

COVID RISK ASSESSMENT	RA GEN 039
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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 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	28 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 Transport Operations

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 or from a vehicle), **dtd 31st March 2021** and should be used in conjunction with our other two COVID-19 Risk Assessments - RAGEN037 and RAGEN038.

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 of vehicles	5	5	25
Inadequate / no access to welfare facilities when away from home site	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
Violence by 3 rd party during delivery / collections	5	5	25
Employee error by failing to clean vehicles after use, failure to report incidents (inc. act of violence), 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
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

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

At Risk?	<ul style="list-style-type: none"> • Howard Tenens Employees / Drivers • Agency / Sub-Contractor Drivers • Customers on 3rd party sites • Visitors to our sites • 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 Office environments / admin workers (RAGEN037) and warehouse environments (RAGEN038), 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 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 • 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 across the business • 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 • Specific Safe System of Work (SSoWGEN003) – refuelling of vehicles, contains duty of driver to wear suitable gloves • Bottles of alcohol-based hand sanitisers purchased and distributed across the business • Daily COVID-19 site updates on self-isolation cases and returns to work • 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 • Several trained Mental Health First Aiders in 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 • No pedestrian lifts installed HTLL operational warehouse areas (at time of writing) • No showers installed in HTLL operational warehouse areas (at time of writing) • Physical searches of employees are not conducted as standard practice (at time of writing) • 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 • 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) • National roll-out of COVID vaccine across the U.K. population, taking into account Clinically Extremely Vulnerable persons, as a priority
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	<ul style="list-style-type: none"> 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 Current legislation already ensures welfare facilities are made available to visiting drivers when away from their home site 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 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 transport admin-based employees who can work from home, and where this is achievable, it should still be adopted	V. High
	Where drivers 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	V. High

	to social distance (2m or 1m + away from others with risk mitigation). If this is not achievable, they should carry on working from home, in accordance with Government guidance	
	<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 we will support them if they choose to wear a face covering 	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	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
	Transport Managers to contact their 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
	Ensure alcohol-based hand gel sanitiser (min 70% alcohol) and dispenser, is located at the main driver reception area	V. High
	Ensure sufficient quantities of alcohol-based hand gel sanitiser (min 70% alcohol) are available and adequate number provided to drivers to enable them to clean their hands after each delivery / drop-off	V. High
	<p>Multiple occupancy of vehicles to be avoided wherever safe to do so. However, where this cannot be achieved, the following should be reviewed and implemented:</p> <ul style="list-style-type: none"> • Display clear signage outlining social distancing measures AND • Single person or contactless refuelling where possible AND • Sitting side-by-side not face-to-face AND • Using a fixed pairing system if people have to work in close proximity to each other AND • Making sure vehicles are well-ventilated to increase the flow of air e.g. opening windows AND • Ensure regular cleaning of vehicles between different drivers / shifts AND • Passenger only to wear face visor, providing they are not scratched and are in good order OR • Using physical screening, provided this does not compromise safety e.g. through reducing visibility, by placing clear / translucent panels between the driver and passenger: <ul style="list-style-type: none"> • Screens should not present a danger to the vehicle occupants or reduce or interfere with any vision either of mirrors or the view of the road ahead or to the side, either by obstruction or distortion • They must not be made out of material likely to shatter into sharp fragments or have sharp edges and so likely to cause injury • They should also be able to be rapidly removed to allow cross-cab access in the event of an accident blocking a cab door • They should not be in the vicinity of any driving controls or air bags preventing the proper operation of them or be likely to be thrown by air bag actuation in such a way that injury could be caused by that • Alternatively, if the above cannot be implemented, wherever practicable, the use of a 2nd vehicle to follow the 1st vehicle should be used 	V. High

