

Risk Assessment Covid-19 Hostels

This example risk assessment template is applicable to all council service areas. It is not exhaustive and should be used as 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>.

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.

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](#)

Risk Assessment Covid-19

Activity/Person/Location (please list areas of your operations which this assessment covers)	Hostels - Butler Court, Brocklebank, Boundary Road and Riverside House
Service Area	Community Solutions
Manager	Hostels Manager
Assessor(s) including employee representative	
Date of assessment	11/12/2020
Manager monthly review date	11/01/2021

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	<p>Staff, contractors, visitors, customers, public.</p> <p>Possible transmission of the virus from person to person and into the wider community.</p> <p>People can catch the virus from others who are infected in the following ways:</p> <ul style="list-style-type: none"> the virus moves from person-to-person in droplets from the nose or mouth 	<p></p> <p>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.</p> <p>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 10 days**.</p> <p>* Extended to 10 days following guidance from UK Chief Medical Officers issued 30.7.2020</p> <p>** Isolation period reduced to 10 days for household members</p> <p>Where the staff member tests negative and they feel well, they can return to work, and the household members can end their self-isolation.</p>	Office space has been assessed to enable social distancing and staffing levels in buildings set accordingly.		August 2020	July 2020

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
	<p>spread when a person with the virus coughs or exhales</p> <ul style="list-style-type: none"> • 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 	<p>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</p> <p>To protect yourself from coronavirus infection:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Further increasing the frequency of hand washing and surface cleaning ○ Keeping the activity time involved as short as possible ○ Using screens or barriers to separate people from each other ○ Using back-to-back or side-to-side working (rather than face-to-face) whenever possible ○ 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) ○ Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead ○ In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19 				

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		<p>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</p>				
<p>2. Testing and contact tracing</p>	<p>Staff, contractors, visitors, customers, public.</p> <p>(Risk - as set out in section 1)</p>	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>Cross Working - Restricting workforce movement and minimising workforce transmission</p> <p>All hostels have put arrangements in place to minimise cross working, combined with most staff being full-time employees who have been asked to complete a declaration regarding second jobs also helping to minimise the possibility of this occurring.</p> <p>Since the beginning of the pandemic LBBB with our Public Health team have been taking steps that minimise the movement of workforce in order to reduce the risk of asymptomatic transmission of the virus between members of staff and between staff and residents. These steps have been taken on top of, not instead of, appropriate use of PPE.</p> <p>Given the evidence of the prevalence of asymptomatic transmission, hostels are doing all they can to restrict staff movement wherever feasible. The checklist below sets out the actions that providers from</p>	<p>Once the app is available, all staff, contractors' visitors, contractors with a smart phone should download the app.</p> <p>Posters regarding testing to be displayed in public areas in the hostel</p>		<p>Sept</p>	<p>2/9/20</p>

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		<p>hostels should consider taking if they have not already done so. Not all of these actions will be possible or appropriate for every provider but, when taken in combination, will help reduce the risk of outbreaks in hostels and slow the spread of the virus.</p> <ul style="list-style-type: none"> • Ensure that members of staff work in only one hostel wherever possible. This includes staff who work for one employer across several hostels, or members of staff that work on a part-time basis for multiple employers. • Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better. • Providers should consider limiting or 'cohorting' staff to individual groups of patients or floors/wings. This needs careful management and explicit agreement with staff, adherence to the latest guidance and relevant PPE. • Where additional staff are needed to restrict movement between or within hostels, look to actively increase recruitment of staff. • Take steps to limit use of public transport by members of staff. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms, ideally used separately rather than at the same time on shift change. In some instances, local taxi firms may be willing to provide fares to and from hostels at discounted rates. • Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels. <p><i>Please add any additional specific arrangements applicable to your setting.</i></p>				
3. Shielded and clinically vulnerable Groups including those	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	 <p>Shielding staff have been consulted with on the content of this risk assessment and any particular health risks relevant to the individual staff member.</p>	As a manager, you must confirm you have consulted with your shielding staff and then activate to black text as confirmation that all			31/7/2020

