Risk Assessment Covid-19
Careline Services

This example risk assessment template is applicable to all council service areas. It is not exhaustive and should be used a guide for typical COVID-19 risk management considerations and controls.

You must ensure robust arrangements are in place to control the risks if adopting any part of this assessment. It is important this assessment and proposed action is consulted with employees and their representatives. **Please record and highlight your additional risk control measures / adaptations you have made for your individual work location.** Please record that employees have been consulted and made aware of the contents of the risk assessment.

Step 1: Identify the hazards. **Step** 2: Decide who might be harmed and how. **Step** 3: Evaluate the **risks** and decide on precautions. **Step** 4: Record your findings and implement them. **Step 5**: Review your **assessment** periodically and where there have been significant changes or any learning from accidents / incidents or work-related ill health. Risks should be reduced to as low as reasonably practicable.

When managing hazards and risks, the Hierarchy of Controls must be applied (working top down):

- **Elimination**
  The hazard, task or activity is physically removed or abandoned (e.g. avoiding contact with anyone with symptoms)

- **Substitution**
  Replace a material or process with a less hazardous one

- **Engineering Controls**
  Isolate staff, contractors, visitors, public from the hazard (demarcation, physical barriers)

- **Administrative Controls**
  Identify and implement procedures to maximise safe working (management of social distancing, hygiene protocols)

- **Personal Protective Equipment (PPE)**
  Only to be considered if measures above would be ineffective to control risks.

PPE Guidance: There are very few workplaces where additional PPE is required to protect from the risks of coronavirus. The main controls to protect people are through social distancing, good hygiene (frequent cleaning and handwashing), ventilation, working in fixed teams or partnering, and not through the use of PPE.

Supplies of PPE, including face masks, should continue to be reserved for those who need PPE to protect against workplace risks, such as people exposed to dust and fume hazards as well as healthcare workers.

Face Coverings: Wearing a face covering is optional and not required in the workplace. Face coverings are not an effective way to manage the risks from coronavirus and you should not rely on them. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected and have not developed symptoms.

On public transport, wearing a face covering is mandatory.

If staff choose to wear face coverings at work, this position is supported by the council. Face coverings are not classed as PPE. They are not manufactured to a standard and don't provide a proven level of protection for work risks such as dust and spray in an industrial context. It is important to use face coverings properly and wash your hands before putting them on and taking them off. Instructions on wearing a face covering and making your own can be found here

Important note:

This risk assessment must be read and worked through in conjunction with current Government guidelines applicable to Working Safely During Coronavirus (COVID-19) and other relevant industry specific guidance. This includes guidance for shielded and clinically vulnerable people / groups. https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19.

You must follow the councils COVID-19 Risk Assessment Process for approval of your Risk Assessment, which can be found here. Once your COVID-19 Risk Assessment has been approved, it is your responsibility to review the Risk Assessment on a monthly basis or before if there is a significant change.

If you have any COVID-19 PPE requirements, please discuss this with the Health and Safety team during the review of your Risk Assessment. Appendix 2 contains a PPE template and a process for you to order PPE and building related items should they be needed.

How to use:

There are mandatory fields (in black text) that are required to stay in your risk assessment. There are also fields that may or may not apply to your service area (in grey text). These grey sections may apply now or may apply in the future i.e. if your service is currently working from home, the office based requirements in the risk assessment would not currently apply, but should your service resume working from an office again, then the grey sections would have to be reviewed for possible inclusion at that time. **Each greyed out point must be fully considered and where applicable to your service, this would be demonstrated by turning the grey text into black text**. It is expected that all relevant suggested controls have been fully implemented where they apply to your work activity / service area. If a control is not relevant and does not apply, please leave it in place as grey text.

Do not just copy this example, as that may not satisfy the law and may not protect your employees. You must think about specific hazards and controls relevant to your service area/ team. So at the bottom of most sections of the Risk Assessment, there is space under the heading 'Please add any additional specific arrangements applicable to your setting' for you to add items specific to your service.

Please 'save as' a copy of this template and apply it to your service. Refer back to the main template when carrying out any reviews of your risk assessment to ensure you have considered any changes to COVID-19 related legislation and guidance.

To support managers prior to the development and completion of COVID-19 Risk Assessments, a COVID-19 Risk Assessment skills session should be undertaken. To book yourself on Please click here

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Risk Assessment Covid-19

Activity/Person/Location (please list areas of your operations which this assessment covers)	Careline Services Staff working from 2nd Floor, Roycraft House Assessment/Installation at client's homes Response Service
Service Area	Careline Services
Manager	
Assessor(s) including employee representative	
Date of assessment	28th September 2020
Manager monthly review date	28th October 2020

Key

👤	**Social Distancing to minimise potential spread of COVID-19**
🚰	**Hygiene protocols to minimise potential spread of COVID-19**
💬+	**Additional considerations to manage and control risk**

Resultant Risk Rating
Please tick

High	
Medium	✔
Low (normal)	

Risk rating to be applied following implementation of control measures. Select a risk rating to reflect the overall risk once control measures are in place. You are aiming to ensure that the risk is as low as reasonably practicable (ALARP)

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
1. Minimising the risk of coronavirus transmission	Staff, contractors, visitors, customers, public. Possible transmission of the virus from person to person and into the wider community. People can catch the virus from others who are infected in the following ways: • the virus moves from person-to-person in droplets from the nose or mouth	💬+ Staff who have been identified as able to work from home, have been asked to continue to do so. This is in line with government guidance and is the council's agreed position until September 2020. When a staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self-isolate for 10 days* and arrange to get tested ASAP. Their household members should self-isolate for 14 days. * Extended to 10 days following guidance from UK Chief Medical Officers issued 30.7.2020 Where the staff member tests negative and they feel well, they can return to work, and the household members can end their self-isolation.	Sections 1, 2, 3 and 4 of this risk assessment is information supplied by our Public Health team and will be applicable to your risk assessment and must considered but not altered or deleted. If you feel that the information within Sections 1, 2, 3 and 4 may not reflect your operations accurately, please raise this with the Health and Safety team.			

