

COVID RISK ASSESSMENT	RA GEN 037
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Site:	All applicable Howard Tenens sites	SSoW Ref – if applicable
		N/A

Release Date:	7 th April 2021	Review due:	3mthly or sooner	Version No:	4
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Current Risk Assessment Details			
Updated by:	Chris Coulson – National HSEQ Manager	Date:	29 th March 2021
Reviewed by:	Jamie Hartles – CEO (HTLL) Karl Hodgkinson – Managing Director (HTLL) Dan Morris – Deputy Chairman (HT Property) Olly Smith – Divisional Manager & responsible for BCP/DR Samantha Phillips – Head of Resources	Date:	29 th March – 6 th April 2021
Approved by:	Members who attended (or were invited to attend), the National HSE Committee meeting dtd 10 th Feb 2021 via MS Teams	Date:	29 th March – 6 th April 2021

Original Risk Assessment Details			
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 Feb 2020 at Sharpness	Date:	19 th – 26 th May 2020

Release and Previous Review Dates							
Original Release	27 th May 2020	1st Review	17 th Aug 2020	2nd Review	17 th Nov 2020	3rd Review	

Note – Updates to this Risk Assessment are highlighted in **YELLOW for ease of identification**

Coronavirus (COVID-19) for Office / Admin / Welfare 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. **Worldwide, more than 133 million people have been infected, and more than 2.8 million deaths have been recorded - including 126,882 in the UK (as of 7th April 2021)**

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 loss or change to your sense of smell (Anosmia) or taste (Ageusia) – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Other symptoms may include fatigue, muscle pain, diarrhoea, sore throat 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

There is growing evidence that wearing a face covering in an enclosed space helps protect individuals and those around them from COVID-19. A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible or is hard to achieve. It just needs to cover the mouth and nose. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers. Similarly, face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. Supplies of PPE, including face masks, must continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings like those exposed to dust hazards. Individuals can choose to wear a face covering however, Howard Tenens will not provide these as new legislation demanding the use of face coverings when using public transport and in the retail sector currently excludes workplace locations such as offices and warehouse facilities

From 1st April 2021, Clinically Extremely Vulnerable individuals, no longer are advised to shield however, everyone in this group are still advised to continue to work from home where possible, but if they cannot work from home, they should now attend the workplace

This Risk Assessment has been reviewed and updated following the updated Government advice document (Working Safely during COVID-19 in offices and contact centres), **dtd 31st March 2021** and should be used in conjunction with our other two COVID-19 Risk Assessments - RAGEN038 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 (refer to Section 4 below)	5	5	25
Ignoring social distancing measures	5	5	25
Business travel / driving for work purposes	4	5	20
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
Musculoskeletal disorders because of using DSE at home	5	4	20
Poor or inadequate levels of workplace ventilation	5	5	25
Increased noise levels and having to raise voices to be heard	5	5	25
Exposure to workplace hazards because not possible to purchase normal PPE	5	5	25
Conducting Drug and Alcohol testing	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 (moderate risk) – 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):

- 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 taking medicines that affected the immune system, such as low doses steroid tablets
- Being seriously overweight (a body mass index (BMI) of 40 or above)
- Have a condition that means they have a high risk of getting infections
- Are pregnant – see [advice about pregnancy and coronavirus](#)

Unlike people at high risk, you will not get a letter from the NHS

• **Clinically Extremely Vulnerable People** (high risk) – People defined in this category are thought to be at very high risk of serious illness from Coronavirus. There are 3 ways you may be identified as Clinically Extremely Vulnerable:

1. You have one or more of the conditions listed below
2. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem you to be at high risk of serious illness if you catch the virus
3. You have been identified through the COVID-19 Population Risk Assessment as potentially being at high risk of serious illness if you catch the virus

If you do not fall into any of these categories and have not been contacted to inform you that you are on the Shielded Patient List, follow the national lockdown guidance for the rest of the population.

If you think there are good clinical reasons why you should be added to the Shielded Patient List, discuss your concerns with your GP or hospital clinician.

