

TASK BASED RISK ASSESSMENT	RA GEN 038
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Site:	All applicable Howard Tenens sites	SSoW Ref – if applicable
		N/A

Release Date:	27 th May 2020	Review Date:	November 2020	Version No:	1
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Created by:	Chris Coulson – National HSEQ Manager	Date:	12 th May 2020
Reviewed by:	Jamie Hartles – CEO (HTLL) Karl Hodgkinson – Managing Director (HTLL) Dan Morris – Deputy Chairman Chris Packer – Divisional Manager & responsible for DR/BC Olly Smith – Divisional Manager & responsible for DR/BC Samantha Phillips – Business Resources Manager	Date:	12 th - 19 th May 2020
Approved by:	Members who attended (or were invited to attend), the National HSE Committee meeting dtd 20 th February 2020 at Sharpness	Date:	19 th – 26 th May 2020

Coronavirus (COVID-19) for Warehouse Environments

COVID-19 is a new infectious disease caused by a newly discovered coronavirus, that can affect the lungs and respiratory system. It has spread to nearly every country in the world since it first emerged in China at the beginning of the year. More than 4.1 million people are known to be infected and more than 282,000 deaths have been recorded - including 31,855 in the UK (as of 9th May 2020)

Most people infected with the COVID-19 virus will experience different symptoms, this can be mild to moderate respiratory illness and they recover without requiring special treatment. However, some people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious or severe illness, and it can even prove fatal

Understanding how COVID-19 is spread and how control measures work is key to preventing infection from occurring. There are two main ways in which coronavirus can be spread:

- From contaminated surfaces, i.e. when an individual touches the surface with their hands and then touches their eyes, nose or mouth
- From contaminated respiratory droplets released by individuals who are currently infectious. This mainly happens when someone coughs, sneezes or blows their nose but can also occur during normal respiration. Respiratory droplets are not airborne for long and is the reason for the government’s emphasis on social distancing involving people not coming within 2 metres of each other

Currently, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments throughout the world

Common symptoms include fever (high temperature – feeling hot to touch on your chest or back), a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours and shortness of breath. Other symptoms may include fatigue, muscle pain, diarrhoea, sore throat, loss of smell and abdominal pain. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days

By protecting the potential routes of entry into the body by social distancing, good personal hygiene practices and cleaning regimes we can effectively minimise any potential for infection, even when working in close proximity to someone who may be infected

This Risk Assessment has been completed following Government advice document (Working Safely during COVID-19), dtd 11th May 2020 and must be used in conjunction with RAGEN037 and RAGEN039.

2) Risk Ratings

- **Likelihood of Incidence (A):** To work out the likelihood of the incidence occurring, a numerical value (as below) should be used:

5. **Certainty (likely to occur at any moment).**
4. **Very likely (expect to occur once or twice a month).**
3. **Likely (expect to occur once or twice a year).**
2. **Unlikely to occur (would not normally happen).**
1. **Remote (would not occur).**

This figure will be variable, and the aim is to get it to 1, through existing safety and any additional safety controls.

- **Severity of Incidence (B):** To identify the potential severity involved, a numerical value (as below) should be used:

5. **Fatality.**
4. **RIDDOR Reportable injury (Specified Injury / Disease / Dangerous Occurrence).**
3. **Shielding 12 weeks**
2. **Self-Isolating 7 – 14 days**
1. **No lost time**

The severity of the injury is not likely to change, so to all intent and purposes this will normally be fixed.

- **Calculating the Risk (C).** The Risk Rating is worked out by the Likelihood (A) x Severity (B) = Risk Rating.

Likelihood	Severity				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

- **Determining Actions.**

Risk Rating	Priority	Controls Required
<=2	V. Low	The overall risk of transmission and further spread of COVID-19 is considered 'Very Low'. Maintain current control measures
3 - 5	Low	The overall risk of transmission and spread of COVID-19 is considered 'Low'. Maintain AND review current control measures
>5 - <=11	Medium	The overall risk of transmission and spread of COVID-19 is considered 'Medium'. Review risk mitigation measures and strengthen where possible
>11 - <20	High	The overall risk of transmission and spread of COVID-19 is considered 'High'. Significant efforts to improve mitigation measures or reduce transmission risk are required
>= 20	V. High	The overall risk of transmission and further spread of COVID-19 is considered Very High. Do not proceed until further control measures have been implemented

3) Identifying the Hazards and Assessment of Risk

- **Hazard Identification** = Something with the **Potential** to cause harm or injury.

