19 related reason (for example, if required for deep cleaning to take place or implications of local lockdown\*), Providers should follow their existing business continuity plans for actions to take in the event of a site closure and the subsequent need to cancel appointments.

\*implications and handling arrangements are outside the scope of this document.

## 3.4 PPE and face coverings for clinical and non-clinical staff

3.4.1 The most effective methods of preventing the transmission of COVID-19 are still regular hand hygiene and good respiratory hygiene. [HSE guidance](#) is that where these measures are robustly and systematically applied within a hierarchy of risk control principles, the risk of disease transmission will be significantly reduced. Only in a few specific circumstances will a risk assessment indicate that further PPE is required (see 1.2.2 and 1.2.4 above).

3.4.2 **PPE:** The 'Guidance for Health Care Professionals Undertaking Face-to-Face Assessments' ([Annex A](#)) sets out the basic PPE that should be worn by the HCP for all benefit assessments, with additional items required for (close contact) assessments. This is informed by published [government](#) and [Health and Safety Executive \(HSE\)](#) guidance.

3.4.3 Where PPE is to be used, it is important that staff understand how to put it on and remove it safely. Providers should ensure this is reflected in relevant upskilling material/sessions. Information quick guides/posters are available online:

- [Guide to donning and doffing PPE](#)
- [Taking of personal protective equipment \(PPE\) Standard Infection Control Precautions](#)

3.4.4 Protective screens at reception points provide a safer environment for staff without the need for them to wear additional PPE.

### 3.5 Disposal of PPE and face coverings

3.5.1 Before and after PPE or face coverings are put on and removed, the wearer should wash their hands or use hand sanitiser.

3.5.2 Used face coverings or PPE, such as gloves, should be disposed of as follows:

- In the 'black bag' waste bin
- Do not put them in a recycling bin as they cannot be recycled through conventional recycling facilities.

3.5.3 Used face coverings or PPE, such as gloves, do not need to be:

- Put in an extra bag
- Stored for a time before throwing them away.

3.5.4 Waste does not need to be segregated unless an individual in the setting shows symptoms of, or tests positive for, COVID-19.

3.5.5 Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

- Should be put in a plastic rubbish bag and tied when full
- The plastic bag should then be placed in a second bin bag and tied
- This should be put in a suitable and secure place and marked for storage until the individual's test results are known.

3.5.6 This waste should be stored safely and should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

3.5.7 If the individual tests negative, this waste can be disposed of immediately with the normal waste.

3.5.8 If COVID-19 is confirmed, this waste should be stored for at least 72 hours before disposal with normal waste.

3.5.9 Published guidance is available on [Disposing of waste](#) and [Cleaning in non-healthcare settings outside the home](#).

### 3.6 Air conditioning/ventilation

- 3.6.1 In line with the [Health and Safety Executive advice](#) on ventilation and air conditioning, Providers will consider ways to maintain and increase the supply of fresh air in assessment rooms; for example, by opening windows and doors (unless fire doors), where this is possible and does not risk claimant privacy/confidentiality/safety.
- 3.6.2 Most types of air conditioning system will be used as normal. Where a centralised ventilation system that removes and circulates air to different rooms is in place, the recirculation setting will be turned off, replaced with a fresh air supply setting.
- 3.6.3 Estate management should assess whether there are any sites that present a risk in terms of air conditioning.

### 3.7 Toilets

- 3.7.1 Toilets inside premises should be kept open and access carefully managed to reduce the risk of transmission of COVID-19.
- 3.7.2 Steps that will usually be needed include:
- Use signs and posters to build awareness of: good handwashing technique; the need to increase handwashing frequency; the need to avoid face touching; and the need to cough or sneeze into a tissue that is binned safely, or into your arm if a tissue is not available
  - To enable good hand hygiene, ensure suitable handwashing facilities (including running water and liquid soap) and suitable options for drying (either paper towels or hand driers) are available
  - Set clear use and cleaning guidance for toilets, paying attention to frequently touched areas, including: toilet flush; toilet seat; toilet door locks and handles; taps; paper towel and soap dispensers; and door handles on access/entry. The frequency of cleaning should be increased in line with usage (for information, toilet facilities are being cleaned hourly in DWP)
  - Use normal cleaning products, paying attention to frequently hand touched surfaces, and consider use of disposable cloths or paper roll to clean all hard surfaces
  - Keep the facilities well ventilated; for example, by fixing doors open where appropriate
  - Put up a visible cleaning schedule and keep it up to date and visible
  - Provide more waste facilities and more frequent rubbish collection.

### 3.8 Site risk assessments

- 3.8.1 Providers will complete individual site health and safety COVID-19 risk assessments-
- 3.8.2 Providers are requested to confirm they have signed off buildings as ready for face to face assessments and/or escalate any sites where they have concerns. DWP Contract

Management and Partner Delivery Account Team colleagues will discuss assurance arrangements separately.

- 3.8.3 Providers are referred to published [government guidance](#), which refers to displaying a COVID-secure notice following completion of the risk assessment.