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed

	spread when a person with the virus coughs or exhales
	
	• the virus can survive for up to 72 hours or more out of the body on surfaces which people have coughed on, etc
	
	• people can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes, nose or mouth
	
	• exposure to the virus may result in mild or moderate symptoms (e.g. coughing, fever or change to your sense of smell or taste) or more severe symptoms including infection in both lungs which can lead to death
		Where the staff member tests positive, they complete 10 days self-isolation and share contacts via NHS Test and Trace by calling **119** and follow advice/procedure provided by NHS
		
		If a staff member receives a call from NHS Test and Trace advising that a close contact of theirs has tested positive for COVID-19, NHS test and Trace will advise what they need to do,
		
		To protect yourself from coronavirus infection:
		• wash hands frequently including forearms where exposed (for at least 20 seconds) or use a hand sanitiser with a minimum of 60% alcohol
		• clean surfaces and equipment frequently using your usual detergent or normal household disinfectant
		• avoid touching your face, nose and eyes
		• the council is clear that staff will always keep a minimum distance of 2 metres from others where possible
		• where the 2 metres distance is not possible and it is determined through the risk assessment, that in order to deliver the service, it is necessary to operate at 1 metre plus - (The updated guidance states that 2metres or 1metre plus with risk mitigation are acceptable, and that services should set out the mitigations in their risk assessment). These mitigations could include:
		   o Further increasing the frequency of hand washing and surface cleaning
		   o Keeping the activity time involved as short as possible
		   o Using screens or barriers to separate people from each other
		   o Using back-to-back or side-to-side working (rather than face-to-face) whenever possible
		   o 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)
		   o Finally, if people must work face-to-face for a sustained period with more than a small group of				

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		fixed partners, then you will need to assess whether the activity can safely go ahead o In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19 Wearing a face covering is optional, except on public transport, where it is mandatory. If you choose to wear one in the workplace, it is important to use face coverings properly and wash your hands before putting them on and taking them off. Instructions on wearing a face covering and making your own can be found here				
2. Testing and contact tracing	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	• Coronavirus testing is now available to everyone in England with symptoms (a new, continuous cough; high temperature; or a loss of or change in your normal sense of smell or taste). • Everyone who is showing coronavirus symptoms is eligible to book a swab test to find out if they have the virus. • People can register for a test at www.nhs.uk/coronavirus, after checking their symptoms. • Those who do not have any access to the internet, or who have difficulty with the digital portals, will be able to ring a new **119** service to book their test. People with hearing or speech difficulties can call 18001 119. This programme will play an important role in helping to minimise the spread of coronavirus in the future. It will also include more traditional methods of contact tracing if a person tests positive. The track and trace guidance is available here. *Please add any additional specific arrangements applicable to your setting.*	Once the app is available, all staff, contractors' visitors, contractors with a smart phone should download the app.			
3. Shielded and clinically vulnerable Groups including those who are pregnant.	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	**Shielding staff have been consulted with on the content of this risk assessment and any particular health risks relevant to the individual staff member.** • Government guidance on shielded and clinically vulnerable people to be followed. (link Government Guidance)	As a manager, you must confirm you have consulted with your sheiling staff and then activate to black text as confirmation that all shielding staff have been consulted with.			