In the table below, identify the hazards present for the task / activity / process that is being performed, **before any control measures** have been implemented and assess their individual risk using the matrix above.

Hazard(s) & Risk	Likelihood (A)	Severity (B)	Rating (A x B)
Exposure from others due to: <ul style="list-style-type: none"> • Living with someone with a confirmed case of COVID-19 • Coming into close contact with a confirmed case of COVID-19 • Being advised by the NHS that contact with a diagnosed case has occurred 	5	5	25
Suspected COVID-19 case whilst at work	5	5	25
Higher risk groups (Clinically Vulnerable and Extremely Vulnerable)	5	5	25
Ignoring social distancing measures	5	5	25
Access / egress to site	5	5	25
Poor / low levels of personal hygiene	5	5	25
Skin conditions (Dermatitis)	5	4	20
Poor levels of housekeeping / cleaning	5	5	25
Inadequate welfare facilities	5	5	25
Increased Mental Health issues (Anxiety / Stress etc)	5	5	25
First Aid and Emergency Response	5	5	25
Visitors and Contractual work	5	5	25
Lack of communications / poor education of staff	5	5	25
Deliveries by unknown persons / 3 rd parties	5	5	25
Employee error by failure to report incidents, failure to observe social distancing rules, failure to maintain good hand hygiene standards, failure of own duty of care etc. etc.	5	5	25
Wearing PPE incorrectly / not at all or lack of	5	5	25

4) Who is at Risk? – Identify who is at risk from the hazard.

At Risk?	<ul style="list-style-type: none"> • Howard Tenens Employees • Agency Workers • Visitors • Contractors (including cleaners)
Especially at Risk?	<ul style="list-style-type: none"> • Clinically Vulnerable People – these are individuals who are: <ul style="list-style-type: none"> • Aged 70 or older (regardless of medical conditions) • Under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab as an adult each year on medical grounds): <ul style="list-style-type: none"> • Chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis • Chronic heart disease, such as heart failure • Chronic kidney disease • Chronic liver disease, such as hepatitis • Chronic neurological conditions, such as Parkinson's disease, motor-neurone disease, multiple sclerosis (MS), or cerebral palsy • Diabetes • Weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets

	<ul style="list-style-type: none"> • Being seriously overweight (a body mass index (BMI) of 40 or above) • Pregnant women • Clinically Extremely Vulnerable People – these are individuals who fall into the following groups and will have already received a letter informing them of this or would have been told by their GP: <ul style="list-style-type: none"> • Solid organ transplant recipients • People with specific cancers: <ul style="list-style-type: none"> • People with cancer who are undergoing active chemotherapy • People with lung cancer who are undergoing radical radiotherapy • People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment • People having immunotherapy or other continuing antibody treatments for cancer • People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors • People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs • People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD) • People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell) • People on immunosuppression therapies sufficient to significantly increase risk of infection • Women who are pregnant with significant heart disease, congenital or acquired • Anyone else who physically comes into contact with someone who is infected with COVID-19 in relation to our business • Anyone who lives with someone who is defined as Clinically Extremely Vulnerable
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5) Control Measures – List existing control measures which are already in place.