People with the following conditions are automatically deemed Clinically Extremely Vulnerable:

- solid organ transplant recipients
- people with specific cancers:
 - 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 that 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 disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- **problems with your spleen, for example splenectomy (having your spleen removed)**
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- Other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

	<ul style="list-style-type: none"> • Other High-Risk Groups: <ul style="list-style-type: none"> • Over 60 years of age • Individuals from a Black, Asian or Minority Ethnicity (BAME) background • 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 Warehouse environments (RAGEN038) 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) • Specific VDU Policy (HTHSP006), includes section on ‘Home Working’ • Specific Incident Management Plan for Pandemics inc. COVID-19 contains specific guidance • ‘Single Point of Contact’ (SPoC), has been nominated to lead on reporting to Public Health England • Where there are 5 or more confirmed cases of COVID-19 associated with our workplace within a 14-day period, contact with the local PHE health protection team will be established by the SPoC • Home Working permitted to those who can work from home • Home Working Self-Assessment questionnaire (HTHSF180) • Home Working, e-learning style PowerPoint training package created and released • 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 / contractors • 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 • Online surveys sent to all HT employees for their confidential feedback on how they are feeling and on how we are taking the virus • Employee Assistance Programme available to all employees and their households and provides confidential counselling if required • HT have reimbursed employees (upon valid receipt) if they have had a Flu Vaccination in 2020 • Daily COVID-19 site updates on self-isolation cases and returns to work • Several trained Mental Health First Aiders across the business • Dedicated email address for individuals to report confidentially any Mental Health concerns they may have at Occ.health@tenens.com or WeCare@tenens.com • Various Mental Health information / advice sent to all employees (via email) • Appointed COVID Marshalls on all sites who have received specific training on their role / responsibilities • Job / shift rotation to reduce number of persons in one area at any one time • No pedestrian lifts in HTLL operational areas (at time of writing) • No showers installed in HTLL operational areas (at time of writing) • Physical searches of employees are not conducted as standard practice (at time of writing) • 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, 10 days from 30th July 2020
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	<ul style="list-style-type: none"> • It has been 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) • National roll-out of COVID vaccine across the U.K. population, taking into account Clinically Extremely Vulnerable persons, as a priority • From 1st April 2021, Clinically Extremely Vulnerable individuals, no longer are advised to shield but are still advised to continue to work from home where possible • 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 • SSoWGEN028 (instant 6 in 1 drug testing) and SSoWGEN029 (Breathalyser) updated to include guidance on conducting these during COVID-19 • FFP2 face masks (PPE) provided for First Aider use and casualties only, if treatment is required and for those employees who have been trained to undertake alcohol breathalyser tests • Government advice states, in an emergency, e.g. an accident, fire or break-in, people do not have to social distance, if it would be unsafe • Government guidance (originally dtd 11th May 2020 and subsequently updated), continues to state, “where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so” • It has been discussed and agreed at senior management / board level that the use of ‘Lateral Flow’ testing kits will not be used in the business, due to their low accuracy rate when used for testing (only approx. 40% accurate at time of writing). This will be reviewed as and when required or if the accuracy of these testing kits greatly improve • Government guidance (originally dtd 11th May 2020 and subsequently updated), continues to state, “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 10 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 any office-based employee who can work from home, and where this is possible, it should be adopted	V. High