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
Black, Asian and Minority Ethnic (BAME) and clinically vulnerable groups	UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately affected by COVID-19.	• Children and young people (0 to 18 years of age) who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield. • Clinically extremely vulnerable individuals with serious underlying health conditions which put them at greatest risk of severe illness from coronavirus and have been advised by the NHS by letter, this group of employees should work from home where possible but can return to the workplace on 1st August if it is "Covid-secure". Read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for more advice. • Clinically vulnerable individuals who are at higher risk of severe illness (for example, those who are pregnant and people with some pre-existing conditions as set out in the Staying at home and away from others (social distancing) guidance) have been advised to take extra care in observing social distancing and should work from home where possible. • LBBD PPE Guidance in place for staff visits and can be found here. Managers/ supervisors and staff to follow manufactures instructions on how to use PPE correctly. • **Risk assessment undertaken with BAME and clinically vulnerable staff members using 'appendix 1' of this document.** *Please add any additional specific arrangements applicable to your service / work setting.*				
4. Someone becomes unwell	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	Procedure developed to include: • If anyone becomes unwell with a new, continuous cough or a high temperature loss of taste / smell across the service, they must be				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		sent home and advised to follow the Guidance for households with possible coronavirus infection.				
		• If a person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.				
		• If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.				
		• In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.				
		• If a member of staff has helped someone who was unwell with a new, continuous cough, a high temperature, loss of taste or smell they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the person subsequently tests positive (Close contact generally refers to being within 2 metres for more than 15 minutes).				
		• If you have been in close contact with someone who is being tested for COVID-19, but they do not yet have a test result: Current advice states that at this stage, you do not need to self-isolate. You should take extra care in practising social distancing and good hand and respiratory hygiene. Contacts of people who have tested positive for COVID-19 infection who need to self-isolate will be notified accordingly by the NHS Test and Trace service. If you have not been notified, this means you do not need to self-isolate.				
		• The person who has been in contact with a person who is unwell should wash their hands thoroughly for 20 seconds Cleaning of the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See COVID-19: cleaning of non-healthcare settings guidance				
		• Staff cleaning would be inline with: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-5-2				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• First-aid procedure and arrangements in place. HSE first-aid guidance can be found here. *Please add any additional specific arrangements applicable to your service / work setting.*				
5. Pre-visit Communication strategy (communication to Clients/Emergency Contacts/Scheme Resident etc)	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	Where it has been identified work cannot be done at home, the following protocol must be implemented. Protocol in place and includes: • Please follow the relevant government guidance for your service/ work areas in the links below: • working-safely-during-coronavirus-covid-19. **Scheduling Careline / Telecare Appointments** • Pre enquiries discussions held with each Client (or emergency contact when required) when scheduling an appointment to determine COVID-19 issues/arrangements in place locally including: Anyone with symptoms, shielding, vulnerable at address, access to site and safe use of shared spaces e.g. Occupants/Careline Officers in separate rooms or areas for social distancing, adequate ventilation and hyenine procedures etc. • The outcomes of the pre enquiry are relayed to the Careline Officer who will be carrying out the required work, including plans/directions issued and local general H&S requirements. • Careline Officers/Clients advised to follow guidance below: COVID-19: guidance for households with possible coronavirus infection guidance • Careline Officers have adequate handwashing/sanitiser to maintain personal hygiene.				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
6. Travel to/from place of work	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	**Walking, cycling and public transport** • Ensure protocols in place for Careline Officers getting to work, walking and cycling where possible, avoiding travelling by public transport where possible in line with Government guidance: Covid-19-safer-travel-guidance-for-passengers • Wearing a face covering is optional, except on public transport, and when attending to a Client's home for duties, where it is mandatory. If you choose to wear one in the Careline Office, it is important to use face coverings properly and wash your hands before putting them on and taking them off. Instructions on wearing a face covering and making your own can be found here • Ensuring safe distancing is always adhered to – 2 meters apart • No physical contact e.g. handshaking • Adhering to guidelines on hand washing, sanitising upon arrival/ leaving the office/ sites being visited. **Use of private or provided vehicles** • Wherever possible Careline staff should travel to the office alone using their own transport. • Officers are not permitted to take Careline Vehicles home and/or use to travel home. • Only Careline Vehicles should be used to carry out the office work. If staff have no option but to share transport: • Journeys should be shared with the same individuals and with the minimum number of people at any one time in fixed teams. Where this is not possible, local service arrangements must be put in place.				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		⌓ (washbasin icon) • Good ventilation (i.e. keeping the windows open) and facing away from each other may help to reduce the risk of transmission • The vehicle should be cleaned regularly using gloves and standard cleaning products, with particular emphasis on handles and other areas where passengers may touch surfaces before entering and after getting out of the vehicle • All Careline staff have been provided anti-bacterial Gel and have adequate handwashing facilities at Roycraft house to maintain personal Hygiene. • Careline officers should ensure they have adequate handwashing/sanitiser to maintain personal hygiene.				
7. Travelling at work and/or between Client address for Installation of Careline/Telecare Alarms or Response	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	When travelling at work and/or between Clients homes for Careline/ Telecare installations / response, Officers should follow the protocol in place: (person icon) • Careline staff should follow government guidance for using Careline Vehicles: COVID19 guidance: Working from or in a vehicle • Each Careline Officer will be travelling alone using the Careline Vehicles provided and will not be travelling by public transport, nor by personal car in line with Government guidance. • If more than one Careline Officer is required to attend to the same address for any reason, then they should travel in separate Careline vehicles. • Attending Officer should contact Careline Office to confirm visit has been concluded and left site safely If Careline Officers have no option but to share a Careline vehicle, then they should: (person icon)				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• Careline staff should follow government guidance for using Careline Vehicles: COVID19 guidance: Working from or in a vehicle • Share with the same individuals and with the minimum number of people at any one time • Wherever possible maintain a distance of two metres and avoid touching their faces • Face away from each other during the journey • No physical contact e.g. handshaking • Attending Officers should contact Careline Office to confirm visit has been concluded and left site safely • The Careline Officer using the vehicle in the day (i.e. the Driver) is responsible for sanitising, before and after use, the vehicle and keys e.g. door handles, gear stick, steering wheel, handbrake, indicators/lights and wiper switches, dashboard and other surfaces which may be touched during the journey. • Where possible, use the same vehicle/keys with the same driver to reduce risk of spread. • Carrying own sanitiser and disposable gloves for any surfaces that may need to be touched e.g. door handles on location • Adhering to guidelines on hand washing • Maintain good ventilation (i.e. keeping the windows open) • Adhering to guidelines on hand washing, sanitising upon arrival/ leaving a Clients address. • Regularly clean the vehicle using gloves and standard sanitising products, with particular emphasis on handles, steering wheel, handbrake **Use of private vehicles or public transport.** Careline Officers are not permitted to use private vehicles or public transport when carrying out Careline duties.				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
8. Careline Office Working Arrangements for COVID-19	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	The following arrangements are in place and Officers should consider the following points when working from the Careline Office: • Where possible meetings will be held via MS Teams • Access control system in place (intercom buzzer entry) to access Carline Office • Social distancing guidelines to be applied (including in office / lifts /corridors /staff rooms / meeting rooms / kitchens/ canteens/ WC's/ inhabited spaces), considering spacing of desks in the office and staggering start/finishing and breaktimes • Pinch points in corridors and stairs, consider: • Allowing only essential trips within buildings/ sites, to maintain social distancing as much as possible. By limiting the number of staff moving around you are also reducing the number of people in high traffic areas including corridors and stairs. • If possible, arrange one-way systems with arrows on the floor to prevent crossing in narrow spaces and ensure all staff know to make space for each other. • Demarcation to maintain safe distancing in place including spacing of desks, 2 metre floor markings and placing of barriers/ screens as determined in this risk assessment, in consultation with the duty holder/ principal occupier. • Restrict the number of persons able to attend the offices/ consider booking system / site to maintain social distancing guidelines. • 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). • If you cannot move workstations 2 metres apart: • Assigning one person per work area • Reducing the number of people in the work area so that the number of people working less than 2m apart is minimal • Avoiding people working face-to-face – instead staff are working side-by-side or back-to-back • Consider using screens to create a physical barrier between people.				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• You should also limit the amount of contact between different workers by assigning and keeping people in shift teams (sometimes known as a cohort). This means that the same people work within the same team, on the same shift. • Notices to maintain social distancing are displayed in Careline Office. • Enhanced cleaning regime in place in line with COVID-19: cleaning of non-healthcare settings guidance • Cleaning should be in-line with: • Working-safely-during-covid-19/offices-and-contact-centres offices • Additional day time cleaning arrangements put in place • Use of sanitiser for Careline Staff, Other LBBD Staff, contractors/visitors entering and leaving the Careline Office. • Hand washing posters displayed • Increased natural ventilation / avoid rooms with no natural ventilation where possible • Increased cleaning frequencies of hard surfaces / emptying of bins • Hand washing poster displayed in all WCs • Protocol in place for use of the toilet facilities • Minimise sharing / touching of items • Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill lit advice • Items to be sanitised before sharing (including PCs) / re-use by another person, kitchen appliances • Sanitisation / hand washing protocols to be observed when handling deliveries. • Any homemade non-disposable face coverings that staff, contractors or visitors are wearing when they arrive at the premises must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.				