Current Controls:	<ul style="list-style-type: none"> • Tenens Health and Safety Policy parts 1, 2 and 3 • Specific First Aid Policy (HTHSP008), includes various sections on Mental Health • First Aid Employee Summary Polices (HTHSP008a – h) • 2 x other risk assessments on COVID-19 for Office environments / admin workers (RAGEN037) and Transport Operations (RAGEN039), include various other current controls and additional controls required and, are to be used in conjunction with this Assessment • Current Government and NHS advice (and regular updates) • Home Working permitted to those who can work from home • Various local (HT) COVID-19 signage created, provided to all sites and displayed, including: <ul style="list-style-type: none"> • Hand Washing Instructions • Site information for visitors • General site information for employees • Various HT communications (via email), released on a regular basis • Several employees have been furloughed • Various Toolbox Talks regarding COVID-19 which include symptoms, hygiene advice, social distancing measures etc. created and released to the business • Additional cleaning materials purchased by local sites and used • Additional cleaning of hard surfaces, workstations, door handles etc. conducted daily • Bottles of alcohol-based hand sanitisers purchased and distributed across the business • Several trained Mental Health First Aiders in the business • Mental Health information / advice sent to all employees (via email) • Workers who are unwell with symptoms of COVID-19 are instructed to self-isolate in accordance with Government guidance (between 7 and 14 days) • It was agreed by Senior Management / Board level, at the on-set of the pandemic, that temperature monitoring of individuals will not form part of our (HT) risk based approach to controlling the virus, due to the potential for inaccurate readings being taken (it is not an exact science)
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	<ul style="list-style-type: none"> Workers in the Clinically Extremely Vulnerable group are instructed to ‘shield’ themselves in accordance with Government guidelines Workers who have identified themselves as being in the Clinically Vulnerable group who are at higher risk of severe illness e.g. people with some pre-existing conditions, (see definitions in section 4 above), have been asked to take extra care in observing social distancing and where applicable, are working from home, either in their current role or in an alternative role Back to back or side by side working instigated for pack bench areas FFP2 face masks (PPE) provided for First Aider use and casualties only, if treatment is required Government advice states, in an emergency, e.g. an accident, fire or break-in, people do not have to stay 2m apart if it would be unsafe Government guidance (dtd 11th May 2020), states, where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so Government guidance (dtd 11th May 2020), also states, when managing the risk of COVID-19, additional PPE beyond what you usually wear is not beneficial. This is because COVID-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE. Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19. Therefore, the role of face masks (PPE) in providing additional protection is extremely limited and is currently not a requirement within the business at time of writing, this will however, be reviewed if / when Government advice is updated or changes Those returning from affected regions or those concerned that they have come into contact with those displaying symptoms should call 111 (NHS England) for further medical advice, which may include / result in self-containment for a minimum of 14 days. For individuals displaying symptoms, reduce potential spread by leaving the workplace and return home immediately Individuals are constantly reminded not to touch eyes, mouth or nose with unwashed hands, particularly after coughing or sneezing. Hands should be washed with adequate soap and water for 20 seconds (and dried), or use hand sanitiser if soap and water is not readily available
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6) Additional Control Measures / Actions Required

- In addition to maintaining the above existing control measures (section 5), the following is also required to ensure that the risk is controlled as far as is reasonably practicable.
- Place a tick in column 1 when the below additional controls / actions have been completed. If it is not applicable, note ‘N/A’ accordingly. The priority column (column 3), assesses how quick the actions that are required should be completed to reduce the risk rating to as low as practically possible.

Tick	Additional controls / actions required	Priority
	Identify warehouse staff who can work from home, and where this is achievable, it is to be adopted	V. High
	Where warehouse operatives have identified themselves as ‘ Clinically Vulnerable ’ Individuals, ensure they are provided with additional information on observing social distancing guidelines and wherever practicable, are permitted to work from home in an alternative role	V. High
	If Clinically Vulnerable (but not Extremely Clinically Vulnerable) Individuals cannot work from home, they are to be offered the option of the safest available on-site role, enabling them to social distance (stay 2m away from others). If this is not achievable, they should shield themselves, in accordance with Government guidance	V. High
	Plan for the minimum number of people needed on site to operate safely and effectively	V. High
	Develop a process of keeping in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security	V. High
	Ensure alcohol-based hand gel sanitisers (min 70% alcohol), are located in areas where hand washing facilities are not readily available	V. High
	Review and reconfigure shift patterns by staggering start and finish times to reduce the number of workers on site at any one time	V. High