	Where office and administration-based staff have identified themselves as ' Clinically Vulnerable ' individuals, ensure they are provided with additional information on observing social distancing guidelines and if practicable, are permitted to work from home	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 (2m or 1m + away from others with risk mitigation). If this is not achievable, they should work from home, in accordance with Government guidance	V. High
	<p>From 1st April 2021, individuals who are classified as Clinically Extremely Vulnerable are no longer advised to shield. If they have been working from home, they must still continue to work from home however, for those who cannot continue to work from home and can return to work, the following controls must all be implemented:</p> <ul style="list-style-type: none"> • Invite them back to the workplace (30mins – 1 hour), prior to coming back to work, for an introduction to the various control measures you have implemented on site • Offer the option of the safest available on-site role which will allow them to maintain social distancing (2mtrs or greater) • If they have been away from the workplace for longer than 3 months, a full site induction is required, to also include manual handling training etc. • Review (and sign off) the following Toolbox Talks (TBT042, 050, 051, 054, 055, 056 & 057) • Review (and sign off) this COVID Risk Assessment • Advise those individuals that HT will support them if they choose to wear a face covering • Individual to conduct a full VDU Self-Assessment if they use a computer 	V. High
	Ensure all members of site management teams do not knowingly require or encourage someone who is being required to self-isolate to come to work	V. High
	<p>Where the social distancing guidelines cannot be followed in full, in relation to any activity, consider whether that activity can be redesigned to maintain a 2m distance or 1m with risk mitigations where 2m is not viable. Mitigating actions must include:</p> <ul style="list-style-type: none"> • Increasing the frequency of hand washing and surface cleaning in activity area AND • Keeping the activity time involved as short as possible AND • Using screens or barriers to separate people from each other AND • Using back-to-back or side-to-side working (rather than face-to-face) whenever possible AND • Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others) <p style="text-align: center;">Not for the Clinically Extremely Vulnerable</p>	V. High
	Where social distancing guidelines cannot be followed in full, even though redesigning a particular activity, DM's must consider on whether a certain activity needs to continue for the site (and business) to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between our staff. DM's are to put in writing what mitigating actions they are introducing and email this confirmation to HTLL Managing Director and the National HSEQ Manager for approval prior to the activity beginning / continuing	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
	Contact employees (via phone / email etc.), who are self-isolating or have tested positive for COVID-19, on a regular basis during their self-isolation period, to ensure their mental health and wellbeing is not adversely being affected	V. High
	Minimise non-essential business travel, ensure meetings are held via phone, MS Teams, Skype or other remote solutions etc.	V. High
	Ensure adequate supplies of hand / liquid soap is available in all washroom and kitchen areas and re-filled as and when required frequently	V. High
	Ensure extra supplies of soap, hand sanitiser and paper towels have been procured AND that these are securely stored when not in use	V. High
	Ensure a suitable means to dry hands is available (paper towels or hand dryer etc.)	V. High

	Ensure suitable waste disposal receptacles have been provided in all areas, where hand drying using paper towels takes place, these should be open-topped or operated by a foot mechanism	V. High
	Ensure alcohol-based hand gel sanitisers (min 70% alcohol), are located in areas where hand washing facilities are not readily available, throughout the premises	V. High
	Ensure alcohol-based hand gel sanitiser (min 70% alcohol) and dispensers, are located at the main visitor reception area AND where visitors are required to use a writing implement to sign in / out of the premises	V. High
	Ensure an adequate supply of hand emollient creams are purchased and located in all washrooms and kitchen areas For more information, visit https://www.nhs.uk/conditions/emollients/	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
	<p>Review and reconfigure all office layouts so workstations are maintained at 2m (or greater), to comply with social distancing guidelines (2m, or 1m with risk mitigation where 2m is not viable, is acceptable), by adopting the following:</p> <ul style="list-style-type: none"> • Increase gaps between desks to allow people to work further apart, AND / OR • Leave every other desk empty (and signing as such), to allow people to work further apart AND • Install suitable screen dividers / barriers between workstations AND • Arrange workstations so people are working side by side or facing away from each other to separate them further <p>Only where it is not possible to move workstations further apart, all the following must be adopted:</p> <ul style="list-style-type: none"> • Assign workstations to individuals, if they need to be shared, they should be shared by the smallest possible number of people AND • Remove any excess seating AND • Wherever possible, remove the use of 'hot desks' AND • Provide suitable additional cleaning materials and use between shared users AND • Users to clean workstations at the beginning or the end of their working day AND • Manage occupancy levels (alternative days in work) AND • Use floor tape (or other suitable alternative) to mark areas to comply with social distancing 	V. High
	<p>Review and reconfigure seating and tables inside canteens / rest areas to maintain social distancing and reduce face-to-face interactions by:</p> <ul style="list-style-type: none"> • Remove excess loose seating AND • Ensuring tables are set at a minimum of 2 metres apart AND • Remove three out of four fixed table seats, so only one is left per table AND • Set up seating and tables so persons can sit back to back and diagonally from each other 	V. High
	<p>Where installed, review and reconfigure driver windows / hatches to maintain social distancing measures by:</p> <ul style="list-style-type: none"> • Installing Perspex (or similar) panel(s) with a small 'letterbox' opening at the bottom to pass paperwork through. Examples can be found at the following website https://www.tradeshopdirect.co.uk/social-distancing-screens AND • Displaying suitable COVID-19 signage on social distancing and hand washing OR • Place a physical barrier which creates a minimum 2m distance between a driver / admin employee e.g. a fixed desk, where there is no obvious way for 2 people (or more) to physically interact AND • Displaying suitable COVID-19 signage on social distancing and hand washing 	V. High
	Review and reconfigure (if required), car parking arrangements so social distancing can be maintained AND display adequate social distancing signage as reminders	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