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		To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues, and PPE: • put it in a plastic rubbish bag and tie it when full • place the plastic bag in a second bin bag and tie it • put it in a suitable and secure place marked for storage for 72 hours • Waste to be stored safely and securely. ⊞ • Contractors and delivery companies' safe systems of work, risk assessment and Covid-19 secure arrangements have been established. **Client Appointments/Assessments & Programming** • Careline/Telecare Assessments should be conducted, and Appointments made via telephone where possible. However, where this is not possible the Careline officer must carry out the Careline/Telecare Assessment onsite with the client.				
9. Visiting a Clients home	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	⊞ The Careline Service has safe operating procedures outlined in the Operational Manual, relevant parts of which are considered below: • Prior to arrival to site / location, the attending Careline Officer must contact the Client/Emergency Contact on the day of the visit, to check for any change in circumstances from the initial COVID-19 pre enquiry. • Careline Officer to follow site/ location COVID-19 safety and general safety emergency protocols where applicable • The Careline Officer should carry out a Dynamic Risk Assessment upon arrival at site and prior to starting any work.				

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		• If an Officer becomes unwell at customers premises, they should contact the Careline Office/line manager, relevant parts of the procedures to be followed (as set out in section 4) • All standard work issue PPE to be worn during visits. It is recommended Full PPE is worn during every visit if meeting criteria below. • Full PPE is required whenever you are within 2 metres of someone (client or household member in their home) who is coughing, even if you are not providing direct care to them. • Only a face mask is needed where your visit does not require you to touch the client (client or household member in their home), but you need to be within 2 metres of the client. If you cannot maintain 2 metre social distance, then the Public Health England/ LBBD COVID-19 PPE Guidance for Property Visits is followed. The Guidance can be found here. • Wherever possible, use digital or remote alternatives to physical, in-home work such as video or phone consultations. • Customers contacted through call handlers or direct with householders and clients to ensure what they need to do to keep safe and if it is safe to enter and COVID-19 free • Reminding customers / clients who are accompanied by children that they are responsible for supervising them at all times and should follow social distancing guidelines. • Follow practical government guidance working-safely-during-coronavirus-covid-19. • Signage and barriers in place to encourage distancing is maintained to a minimum of 2 meters at front of property (for voids and longer duration works) • Personnel working in isolation by keeping doors closed in properties whilst maintaining ventilation (open windows) • External works/breaks will maximise ventilation and should be taken where possible. • Communicate with customer where possible outside the premises or by phone, if within the premises to reduce face/face contact • Ensuring safe distancing is always adhered to – 2 meters apart • If the customer comes closer than 2 metres - remind the householder of the social distancing requirements and that they				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		are for both parties' safety. If the householder still will not keep a safe distance then you should leave the room, ensuring it is safe to do so and that all work is left in a safe condition. ⚱ • Enhanced cleaning regime in place to keep the premises visited clean and prevent transmission where applicable, in line with the bullet points below and the following guidance: working-safely-during-coronavirus-covid-19. • Minimise sharing / touching of items and surfaces • Staff should use their own tools where possible, when tool and equipment sharing cannot be avoided, staff should work in fixed teams / work bubbles and ensure that all tools and equipment are cleaned and sanitised between use. • Set up a transfer station at indoor sites for safe handling (pick up/moving) tools, kit and deliveries. • Hand sanitiser available and used regularly • All infection control measures to be followed including covering open wounds prior to glove use, all personnel are advised to wear gloves when undertaking works. • On completion of the works / shift, removal and disposal of single use PPE and cleaning of any other equipment will prevent contact contamination occurring, if applicable. • Remove all rubbish regularly. All single use PPE and used cleaning towels / wipes will be disposed of by placing in a waste bag • Officers must sanitise their hands after every visit and drop off waste before attending another task (if applicable). Additional cleaning of vehicles may be required in line with procedures. • Toilets – avoid using client/resident's toilets where possible, use designated/ identified toilet facilities. Should there be an urgent need to use a client's facilities, then this should only be done with permission from them, following cleaning and hygiene protocols, using own paper towels provided. 20 seconds minimum recommended hand washing before and after use of toilet. Customers towels must not be used. • Food and drink – provide your own refreshments and have them outside in the open air where possible, do not accept food/drinks from the Clients.				

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		• No physical contact e.g. handshaking • Do not share pens or Ipad pointers, wherever possible send paperwork digitally • Contact line manager once visit/job is complete • Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill lit advice • Upon completion of shift, personnel to sanitise any shared equipment i.e. tooling and any electronic devices ⊞ • Careline Officers are kept well informed (through email, web-based meetings, telephone) about working arrangements in place to protect them including welfare, mental and physical health, and personal security. • All Careline Staff have been trained in the management of social distancing and the control measures outlined • Contractors and delivery companies' safe systems of work, risk assessment and Covid-19 secure arrangements have been established. **Responses** • Social distancing protocols to be observed between Manpower Security, and Client where possible. ⊞ • First aid boxes content checked for Careline vehicles. • All Careline Responders are certified First Aiders. • Where closer contact may be necessary to administer first aid, wear appropriate PPE to protect First Aider and casualty. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the casualty is coughing, spitting, or vomiting				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• For resuscitation - only deliver CPR by chest compressions and use a defibrillator (if available) **DON'T** do rescue breaths. HSE first-aid guidance can be found here. • minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible • PPE / Handwashing protocols to be followed • Management and staff must read and follow manufactures instructions on how to use PPE correctly. Guidance on PPE and the correct fitting of face masks can be found here. Contact the health and safety team if it is suspected that a staff member at work has been diagnosed as having COVID-19 attributed to an occupational exposure (not societal) to coronavirus (needs to be evidence based)				
10. Lunch / Breaks	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	• Social distancing protocols to be observed • Staggered lunch breaks or eat at your own workststion for containment • Lunch to be taken in well ventilated areas or eaten outside, where possible. • Systems in place where fixed teams/ bubbles are required at lunch. Where this is the case, social distancing must be observed (where applicable). [+] • Determined food / drink / refreshments provision for the site/ location i.e. bringing in own food only, use of on-site provision, supply of drinks, use of appliances, if applicable. • Hand washing (minimum 20 seconds) / sanitisation protocols to be followed prior to eating / drinking • Rigourous cleaning regimes have been introduced.				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		Please add any additional specific arrangements applicable to your service / work setting.				
11. Lifts, corporate buildings, visits to other sites	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	**Operational buildings** • Buildings procedure in place for control of access/egress and use of lifts • Identify times of the day when the lift will be in frequent use – e.g. start/end of day and at break times. • Consider rearranging working patterns, reducing the number of people on site and other measures such as staggering start/finish/break times to reduce the numbers needing to use a lift at any one time. • Single person travel, if the risk assessment identifies that only one person at a time can use the lift. • Demarcation to allow social distancing on access/ egress, if applicable • Where it is identified in the risk assessment that a lift can carry more than one person, passengers should use lifts and face the sides of the lift car with their backs towards other passengers. • Avoid lifts where possible - people who are able are encouraged to walk and use the upstairs. • Increased Hygiene protocols introduced, to include regular cleaning and sanitation of lift controls and the passenger car and placing hand sanitiser near lift controls/push buttons with signs encouraging staff to use it. *Please add any additional specific arrangements applicable to your service / work setting.* **Lifts on site** • Follow local site/ buildings procedures that are in place for the control of access/egress, social distancing and use of lifts (this should be determined during your pre-visit arrangements)				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• Avoid lifts where possible • Increased Hygiene protocols to be observed i.e. sanitisation before and after use. *Please add any additional specific arrangements applicable to your service / work setting.*				
12. Fire drills / Emergency situations	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	**Operational Buildings** • Adequate numbers of trained staff to safely evacuate all personnel on the premises • Demarcation of safe distancing in place at assembly points in line with social distancing guidelines (2 meters) where reasonably practicable (planned drills only) • Fire drill arrangements to be confirmed with landlord/ duty holder/ occupant (where premises are shared) • Ensure emergency evacuation routes out of the building are not compromised including fire doors and final exit doors. • Upon discovery of an actual fire, immediate evacuation of the building in a safe and controlled manner will be essential. Evacuation is the priority, in this circumstance social distancing may need to be relaxed to enable quicker evacuation. • Fire risk assessment and Emergency Evacuation Plans revised for office to take into account COVID-19 restrictions and areas which may not be in use and changes of use to the building. • Personal Emergency Evacuation Plans (PEEPS) in place and revised where necessary **Site visits** • Check vehicle Fire Extinguisher working and available (consider for fleet vehicles/ vans etc.) • Consider fire risk within your Dynamic Risk Assessment upon arrival at site, including what equipment and goods you are taking	2 x Fire Extinguishers to be ordered.		ASAP	