	Review and reconfigure pack bench areas to maintain social distancing and reduce face to face interactions by: <ul style="list-style-type: none"> Installing suitable screen dividers / barriers between pack benches which are facing each other Re-locating pack benches so they are a minimum of 2 meters apart Working side by side or back to back Reducing the number of people each person has contact with in the work area, by using 'fixed teams or partnering' (so each person works with only a few others) 	V. High
	Stagger break times to reduce congestion and personal contact in canteen / welfare areas	V. High
	Increase break regularity to allow individuals to wash their hands more frequently	V. High
	Ensure an adequate supply of 'in house' cleaning products are available (and used), in particular the following: <ul style="list-style-type: none"> Surface / disinfectant wipes Disposable cloths Sanitising spray (in accordance with our COSHH policy) 	V. High
	Enhance local 'in-house' cleaning regimes twice daily, paying particular attention to: <ul style="list-style-type: none"> Warehouse – work desks, pack benches, computer keyboards, handheld scanners handles of hand pallet trucks, machinery controls (stop / start buttons etc.) MHE – steering wheel, lever controls, charges and charging points And all other hard surfaces which are common touch points 	V. High
	Disable the use of any keypad entry code systems (eliminating the need for touch), and replace with a swipe card entry if, security is still a requirement	V. High
	Ensure RAGEN037 & RAGEN039 have been actioned in full, signed off by all applicable persons and communicated to all applicable employees	High
	Ensure any Home Workers thoroughly complete HTHSF180 – Home Working Self-Assessment paperwork	High
	Ensure any Home Workers, have completed the e-learning style PowerPoint training package and answered all questions on HTHSTRG035 within the last 2 weeks	High
	If 2 separate doors lead to the same part of the warehouse area, review current access / egress arrangements and adopt a one-way system for pedestrians wherever practicable	High
	Ensure Toolbox Talks (TBT045 – 048, 050 & 051) have been delivered to all warehouse operatives, including agency staff where applicable, within the last 2 months	Med
	Reduce the number of persons attending site inductions / training to a maximum of 6 and consider holding outdoors, if safe and practical to do so	Med
	Reduce frequency of deliveries by ordering larger quantities less often	Med
	Review and reconfigure site delivery and collection drop-off points, considering social distancing requirements i.e. additional signage and floor markings	Med
	Ensure the 'Staying COVID-19 Secure in 2020' poster, has been printed off (in colour), countersigned by the site Senior Manager (DM or equivalent), AND displayed on your H&S Noticeboard	Med
	Ensure any new Toolbox Talks on COVID-19 which are released following this RA, are communicated to all employees accordingly	Low
	Ensure your training matrix is updated accordingly on a frequent basis	Low
Tick	Behavioural / Management Checks	Priority
	Ensure all warehouse operative personal details and emergency contact numbers are up to date	V. High
	Remind employees daily (pre shift talks), of the importance of social distancing both in the workplace and outside	V. High

Where local 'face to face' meetings cannot be avoided, consider holding meetings as outside discussions OR in open spaces	V. High
Monitor smoking areas to ensure a maximum of 2 persons only use at any one time	V. High
Where practicable, consider split shifts / rotating working days or weeks in warehouses to reduce congestion on site	V. High
Ensure, as far as practicable, where staff are split into teams, that these are fixed (cohorting), so that where contact is unavoidable, this happens between the same individuals	V. High
Ensure computer workstations are assigned to one individual and not shared. Where sharing occurs, keep this to the smallest number of persons possible and label the names of who is permitted to use it	V. High
Monitor the well-being of people who are working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site	High
Request staff bring pre-prepared meals and re-fillable drinking vessels from their homes	High
Request staff to stay on site during break times and not use local shops	High
Ensure Toolbox Talks (TBT032 – Stress Awareness, TBT039 – Personal Hygiene & TBT042 – Mental Health), have been attended by all employees within the last 12 months	Med
Where Risk Assessment identifies the wearing of protective gloves, as a task requirement, ensure an adequate supply of these are provided	Med
Review any existing New and Expectant Mother Risk Assessments	Med
Remind staff that the wearing of gloves is not a substitute for a good hand washing regime (pre-shift talks and signage)	Low
Reinforcement of disciplinary procedures for failure to adhere to social distancing measures	Low
Ensure all completed HTHSF184 forms are stored in accordance with current GDPR rules	Low

7) Revised Risk Assessment Rating – Copy the hazard list from section 3 above into the table below.

- Revise the risk rating for each hazard once the above additional controls / actions have been implemented.