	Review and (if required), reconfigure shift patterns by staggering start and finish times to reduce the number of drivers on site at any one time	V. High
	Where installed, review and reconfigure driver windows / hatches in transport office areas to maintain social distancing measures by: <ul style="list-style-type: none"> • Installing Perspex (or similar clear panel), with a small 'letterbox' opening at the bottom to pass paperwork through 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
	Ensure an adequate supply of 'in house' cleaning products are available (and used) to clean the insides of vehicle cabs during deliveries and collections and at the end of each shift, in particular (as a minimum) 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 (minimum daily), paying attention to: <ul style="list-style-type: none"> • Vehicles – Steering wheels, door handles (inside and out), gear lever, steering column controls, dashboard, fuel cap, trailer handles and all hard surfaces which are common touch points • Re-fuelling points – Dispenser handles, keypads, Ad-blue dispenser handles etc. • Vehicle keys and driver information packs AND • Removing waste and belongings at the end of each shift / handover • All other hard surfaces which are common touch points in / on vehicles and fuel points 	V. High
	Procure and retain sufficient quantities of hand sanitiser to keep within vehicles (or issue directly to each driver) to enable them to clean their hands between delivers / collections	V. High
	Ensure visiting drivers have access to toilet and hand washing facilities	V. High
	Ensure Departmental Stress Risk Assessments for all transport teams / drivers has been conducted within the last 3 months , using the latest version, in accordance with the instructions on HTHSF139	
	Ensure RAGEN037 & RAGEN038 have been actioned in full, signed off by all applicable persons and communicated to all applicable employees	High
	Remind drivers (during de-briefs), on the importance of reporting any customer site(s) where they have been refused access to their welfare facilities	High
	Encourage our drivers to stay in their vehicles when on customer sites, where this does not compromise their safety and existing safe working practice	High
	Encourage visiting 3 rd party drivers to stay within the confines of their vehicles during (un)loading, where this does not compromise safety or contradicts our own Safe Systems of Work	High
	Ensure temporary records of staff shift patterns (including their names), are kept for a minimum of 21 days to assist NHS Track and Trace, this will assist NHS Test and Trace with requests for that data if needed	High
	Ensure all HT drivers 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 drivers, including agency staff were applicable, within the last 2 months	Med
	Where driver assessments are required (pre-employment / 6 monthly), assessors and drivers are to: <ul style="list-style-type: none"> • Open windows to increase ventilation and switch off any air-con units • Sit side by side 	Med

	<ul style="list-style-type: none"> Clean the vehicle being used to assess, before and after use Assessor only to wear face visor (providing it is free of scratches and fully serviceable) or face covering / mask 	
	Review scheduling to limit exposure to large crowds and rush hours where appropriate	Med
	Review customer pick-up and drop-off collection points prior to arriving on their sites to ascertain if this can be done whilst maintaining social distancing. Site transport departments to call customers to establish if this achievable, and if not, how can our drivers safely carry out the activity	Med
	Wherever possible, ensure delivery and receipt confirmation can be made contactless and avoiding physical contact when handing goods over to the customer	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 AND in other conspicuous locations where drivers have access to	Med
	Where there is a specific customer requirement for the wearing of PPE, refer to the National HSEQ Manager for advice and guidance	Med
	Ensure any new Toolbox Talks on COVID-19 which are released following this RA, are communicated to all drivers accordingly	Low
	Ensure your training matrix is updated accordingly on a frequent basis	Low
Tick	Behavioural / Management Checks	Priority
	Ensure all driver personal details and emergency contact numbers are up to date	V. High
	Ensure any driver (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 transport operatives, read through this COVID Risk Assessment, and sign off (section 12), to prove they have done so and their understanding of the subject	V. High
	Ensure any new transport operatives, read through this COVID Risk Assessment, 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. This only applies to those who begin their isolation on or after 30 July	V. High
	Remind drivers daily (shift de-briefs), of the importance of social distancing both in and outside of the workplace	V. High
	Where local 'face to face' meetings cannot be avoided and are absolutely necessary, ensure those physically attend these 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 (e.g. daily shift briefings), using floor signage to help people maintain social distancing 	V. High
	Where vehicle air-con units are installed that they are serviced and maintained in accordance with manufacturer's instructions AND increase the frequency of cleaning / filter changing	V. High
	Where practicable, consider rotating working days or weeks to reduce congestion on site	V. High

Where business critical agency or sub-contractor drivers are required, ensure the COVID-19 Screening Questionnaire (HTHSF184) has been completed, PRIOR to their arrival and findings acted upon	V. High
Monitor smoking areas to ensure a maximum of 2 persons only use at any one time	V. High
Ensure anyone returning to the workplace after a period of absence due to COVID-19 (shielding, 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 / shout, 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 all drivers have completed SSoWGEN003 within the last 3 years	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 drivers bring pre-prepared meals and re-fillable drinking vessels from their homes	High
Request drivers to stay on site during break times and not use local shops	High
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: <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 Toolbox Talks (TBT032 – Stress Awareness, TBT039 – Personal Hygiene & TBT042 – Mental Health), have been attended by all drivers within the last 12 months	Med
Where Risk Assessment identifies the wearing of protective gloves, as a task requirement (re-fuelling of vehicles), ensure an adequate supply of these are provided	Med
Review any existing New and Expectant Mother Risk Assessments	Med
Ensure drivers understand the importance of reporting all acts of violence towards them which, includes someone spitting, or attempting to spit on them	Med
Support any employee if they choose to wear a face covering. This means telling them: <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
Remind staff that the wearing of gloves is not a substitute for a good hand washing regime (via de-briefs and signage)	Low

	Reinforcement of disciplinary procedures for failure to adhere to social distancing measures on site	Low
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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 of vehicles	1	5	5
Inadequate / no access to welfare facilities when away from home site	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
Violence by 3 rd party during delivery / collection	1	5	5
Employee error by failing to clean vehicles after use, failure to report incidents (inc. act of violence), 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
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



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 style="background-color: yellow;">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