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		on site, ensuring you are not going to block any fire escape routes. • Familiarise yourself with the local fire arrangements at the site you are visiting, including evacuation routes, do not use lifts and use local fire assembly point, observing social distancing guidelines where possible. Only return to the building when instructed to do so by an authorised person. *Please add any additional specific arrangements applicable to your service / work setting.*				
13. First Aid	Careline Staff, Clients, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	+ • Adequate first aid provision in line with the services/ buildings first aid needs assessment. • First aid boxes content checked, including for vehicles (fleet vehicles) • Where closer contact may be necessary to administer first aid, wear appropriate PPE to protect First Aider and casualty. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the casualty is coughing, spitting, or vomiting • For resuscitation - only deliver CPR by chest compressions and use a defibrillator (if available) **DON'T** do rescue breaths. HSE first-aid guidance can be found here. • minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible • PPE / Handwashing protocols to be followed • Management and staff must read and follow manufactures instructions on how to use PPE correctly. Guidance on PPE and the correct fitting of face masks can be found here. Contact the health and safety team if it is suspected that a staff member at work has been diagnosed as having COVID-19 attributed to an occupational exposure (not societal) to coronavirus (needs to be evidence based)				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		Please add any additional specific arrangements applicable to your service / work setting.				

14. Reoccupation of operational buildings - areas which have not been in use during lockdown e.g. Large Business, Depots, etc.	Careline staff, contractors, visitors, public.
	
	Due to some or all parts of the premises not being used for a period of time, inspection and testing of building services and safety devices to ensure they are in full working order is required.
		⊞
		