Hazard(s) & Risk	Likelihood (A)	Severity (B)	Rating (A x B)
Exposure from others due to: <ul style="list-style-type: none"> Living with someone with a confirmed case of COVID-19 Coming into close contact with a confirmed case of COVID-19 Being advised by the NHS that contact with a diagnosed case has occurred 	2	5	10
Suspected COVID-19 case whilst at work	2	5	10
Higher risk groups (Clinically Vulnerable and Extremely Vulnerable)	2	5	10
Ignoring social distancing measures	1	5	5
Access / egress to site	1	5	5
Poor / low levels of personal hygiene	2	5	10
Skin conditions (Dermatitis)	2	4	8
Poor levels of housekeeping / cleaning	1	5	5
Inadequate welfare facilities	1	5	5
Increased Mental Health issues (Anxiety / Stress etc)	2	5	10
First Aid and Emergency Response	1	5	5
Visitors and Contractual work	1	5	5
Lack of communications / poor education of staff	1	5	5

Deliveries by unknown persons / 3 rd parties	2	5	10
Employee error by failure to report incidents, failure to observe social distancing rules, failure to maintain good hand hygiene standards, failure of own duty of care etc, etc.	2	5	10
Wearing PPE incorrectly / not at all or lack of	2	5	10

8) Site Management Review

“I confirm that I have reviewed this risk assessment, made it site specific (where necessary) and fully implemented the additional control measures as detailed in section 6 above”.

Name	insert name	Name	insert name
Appointment	insert appointment	Appointment	insert appointment
Date	insert date	Date	insert date
Signature	insert signature	Signature	insert signature
Name	insert name	Name	insert name
Appointment	insert appointment	Appointment	insert appointment
Date	insert date	Date	insert date
Signature	insert signature	Signature	insert signature

- Comments may be entered in the box below

9) Confirmation and Review by Divisional Manager

“I confirm that the above additional controls have been actioned and that existing controls will be monitored to ensure they remain current and effective”.

Signature	insert signature	Name	insert name	Date	insert date
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- Comments may be entered in the box below.

10) Review by Representative of Employee Safety (RoES)

“I confirm that the above additional controls have been actioned and have discussed the findings of this Risk Assessment with my site Management team”.

Signature	insert signature	Name	insert name	Date	insert date
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- Comments may be entered in the box below.

11) Summary and Definitions

Summary	
National and local Health & Safety committees continue to keep under review the measures for Health and Safety at Work and it is considered that these forums work well. Specific Risk Assessments are conducted where required per site.	
Definitions	
Hazard	Something with the potential to cause harm.
Risk	Likelihood that harm may occur from the hazard.
Hazard Assessment	This is the risk to persons, property, equipment etc. of hazards that have been identified before any existing controls and additional control measures have been implemented.
Existing Control Measures	Existing controls in place to protect against the hazard(s). It is noted that some control measures may apply to several hazards hence control measures are all listed together collectively i.e. information, instruction and training may apply to numerous hazards.
Additional Controls / Actions	Column 1 to be ticked by the Departmental / Operations / Warehouse (etc.) Manager once the additional controls / actions required / behavioural checks etc. have been implemented (review of risk assessment may be required).
Revised Risk Rating	Revised risk once additional controls / actions required / behavioural checks have been actioned and implemented. This should be lower than the original risk rating in section 3.
Site Management Review	Name, Appointment, Date and Signature of Manager(s) who has been allocated responsibility by the Divisional Manager to ensure additional controls have been actioned and existing controls are maintained, along with any applicable comments.
Divisional Manager Responsible	Name, Signature, Date and authority of the Divisional Manager responsible for the site, along with and applicable comments.
RoES Review	RoES Review Name, Signature and Date of the Representative of Employee Safety for the depot, along with and applicable comments.

12) Sign Off and Acknowledgement – All Warehouse-Based Operatives

I confirm that I have read and understood the contents of this Risk Assessment. I also confirm that if I fall into the **Clinically Extremely Vulnerable** or **Clinically Vulnerable** categories highlighted above in section 4, that it has been brought to the attention of my line management team. Anything I did not understand in this RA, has been explained to my satisfaction.

I agree to follow this Risk Assessment and understand that any control procedures are provided for my safety and the safety of others to prevent the spread of COVID-19 throughout the workplace.

Name (Print)	Signature	Date	Name (Print)	Signature	Date