	<p>Where there is the potential for more than 1 person to gather inside washrooms, the following should be implemented:</p> <ul style="list-style-type: none"> Place a suitable lock on the inside of the outer washroom door, so only 1 person can use the facility at any one time AND Include an “occupied” sign or sliding indicator on the outer door 	V. High
	<p>In larger washroom areas (where more than 1 urinal, hand basins or toilets are located), cordon off every other urinal and hand basin to provide adequate social distancing space between users, by means of suitable tape, blanking board or other suitable equivalent</p>	V. High
	<p>Ensure minimal occupancy of kitchen / coffee areas by displaying social distancing signage on the entrance</p>	V. High
	<p>Ensure an adequate supply of ‘in house’ cleaning products are available (and used), in particular the following:</p> <ul style="list-style-type: none"> Surface / disinfectant wipes Disposable cloths Sanitising spray (in accordance with our COSHH policy) 	V. High
	<p>Enhance cleaning regimes daily with your cleaning provider for all areas of the site, paying particular attention to:</p> <ul style="list-style-type: none"> Toilet facilities – door handles, taps, locks, light switches, flushing systems and seats Canteen / rest areas – door handles, tables, chairs, hard surfaces, light switches, vending machines Offices – computer keyboards, telephones, desks, light switches, door handles, printers Kitchens – door handles, drawer handles, switches, hard surfaces, taps Communal areas – handrails on staircases, light switches All other common touch points 	V. High
	<p>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. Alternatively, where this is not possible, additional hand sanitiser must be provided in the immediate vicinity and the keypad system cleaned on a frequent basis throughout the day</p>	V. High
	<p>Ensure all trained First Aiders are provided with a copy of HTHSF185 – COVID-19 Guidance for First Aiders</p>	V. High
	<p>Carry out Departmental Stress Risk Assessments that are older than 3 months, using the latest version, across all departments on site, in accordance with the instructions on HTHSF139</p>	V. High
	<p>Forward completed scanned copies of HTHSF139 to the National HSEQ Manager for review</p>	V. High
	<p>Ensure the latest version of HTHSF185 is placed inside each First Aid kit for First Aider reference</p>	High
	<p>Ensure all departments keep temporary records of all their staff shift patterns for a minimum of 21 days, this will assist NHS Test and Trace with requests for that data if needed</p>	High
	<p>Ensure all previously trained persons on SSoWGEN028 have been re-trained using version 2 of the same within the last 3 months</p>	High
	<p>Ensure all previously trained persons on SSoWGEN029 have been re-trained using version 2 of the same within the last 3 months</p>	High
	<p>Ensure all Home Workers thoroughly complete HTHSF180 – Home Working Self-Assessment paperwork</p>	High
	<p>Ensure all Home Workers, have completed the e-learning style PowerPoint training package and answered all questions on HTHSTRG035 within the last 6 months</p>	High
	<p>Increase ventilation in all office areas where air-con units are not installed by adopting the following:</p> <ul style="list-style-type: none"> Opening windows AND Purchasing (and using) portable fans, at higher speeds AND 	High