		Covered off under Roycraft House Buildings RA.
		Depending upon the building you are going to re-occupy, you may need to do some or all of the following, in consultation with the building duty holder/ principal occupier (i.e. the person responsible for maintaining the building):
		• Visual inspection of the work area that you are going to occupy/ responsible for premises to identify and remedy health and safety hazards, particularly in any areas that may have been non-occupied due to lockdown
		• Building services maintained in accordance with the LBBD 'Duty Holder Support Pack' including:
		• Maintenance checks of plant and equipment undertaken – including kitchen equipment.
		• Fire alarms and systems checked and operational including:
		  o Fire alarm panel status green
		  o Fire call points operational
		  o Emergency lighting operational
		  o Firefighting measures e.g. fire extinguishers, blankets all present and maintained
		• Gas systems maintained
		• Water flushing of little used outlets undertaken to minimise risk of legionella and checks/maintenance undertaken/up to date on hot and cold-water systems (and pools) in accordance with Legionella water risk assessment. Every tap / outlet (hot and cold) should be run for minimum of 2 minutes in all areas of the premises which have not been used during lockdown period
		• Electrical equipment and systems maintained
		• Electrical gate systems maintained
		• Lifts and lifting equipment/hoists maintained
		• Ventilation / air conditioning / extraction systems maintained if using a central ventilation system that removes and circulates airs to different rooms, it is recommended that you turn of re-circulation and use a fresh air supply
		• Asbestos management arrangements in place				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		• Boiler room plant inspected / maintained • Identify and remedy possible vermin infestations *Please add any additional specific arrangements applicable to your service / work setting.*				
15. Behavior of staff Behavior of the public	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1) Acts of violence towards Staff include but are not limited to; Verbal aggression, Physical aggression, Threatening and intimidating behaviour.	[+] • LBBD Staff code of conduct applies in these times of Covid-19 and Careline officers are expected to maintain social distancing and hygiene protocols at all times • Training in place to reinforce expectations of Careline officers behaviours, including adult to adult interactions • Review of procedures for dealing with the public in light of COVID-19 • Regular welfare checks scheduled at set times throughout the day. • Violence and Aggression training/conflict management training provision revised for customer facing staff (if applicable) • If Careline officers feel threatened or intimidated during visit to the client, they must immediately leave the scene and return to the nearest safe office/vehicle/ • secure area. The mantra 'If in doubt, get out' should be used when assessing situations *Please add any additional specific arrangements applicable to your service / work setting.*				
16. COSHH Cleaning / Sanitisation products - Handling of Careline/Telecare Equipment	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1) Due to required increased cleaning/sanitising of hard surfaces and items there is	• COSHH risk assessment updated to include all newly introduced cleaning products • Manufacturers COSHH Safety Data Sheet provided to users of chemical outlining safe use, storage, emergency arrangements and PPE to be used. • Strict instruction to staff / cleaning provider to keep any cleaning chemicals secure • Work with in house or external cleaning provider to ensure safe systems and protocols for use and storage are in place.				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
	a need to ensure no residual traces of cleaning products / or access to the cleaning / sanitising product by unauthorised personnel	**Office Stock** . • All Programming of equipment is to be conducted on the Programming Desk located in the Careline Office. • All stock must be put away in designated stock cupboards and not left outside in the Careline Office. • Sanitisation / hand washing protocols to be observed when handling Careline Equipment. • Careline Officers to ensure programming area is suficiantly cleaned before and after use. **Collected Equipment** • Officers to follow Handwashing protocols before and after handling alarms/peripherals. • Officers to use designated Cleaning Area in the Training Room when cleaning alarm units/peripherals. • All collected equipment from a service users' home will be left in the collection cupboard for 72 hours before cleaning. • PPE to be worn and available cleaning equipment should be used cleaning units/peripherals.				
17. Dealing with / clearing up with Body Fluids	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	• Body Fluids protocol updated to include COVID-19 risks to include: o Where clearing up of body fluids is required, the staff member must follow all infection control measures including covering wounds prior to glove use				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		o Full appropriate PPE must be worn, this will include disposable gloves, disposable apron and fluid resistant surgical facemask and eye protection or face shield o PPE and waste disposal protocols to be followed (double bag waste) o Handwashing protocols to be followed o Protocol in place to respond to emergency cleaning requirements and increased cleaning requests See LBBD Body Fluids Guidance for further information https://lbbd.sharepoint.com/sites/IntTp/HR/Pages/Body-Fluids.aspx *Please add any additional specific arrangements applicable to your service / work setting.*				
18. Mental Wellbeing	Staff Mental wellbeing could be affected by C-19 pandemic (Risk - as set out in section 1)	[+] • Mental health, wellbeing and support mechanisms for staff reviewed and in place • EAP programme in place 24/7 • Occupational Health team support • Trained mental health first aiders available • 1-2-1 supervision meetings with manager and discussions around COVID-19 concerns. • LBBD Mental Heath First Aiders list made available to staff https://lbbd.sharepoint.com/sites/SCLD/SitePages/Wellbeing.aspx • LBBD Mental Wellbeing initiatives promoted to employees on a regular basis via I;1s and team meetings https://lbbd.sharepoint.com/sites/IntTp/HR/Pages/Mental-Wellbeing.aspx *Please add any additional specific arrangements applicable to your service / work setting.*				
19. Business Continuity	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	[+] • Careline Business Continuity Plan reviewed to include COVID-19 related risks				

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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
	Closure of premises, non-provision of service	*Please add any additional specific arrangements applicable to your service/ work setting.*				

It is important you discuss your assessment and proposed action with employees and their representatives. A risk assessment is only effective if you and your employees act on it. You must follow through with any actions required and review it monthly. You should review your risk assessment if you think it may no longer be valid e.g. following an accident/incident, or if there are significant changes to the hazards in your workplace, such as new equipment or work activities. Risk assessment guidance is available for further information and advice on carrying out a risk assessment.

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Barking &
Dagenham

<u>**Covid-19 Individual Health Risk Assessment Form, Guidance and FAQS**</u>

This guidance applies only to front-line employees or employees who are required to physically be in work for some or all the time. We are aware that many managers of front-line services have already undertaken risk assessments and good arrangements are in place. If individual risk assessments have been done, there is no requirement to repeat this but they will need to be updated to include specific Covid-19 risks. The process has been introduced to make sure that no one has been missed, and in particular to ensure that in advance of ongoing research by Public Health England on the risk factors for BAME employees that individual health risk assessments have been undertaken and are in place.

The scheduling of services returning to a physical location is being currently overseen by the council's Recovery and Legacy group. Risk assessments for staff who are currently home working will not be undertaken at this stage but will of course be required once a decision has been made for the service to return to a physical work location.

Protecting front-line staff

In response to the Covid-19 pandemic we have:

- Undertaken risk assessments for many roles and staff groups, taking into account the need for Covid-19 secure workplaces.
- Applied Government and Public Health England (PHE) guidance for PPE in our own visual guides for key workers which help staff work safely; ensure staff feel supported in their work and protect local services.
- Advised employees in specific groups that are potentially more vulnerable to practice robust social distancing measures.
- Closely followed all relevant Government and PHE guidance about social distancing, self-isolation and shield and protect arrangements
- Ensured that key workers are aware of testing arrangements and supported for a safe return to work.

We have put in place creative solutions to enable social distancing at work, by such measures as:

- changing the layout of workplaces
- adjusting shift patterns
- staggering commute times
- reducing risks such as virtual contact with residents as opposed to home visits where this is possible.

At risk groups

Coronavirus (Covid-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher risk groups - individuals that are **high risk** (clinically extremely vulnerable) and those that are **moderate risk** (clinically vulnerable). See more on this at https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/.

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It is important that the line manager explains this with individual employees to help them take more personal responsibility for managing risks.

Employees at high risk (clinically extremely vulnerable)

Staff who are in a clinically extremely vulnerable group [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) should have received a letter from the NHS or a template letter from their GP, and they should be shielding (currently up to 31st July 2020). GP fit notes are not valid confirmation of this status. This group of employees should work from home where possible but can return to the workplace on 1st August if it is "Covid-secure". The council is putting in place a structured support and communication plan for this group of staff, and individual managers will be contacted. At this stage no manager should be discussing return to work for this group. If covid-19 secure risk assessments have already been undertaken and any shielding staff have been excluded in the consultation and engagement the risk assessment will need to be reviewed.

The following arrangements continue to apply, pending the pause of shielding arrangements:

- If the employee can work from home, they will continue to do so. In some cases, work can be reorganised to facilitate this.
- If the employee can't work from home they will remain at home on full pay.
- Employees living with someone who is "shielding" are not required to "shield" themselves and should work from home if possible The NJC has said that this group can return to the workplace as long as the workplace is covid-19 secure. Managers will be advised on the next steps and shouldn't put in place any arrangements for return for the time being.