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
<p>who are pregnant.</p> <p>Black, Asian and Minority Ethnic (BAME) and clinically vulnerable groups</p>	<p>UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately affected by COVID-19.</p>	<ul style="list-style-type: none"> Government guidance on shielded and clinically vulnerable people to be followed. (link Government Guidance) Children and young people (0 to 18 years of age) who have been classified 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. LBBB 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. <p><i>Please add any additional specific arrangements applicable to your service / work setting.</i></p>	<p>shielding staff have been consulted with.</p> <p>RA with BAME staff returning to site</p>			<p>2/9/20</p>
<p>4. Someone becomes unwell</p>	<p>Staff, contractors, visitors, customers, public.</p>	<p> Procedure developed to include:</p>	<p>Room for isolation identified at each site and kept locked- kitchen and bathroom</p>			<p>March 20</p>

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	(Risk - as set out in section 1)	<ul style="list-style-type: none"> • If anyone becomes unwell with a new, continuous cough or a high temperature loss of taste / smell across the service, they must be 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: 	<p>Directive indicate that mouth to mouth should not be given, confirmed to staff</p> <p>First aid audit of current staff</p>		20/07	21/07/2020

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
		<p>https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-5-2</p> <ul style="list-style-type: none"> First-aid procedure and arrangements in place. HSE first-aid guidance can be found here. <p><i>Please add any additional specific arrangements applicable to your service / work setting.</i></p>				
5. Pre-visit Communication strategy (communication to Customers/ Resident etc)	Staff, visitors, contactors, public, resident or building occupants (Risk - As set out in section 1)	<p>The council operates 4 hostels:</p> <p>Boundary Road – this facility is for single people, consisting of 35 rooms over 2 floors, the building has a lift. with signage advising only to be used by 1 family at a time. The kitchens and other communal spaces have signage advising residents that they should wear masks in interior communal areas, in line with the updated guidance issued on the 1 December 2020</p> <p>Brocklebank – this facility is for single people and has 50 rooms, over 2 floors. Has 1 lift with signage advising only to be used by 1 family at a time. The kitchens and other communal spaces have signage advising residents that they should wear masks in interior communal areas, in line with the updated guidance issued on the 1 December 2020</p> <p>Butler Court – this facility is for families and has 78 rooms over 2 floors and a play area, the play area is currently locked off as part of the COVID restrictions on site. There is no lift on site. The kitchens and other communal spaces have signage advising residents that they should wear masks in interior communal areas, in line with the updated guidance issued on the 1 December 2020</p> <p>Riverside House – the facility is for families and has 27 rooms over 3 floors. Has 1 lift with signage advising only to be used by 1 family at a time. The kitchens and other communal spaces have signage advising residents that they should wear masks in interior communal</p>	<p>Face to face interactions to be done as a last resort and by appointment only, following social distancing.</p> <p>Any other enquiries directed to the Hostel services e mail address. Automatic response to be set up.</p> <p>When any requests for contractors/ professionals are made it is to be disclosed if any person within the accommodation is self-isolating.</p> <p>Requested submitted to Cleaning team for sanitisers in the communal areas and wash stations in all kitchens</p>		20/07 21/07	20/07 21/07 21/7 21/7