	<ul style="list-style-type: none"> Wedge open, all internal non-fire doors, (this also eliminates the use of common touch points) AND Operate any ventilation systems whenever people are in a building 	High
	Install 'Dorgard fire door retainers', on all internal fire doors to eliminate the use of door handles. Further info at https://www.safelincs.co.uk/dorgard-fire-door-retainers/	High
	If 2 separate entrances / exits lead to one area (internally or externally), review current access / egress arrangements and adopt a one-way system for pedestrians wherever practicable	High
	Ensure an adequate supply of the following PPE, for First Aider (and casualty) use: <ul style="list-style-type: none"> Type FFP2 face masks Disposable, sterile, nitrile gloves Disposable Polyethylene / plastic apron Face visor / shield Clinical waste bags 	High
	Ensure contaminated waste PPE (disposable gloves, disposable aprons, used face masks etc.), and which also includes, cloths, wipes, mop heads, tissues etc. used for cleaning surfaces in a setting where individual as shown symptoms of or tests positive for COVID-19, are disposed of as follows: <ul style="list-style-type: none"> Put waste in a plastic rubbish bag and tie when full The plastic bag should then be placed in a second bin bag and tied It should be put in a suitable and secure place and marked for safe storage Waste should be stored safely for at least 72 hours, after which it can be disposed of as general waste (or suitably disposed of as <i>clinical waste</i>) 	High
	In common areas (visitor receptions etc.) ensure controls are in place to enable social distancing whilst waiting to be seen i.e. cordon seats which prevents persons from sitting side by side or within 2m of each other	High
	Work collaboratively with other tenants in multi-tenant sites / buildings to ensure consistency across common / shared areas, e.g. smoking areas / reception / welfare / staircases etc.	High
	Appoint 2 or more 'COVID Marshalls' (depending on the number of persons on site and shift patterns), who will actively monitor compliance with this Risk Assessment	High
	Ensure all appointed 'COVID Marshalls' are provided with a copy of HTHSF198 (COVID Marshall Responsibilities Sign Off), print their name, sign and date it	High
	Ensure any newly appointed COVID Marshalls (after 5th February 2021), complete the in-house COVID Marshall training course. Details from National HSEQ Manager	High
	Review internal doors to toilet areas and where required install foot handles (non-contact devices). Available through this website The UK's #1 Hands Free Door Opener StepNPull@The Foot Handle, or use an alternative provider / similar device	High
	Ensure all HT employees have been given information on our 'Employee Assistance Programme' and how to access it	Med
	Ensure Toolbox Talks (TBT050, 051, 054, 055, 056 & 057) have been delivered to all employees, including agency staff were applicable, within the last 2 months	Med
	Ensure the following 'local HT' created signs are printed in colour, laminated and displayed in the following areas: <ul style="list-style-type: none"> 'COVID-19 Just Hands' – in all washroom and kitchen areas 'COVID-19 Hand Cleaning Instructions' – in all washroom and kitchen areas 'COVID-19 Site Safety' – in all reception / main visitor areas / meeting rooms 'COVID-19 No Admittance' – in all reception / main visitor areas 'COVID-19 No more than 2 persons' – in smoking areas 'COVID-19 Keep 2m Apart' – in break areas, kitchens, all entrance areas and throughout the site 'COVID-19 General Site Safety' – throughout the site 'COVID-19 2020 Message' – throughout the site 'COVID-19 Good Washing Regime' – throughout the site and in all washrooms 	Med