Employees at moderate risk (clinically vulnerable)

If employee is at moderate risk from coronavirus, they can go out to work (if they cannot work from home) and for things like getting food or exercising, but they should try to stay at home as much as possible. It's very important that they follow the general advice on social distancing, including staying at least 2 metres (3 steps) away from anyone they do not live with. Unlike people at high risk, they will not get a letter from the NHS. Health Risk Assessments are vital for this group of employees to ensure that all the right levels of controls can be put in place and must be agreed.

The health and individual characteristics include the following:

- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Covid-19 and Pregnancy
NHS guidance states that there is no evidence that pregnant women are more likely to get seriously ill from coronavirus, but pregnant women have been included in the list of people at

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moderate risk (clinically vulnerable) as a precaution. This is because pregnant women can sometimes be more at risk from viruses like flu. It is not clear if this happens with coronavirus. But because it is a new virus, it's safer to include pregnant women in the moderate-risk group.

Other Risk Factors: BAME staff
Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid-19 and Public Health England have recently published a report on the disparities in the risk and outcomes. Until there is clarity about the risks, we advise that BAME staff may be additionally vulnerable to Covid-19.

On their own these factors may not require restriction from any particular activity but with BAME staff, in particular considering if there any underlying health conditions present as well, this would reinforce the need to apply stringent control measures which include social distancing and/or the use of Personal Protective Equipment (PPE). The Health Risk Assessment has been designed to help identify the control measures that need to be agreed and put in place.

Other Risk Factors: Age and Gender
Similarly, those in an older age group and male gender also seem to confer increased risk and these facts should be taken in to account in the health risk assessment.

Advice on undertaking a Health Risk Assessment

When you are reviewing work activities it is important to consider individual risks and aim to reduce them if possible, even if the risk is low.

In undertaking a health risk assessment, the standard hierarchy of risk management should be followed.

When managing hazards and risks, the Hierarchy of Controls must be applied (working top down), as set out below

Elimination
The hazard, task or activity is physically removed or abandoned.

Substitution
Replace a material or process with a less hazardous one

Engineering controls
Isolate employees from the hazard

Administrative controls
Identify and implement procedures to maximise safe working.

Personal Protective Equipment (PPE)
Only to be considered if measures above would be ineffective to control risks

It is not possible to avoid all risk and the aim of the health risk assessment is to avoid unacceptably high-risk activities and to bring down risk in other areas as far as reasonably practicable. Most people in the moderate risk categories will be able to continue working but it is still important to consider how you could reduce their risk.

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The line manager should undertake a health risk assessment with the employee and discuss the following:

- The issues and potential risk factors and how mitigation can be enabled in the way in which the work is undertaken. This includes safe systems of work, social distancing, hygiene measures and the use of appropriate personal protective equipment (PPE)

- Any temporary or alternative working arrangements that can be put in place to enable the key elements of the job role to be done.

The health risk assessment form provides a consistent framework to help you to undertake the process. If duties can't be adjusted or the standard hierarchy of Covid-19 risk management cannot be followed (as outlined above), the manager must submit the health risk assessment to Occupational Health using the fast track referral Covid-19 Specific management referral form to support/provide additional recommendations.

FAQs

1) Do I need to undertake a health risk assessment for staff now using the attached form and guidance?

   Yes - for all current front-line staff. The deadline for completion was 19 June 2020. We will require confirmation that health risk assessments have been completed and a front-line staff list will be sent from HR/OD for Directors to confirm.

2) What defines a front-line employee for the context of the health risk assessment?

   All those staff who are unable to do their jobs 100% from home; this would include staff that work the majority of their time from home but have to undertake home visits or attend court etc.

3) Are there certain staff groups that the health risk assessment should be undertaken for?

   So that no one is missed, all front-line staff should have a health risk assessment. We are aware from Public Health England advice and guidance that some groups are at greater risk these include employees with some health conditions, age, pregnant employees and BAME employees.

2) How do I approach this with my employees?

   We are asking managers to undertake health risk assessments for all front-line employees. In relation to employees from BAME communities, the research and statistics from Public Health England have shown that BAME communities are at a higher risk of contracting the Covid-19 virus with a disproportionate number of deaths, so we want to provide assurance that there is a formal opportunity to assess all the risks to protect our employees. This has been designed to look for solutions and to provide reassurance.

   Government and Public Health England guidance has set out the groups at moderate risk and it is important that we provide a structured and consistent framework. It is recognised that some employees may have multiple health risk factors.

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3) What if I already have an individual risk assessment for the member of staff, do I need to do another one?

No - but you must review and update the current risk assessment with the employee to ensure that Covid-19 concerns are discussed and addressed as to any potential risks.

4) If staff are shielding and are at home 100%, (either working or not working), I assume that they do not need a health risk assessment at this time as they should continue to be at home until further advice is received?

Yes - these staff do not require a health risk assessment at this time, but this may be required, depending on Government guidance, when the return to physical workplace is imminent.

You would use the form if you receive a new notification that the employee has received an NHS shielding letter or a template letter from their GP. We are aware that the list of people required to shield has been reviewed by GPs and others, and new people contacted to say that they have now been included, and some who have been advised that they are no longer required to do so.

5) This group should follow the latest guidance, and not yet return to work. The council is putting in place robust arrangements to support this group in their return, once shielding arrangements are paused

6) If a team member is in a vulnerable group and I think that with minor adjustments they can now do all their work at home, do I have to carry out a health risk assessment?

Yes, the health risk assessment will help you to identify what you can put in place. The minor adjustment could be for example swapping home visits to virtual visits where this is possible to do so.

7) Do Managers send the health risk assessment to Occupational Health regardless of the outcome?

No – if you and the employee have agreed a range of control measures and they can safely work (with hazards removed) you will not need to ask Occupational Health to review further.

You should refer the health risk assessment to Occupational Health to review if you don't think that the person can work at all, as you can't control the hazards and their job can't be adjusted, or the medical history is so complex that you need a medical view, or you and the employee can't agree on what needs to be in place. If you do need your health risk assessment to be reviewed, please use the fast track Covid-19 referral form.

8) What if the member of staff refuses to co-operate with the health risk assessment?