## Annex A: Guidance for healthcare professionals undertaking face-to-face assessments for Industrial Injuries Disablement Benefit (IIDB), Work Capability Assessment (WCA) and Personal Independence Payment (PIP)

This guidance assumes that the estate is COVID-secure i.e. optimal hand hygiene, frequent cleaning and surface decontamination, adequate ventilation and other measures where appropriate.

This guidance refers to additional measures necessary within the assessment room during a face-to-face assessment.

1. Assessments should not proceed if a claimant displays any symptoms of COVID-19 i.e.
  - a high temperature
  - a continuous cough
  - a loss or change to sense of smell or taste.

If a claimant starts to display symptoms during an assessment, the assessment should be terminated and the claimant advised to return home and follow NHS advice on what to do next. The claimant should be advised that the assessment will be rearranged.

2. For all benefit assessments claimants (and companions where present) are expected to wear a face covering unless an exemption applies (see also 2.2.4 in the main document). If they do not have a face covering a disposable mask will be provided.
3. Claimants must be assessed (and companions allowed with them in the assessment room) whether or not they are wearing a face covering; and whether or not this has been notified in advance. If the claimant (or companion) is unable to wear a face covering (as per guidance on exemption from wearing a face covering on gov.uk), or refuses to wear one, the Provider is expected to carry out the assessment as planned in light of the infection prevention and control measures that will be in place.
4. Providers' risk assessments (see section 1.2 in the main document) should consider all factors on a case by case basis to determine if:
  - additional reasonably practicable measures should be adopted by the HCP; or
  - an alternative mode of assessment is appropriate/possible.
5. For all benefit assessments, as a minimum requirement a fluid-resistant (Type IIR) surgical mask should be worn by the healthcare professional (HCP). This should be safely removed and discarded after each assessment.
6. Should the Provider deem that reasonably practicable measures referred to in paragraph 4 above involve the HCP wearing a higher medical grade mask, Providers should ensure these are purchased through DHSC central procurement. [Further details will be shared with Providers separately].
7. The HCP may wear additional eye or face protection e.g. a visor or goggles if necessary. As in paragraph 4 above, the use of these should be based on assessment of risk and should be worn

if blood and/or body fluid contamination to the eyes or face is anticipated or likely (ie in close contact IIDB assessments).

8. NB: Current evidence is that visors alone do not offer adequate protection. The addition of face coverings or masks in an enclosed space offers further protection.
9. For WCA and PIP assessments the HCP should aim to maintain at least 2m distance between themselves and the claimant and companions at all times.
10. For WCA and PIP the assessment will be no-touch i.e. a physical assessment will be conducted at a distance of 2m with the claimant demonstrating active movements only.
11. **For IIDB and other assessments requiring close contact only:**
  - a) A close-contact physical examination is frequently required for IIDB assessments and some others e.g. Veterans Agency.
  - b) As with all face to face assessments the HCP will wear a fluid-resistant (Type IIR) surgical mask.
  - c) The HCP will be required to wear additional PPE when directly assessing and examining a claimant within 2m.
  - d) Additional PPE will consist of:
    - Single use disposable gloves; and
    - Single use disposable plastic apron
12. All PPE to be safely donned, doffed and disposed of (as described in paragraph 3.4.3 of the main document).
13. Further information about PPE more generally is included at section 3.4 of the main document.
14. See also section 3.1 (Cleaning) and 3.5 (Disposal of PPE) in the main document.

## Annex B: Key guidance resources

### Key guidance resources [NB – this is not an exhaustive list]

#### General:

#### **COVID-19 symptoms**

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

#### **Stay at home**

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

#### **NHS Test and Trace**

<https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>

#### **Risk assessment and controls**

<https://www.hse.gov.uk/construction/lwit/assets/downloads/hierarchy-risk-controls.pdf>

#### **Working safely during the coronavirus outbreak**

<https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

#### **Department for Business, Energy and Industrial Strategy (BEIS) guidance**

Link to guides covering a range of different types of work. DWP's guidance has been informed by a number of these guides including offices and contact centres and close contact services

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

#### **Keeping workplaces safe as coronavirus (COVID-19) restrictions are removed**

<https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm>

#### **Face coverings**

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own#when-to-wear-a-face-covering>

#### **PPE**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877658/Quick\\_guide\\_to\\_donning\\_doffing\\_standard\\_PPE\\_health\\_and\\_social\\_care\\_poster\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878678/PHE\\_11606\\_Taking\\_off\\_PPE\\_064\\_revised\\_8\\_April.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878678/PHE_11606_Taking_off_PPE_064_revised_8_April.pdf)

**Cleaning**

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

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

**Waste disposal**

<https://www.gov.uk/guidance/coronavirus-covid-19-disposing-of-waste>

**Information relating to Scotland, Wales and Northern Ireland**

Scotland

[Scottish Government website](#)

[Public Health Scotland](#)

[Health Protection Scotland](#)

Wales

[Welsh Government website](#)

[Public Health Wales](#)

Northern Ireland

[nidirect website](#)

[Public Health Northern Ireland](#)