	• 'Staying COVID-19 Secure in 2020 V2' – all noticeboards	
	Reduce the number of persons attending site inductions / training to a maximum of 6 (depending on social distancing rules), and consider holding outdoors, if safe and practical to do so	Med
	Reduce frequency of site 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 a minimum of 2 x trained Mental Health First Aiders are available on site between the hours of 0800 – 1700hrs, Monday to Friday	Med
	Ensure the current '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, in the main reception area AND in other conspicuous locations around site	Med
	Print off, laminate, display and bring to the attention of all business-critical, non-HT visitors and contractors upon their arrival HTHSF190	Med
	Ensure all appointed COVID Marshalls have received a specific 'COVID Marshall' high visibility vests (Yellow / Light Blue)	Med
	Discuss the findings and implementation of all COVID Risk Assessments and cases on your local monthly HSE meetings, as an agenda item using the latest version of HTHSF003 form	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 a Single Point of Contact has been identified on site to report all self-isolation and confirmed positive cases to the National HSEQ Manager (or his representative), by 1030hrs daily which, also include 'nil' reports	V. High
	Ensure the Single Point of Contact, reports all incidents of anyone who has been contracted by NHS Track and Trace to the National HSEQ Manager (or his representative), as soon as physically possible	V. High
	Ensure any employee (HT or agency), who returns off holiday, from a country on the UK Government quarantine list, does not return to the workplace for a period of 10 days , from date of entry into the UK port (or as advised by the latest Government guidance)	V. High
	Ensure all additional control measures required in RAGEN034 (Stress Management), have been actioned and signed off accordingly	V. High
	Ensure all office / admin-based employees, read through this COVID Risk Assessment – Version 4 , and sign off (section 12), to prove they have done so and their understanding of the subject	V. High
	Ensure all new employees, read through this COVID Risk Assessment – Version 4 , and sign off (section 12), to prove they have done so and their understanding of the subject	V. High
	Ensure any worker who has symptoms of COVID-19 (a high temperature, new and persistent cough or anosmia) however mild, self-isolate for at least 10 days from when the symptoms started. Workers who have tested positive for COVID-19 should self-isolate for at least 10 days starting from the day the test was taken. Where a worker has tested positive whilst not experiencing symptoms but develop symptoms during the isolation period, they should restart the 10-day isolation period from the day the symptoms developed.	V. High
	Stop all non-business critical visitors attending site, and where possible carry out meetings using technology instead	V. High
	Where non-HT business critical visitors and contractors intend to visit site, ensure the COVID-19 Screening Questionnaire (HTHSF184) has been completed, PRIOR to their visit AND findings acted upon	V. High

	Ensure all employee personal details and emergency contact numbers are up to date	V. High
	Remind employees daily (pre shift briefs), of the importance of social distancing both in the workplace and outside	V. High
	Wherever possible, ensure technology (Teams / Zoom), etc. is used for meetings, instead of face to face, to maintain social distancing	V. High
	Where local 'face to face' meetings cannot be avoided and are absolutely necessary, ensure those physically attend meetings maintain social distancing guidelines (2m, or 1m with risk mitigation where 2m is not viable, is acceptable). All the following must be adopted: <ul style="list-style-type: none"> • Avoiding transmission during meetings, for example, avoiding sharing pens, documents and other objects AND • Providing hand sanitiser in meeting rooms AND • Holding meetings outdoors or in well-ventilated rooms whenever possible AND • For areas where regular meetings take place, using floor signage to help people maintain social distancing • Maximum of 6 persons only to attend 	V. High
	Monitor smoking areas to ensure a maximum of 2 persons only use at any one time	V. High
	Where practicable, consider rotating working days or weeks in office environments to reduce congestion	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
	Upon the return to work of all persons that have either been isolating or furloughed, ensure that Toolbox Talk (TBT050), on Social Distancing is completed	V. High
	Ensure anyone returning to the workplace after a period of absence due to COVID-19 (shield, home working, self-isolation etc.), are provided with HTHSF188 – returning to work Q&A	V. High
	Ensure anyone returning back to the workplace after a period of absence due to COVID-19, sign HTHSF189 – returning to work confirmation document	V. High
	Ensure a phased return to work is adopted (and recorded), for anyone returning to work, after a period of absence of 1 month or longer	V. High
	Ensure background noise levels are kept to a minimum to avoid the requirement to raise voices which makes normal conversation difficult i.e. if you must raise your voice to be heard, background noise is far too loud	V. High
	Ensure handheld scanners, phones, 2-way radios, electronic devices etc. which are shared, that a suitable cleaning regime is adopted between users	V. High
	Ensure RAGEN038 & RAGEN039 have been actioned in full, signed off by all applicable persons and communicated to all applicable employees	High
	Ensure installed air-con units are serviced and maintained in accordance with manufacturer's instructions AND increase the frequency of cleaning / filter changing	High
	Monitor occupancy levels of work areas to enable social distancing to be achieved and reduce the potential of face-to-face interaction	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
	Remove excess crockery and cutlery from site and request staff bring in AND use their own	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