The process should be undertaken with sensitivity and be supportive. It shouldn't be intrusive, and you should provide reassurance of confidentiality at all times. You can contact ManagerAssist on 0800 298 2021 if you would like help and coaching on how to prepare for a conversation in advance of undertaking a health risk assessment.

Try to find out the reasons why and what their concerns are and resolve to address them. If, however they do not wish to discuss this with you, find out if they may be happier

discussing directly with Occupational Health; if so, then refer them using the Covid-19 fast track OH referral. If they still do not wish to engage please discuss further with your HR Adviser and make a note on the health risk assessment and send through the HR Portal for their Personal File.

9) What should I do with the completed health risk assessments?

This should be sent through the HR Service Desk to be placed on the employee's Personal File. Please use the following on the Service Catalogue:

DBS / Risk Assessment / Right to Work

"I want HR to save this adverse risk assessment on the personal file'

10) Will training be provided on health risk assessments?

We will be providing skills training on Covid-19 secure risk assessments which will include individual health risk assessments. Currently we have an i-learn module which provides general training on risk assessments that you can use to refresh your skills. The ManagerAssist line will coach you through any soft skill needs. Your HR Business Partner, HR Adviser, Occupational Health and the Health and Safety Team are available if you need any advice and support.

11) Who is responsible for the health risk assessment?

As with all risk assessments, managers are responsible and accountable, even where you have asked advice from HR or Occupational Health etc.

12) What kind of controls and mitigation have others put in place?

These are individual health risk assessments and will depend on individual circumstances and job roles. The following have been suggested by others:

- Stagger start and finish times and introduce rota/shift practices to help practice social distancing
- Visits requiring face to face contact use virtual meetings if possible
- Where an onsite visit is absolutely critical call in advance and use a check list including asking about the opportunity to wash hands, and to find out if anyone unwell
- Access to Work could be involved for equipment and other resources
- Workplace Options Employee Assistance Programme can provide guidance, support and counselling
- Car parking and cycle facilities could be made available
- Make sure that the employee is aware of the relevant PPE required for their role has been issued with the guidance and has ongoing access to PPE.

13) Do I keep the health risk assessment under review?

Yes, it is suggested that this is undertaken monthly as part of the one-to-one process or if any circumstances change.

STRICTLY CONFIDENTIAL Health Risk Assessment: Exposure to Covid-19, impact on current heath condition

General Information					
Employee Name			**Job Title**		
Line manager			**Job title**		
Location / Area:			**Working hours:**		
Date of Assessment:			**Review date:**		
Individuals underlying health condition category / other factors:	Please tick appropriate box:	✓	**Current post involves:**	Please tick appropriate box:	✓
	Notified as 12 weeks Clinically Extremely Vulnerable (**Shielding** very high-risk group) **Note - front line employee should not be in work in any circumstances but may be able to undertake full or some work at home.**			Directly caring for Covid-19 service users (tested as positive) and undertakes Aerosol generating procedures (AGPs)	
	Clinically Vulnerable – pregnant, over 70 or underlying health condition as per PHE list			Directly caring for Covid-19 residents (tested as positive) – not undertaking AGPs	
	BAME Employee			Directly caring for service users not tested / unknown Covid-19 status but within 2 meters of patient – within any setting	
				Proving a service which involves levels of face to face interactions with service users / members of the public	
				Proving a service to colleagues (e.g. training)	

What are you already doing?		
Aspects	**Current Position**	**Additional action to reduce risk**
Can *this* work be done at home?		
Could *alternative* work be undertaken at home or elsewhere in the council?		
Can face to face interactions be limited and move to virtual working?		
If they can't, will they be able to work at 2m social distancing		
What arrangements are in place / will be put into place to ensure regular contact / wellbeing?		
Can work times be adjusted to reduce the		

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use of public transport, especially at peak times.		
Can work times within the team be staggered to reduce group sizes?		
Can the layout of the workplace be adjusted to allow for 2-metre social distancing?		
Is Personal Protective Equipment readily available (including hand sanitiser for mobile working) where a need is identified?		
Other considerations:		

Assessment		
Please tick appropriate box:	✔	Monitoring / further action:
Actions agreed as detailed above reduce the risks to the employee		Local manager to review and monitor.
If the employee can't work at all, as you can't control the hazards and their job can't be adjusted, or the medical history is so complex that you need a medical view, or you and the employee can't agree on what needs to be in place.		Refer employee to Occupational Health for further advice and support.

Additional notes		
Please add any additional notes as appropriate		

This is a true record of the conversation and agreed action(s):			
Employee signature		**Date signed**	
Print Name			
Manager's signature		**Date signed**	
Print Name			
Occupational Health Review (if required)			

Manager to keep the individual health risk assessment under review, through monthly 1-2-1s or sooner if circumstances change.

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Appendix 2

PPE Risk Assessment Template – PPE Request

Once the risk assessment has been completed in consultation with the Corporate Health and Safety team, your employees, Trade Union Partners and has been signed off by the Workforce Governance Group or CEX/DCEX as being COVID-19 secure, please fill out the below to summarise the service's need for PPE outlined in the assessment. Once completed, and agreed, please send to Rhys.Clyne@lbbd.gov.uk and Will.Donovan@lbbd.gov.uk. If you have any identified need for PPE beyond the items outlined below please notify Rhys and Will as soon as possible, as it may be necessary to establish a new supply chain for additional items which have not been routinely stocked.
Please state all items as numbers of items required, not numbers of boxes as box sizes for masks, gloves and aprons can vary.

Please indicate when first month's supply PPE is required by here:
Regular, monthly PPE need

	Surgical masks	FFP3 masks	Pairs of gloves				Disposable suits	Disposable aprons	Full face shields	Goggles	Hand sanitiser (bottles)		Anti-bac wipes packs
			S	M	L	XL					100ml	500ml	80 wipes
Number of units													

Please note that FFP3 masks are only required in very specific applications and may not provide adequate protection unless used alongside additional equipment such as a full-face shields or safety goggles.

Fixed PPE need for your workplace
Check with the Building Manager/ Duty Holder for any building related requirements you may have, such as screens, signs, tape and fixed sanitiser may have been ordered/covered.

Type of equipment	Numbers and Sizes	Comments
Perspex screens		
Fixed wall sanitiser unit		
Floor standing sanitiser unit		
Social distance signs		

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Hand hygiene signs		
Catch it, bin it, kill it signs		
Social distancing tape		
Other (specify)		