	Review (and where required increase), current personal storage lockers for workers clothes and bags	High
	Encourage workers to use storage lockers for personal items and bags	High
	<p>Whilst there is currently very little evidence that vaping increases the risk of catching COVID-19, vaping (like smoking), does involve repetitive hand-to-face movements, which provide greater risk of a route of entry into the body for viruses. To reduce the risk of contact with COVID-19, inform smokers and vapors to:</p> <ul style="list-style-type: none"> • Wash their hands more frequently than usual, for 20 seconds, with soap and water (or use hand sanitiser if soap is not available) • Clean their e-cigarette regularly 	High
	Ensure crockery and cutlery are cleaned daily (minimum) using a dishwasher and NOT in sinks	Med
	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
	Restrict non-business deliveries to site i.e. personal delivers for workers	Med
	<p>Support any employee if they choose to wear a face covering. This means telling workers:</p> <ul style="list-style-type: none"> • Wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and before and after removing it • When wearing a face covering, to avoid touching their face or face covering, as they could contaminate them with germs from their hands • Changing their face covering if it becomes damp or if they have touched it • Continue to wash their hands regularly • Change and wash their face covering daily • If the material is washable, wash in line with manufacturer's instructions. If it's not washable, dispose of it carefully in their usual waste at their own premises • Practise social distancing wherever possible 	Med
	Encourage employees to walk or cycle to work (if feasible)	Med
	Prior to anyone staying away from their home overnight in hotels etc. ensure any overnight accommodation meets social distancing guidelines and record where they stay	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 (refer to Section 4 above)	2	5	10
Ignoring social distancing measures	1	5	5
Business travel / driving for work purposes	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
Musculoskeletal disorders because of using DSE at home	2	4	8
Poor or inadequate levels of workplace ventilation	1	5	5
Increased noise levels and having to raise voices to be heard	2	5	10
Exposure to workplace hazards because not possible to purchase normal PPE	1	5	5
Conducting Drug and Alcohol testing	1	5	5



8) Site Management Review

*"I confirm that I have reviewed this **updated** 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

insert any comments

9) Confirmation and Review by Divisional Manager

*"I confirm that the above **updated** 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

insert any comments

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 **updated** 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

insert any comments

11) Summary and Definitions

Summary	
<p>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</p> <p>This Risk Assessment has been updated following updates to Government guidance dtd 5th November 2020</p>	
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 any applicable comments
RoES Review	Name, Signature and Date of the Representative of Employee Safety for the depot, along with any applicable comments



12) Sign off and Acknowledgement – All Management, Admin and Office-Based Employees

I confirm that I have read and understood the contents in this version 4 COVID Risk Assessment (items highlighted in YELLOW), and all previous COVID-19 Risk Assessments. I also confirm that if I fall into any of the 'Especially at Risk' categories highlighted above in section 4, that it has been brought to the attention of my line management team

NOTE - Social distancing, washing your hands regularly for a minimum of 20 seconds, good respiratory hygiene (using and disposing of tissues), cleaning surfaces and keeping indoor spaces well ventilated, are the most important ways to reduce the spread of COVID-19

Anything I did not understand in this Risk Assessment, 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

Table with 6 columns: Name (Print), Signature, Date, Name (Print), Signature, Date. Multiple empty rows for sign-off.