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
		<p>areas, in line with the updated guidance issued on the 1 December 2020</p> <p>As part of the COVID arrangements at all the hostels, all communal areas have been locked off, together with all restrooms, all activities have stopped, including GP sessions and after school clubs, these arrangements are kept under review by management.</p> <p>No matter what time of day or night there are arrangements in place for customers to be able to access the hotel 24/7 through a Homelessness Assessment Officer. Details of requirements can be taken from the customer and a hostel space can be made available, controlled by security staff where required, following social distancing and hygiene requirements.</p> <p>Pre-visit plans are put in place for customers, this includes an individual care plan, what is agreed with the customer and what is expected of them whilst they are staying at the hostel.</p> <p>Meet and greet arrangements are also explained to the customer at this time, on site COVID arrangements, QR codes, social distancing upon entry to the hostel, escort to their room by on site security staff, use of communal kitchens, toilets and washrooms.</p> <p>If during the customers stay there is a need to carryout any repairs in the customers room, a procedure is in place for this whereas the customer will vacate their room whilst the repair takes place by a competent contractor, who will make good and clean/sanitise the work area before the customer is given back access to their room.</p> <p>Customers may from time to time have visitors to the hostel, visitor numbers are controlled, allowing for social distancing and hygiene, no visitors are allowed to stay over, this is monitored by the 24 hour security.</p>				

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		<p>Where it has been identified work cannot be done at home, the following protocol must be implemented.</p>  <p>Protocol in place and includes:</p> <ul style="list-style-type: none"> • Please follow the relevant government guidance for your service/ work areas in the links below: • working-safely-during-coronavirus-covid-19. • Pre enquiries discussions held with each customer 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/workers in separate rooms or areas for social distancing, adequate ventilation and hygienic procedures etc when work commences • Sanitisation / hand washing protocols to be observed when handling deliveries of supplies. • Staff /Customers advised to follow guidance below: <p>COVID-19: guidance for households with possible coronavirus infection guidance</p>  <ul style="list-style-type: none"> • Ensure staff/ contractors and visitors have adequate handwashing/sanitiser to maintain personal hygiene. <p>Please add any additional specific arrangements applicable to your service / work setting.</p>				
6. Travel to office/ site	<p>Staff, contractors, visitors, customers, public.</p> <p>(Risk - as set out in section 1)</p>	 <p>Walking, cycling and public transport</p> <ul style="list-style-type: none"> • Ensure protocols in place for staff 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 	Due consideration given when allocating working location to minimise exposure when travelling to work.			31/7/20

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
		<ul style="list-style-type: none"> • 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 • Ensuring safe distancing is always adhered to – 2 meters apart • Potential to stagger starting times to avoid peak travel times • No physical contact e.g. handshaking <p style="text-align: center;"></p> <ul style="list-style-type: none"> • Adhering to guidelines on hand washing, sanitising upon arrival/ leaving the office/ site being visited. <p style="text-align: center;">Use of private or provided vehicles</p> <p>Wherever possible staff should travel to their work location alone using their own transport.</p> <p>If staff have no option but to share transport:</p> <p style="text-align: center;"></p> <ul style="list-style-type: none"> • 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. • Any persons sharing a vehicle must be wearing face masks. <p style="text-align: center;"></p> <ul style="list-style-type: none"> • 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 				

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		<ul style="list-style-type: none"> Ensure staff have adequate handwashing/sanitiser to maintain personal hygiene. 				
7. Travelling between work locations in fleet/ private vehicles	Staff, contractors (Risk - as set out in section 1)	<p>There is a requirement for the site manager to travel between the 4 hostels, this travelling is kept to a minimum and social distancing and hygiene arrangements are in place, together with the use of PPE including face mask.</p> <p>When travelling at work or between site locations, workers should travel alone. If workers have no option but to share a vehicle, then they should:</p> <p style="text-align: center;">Use of private vehicles</p> <p>Wherever possible staff will be traveling to the site alone using their own transport as below:</p>  <ul style="list-style-type: none"> Telephone appointments/emails to office where possible to minimise personal contact where practicable it is strongly recommended that staff travel by car where possible. If there is a need to travel via public transport staff must follow government guidance on the use of public transport. When travelling between work locations using public transport, a face mask must be worn. If staff members have to share a vehicle, all staff must be wearing face masks. Ensuring safe distancing is always adhered to – 2 meters apart No physical contact e.g. handshaking <p>If staff have no option but to share:</p>  <ul style="list-style-type: none"> Journeys should be shared with the same individuals and with the minimum number of people at any one time (fixed teams) 	<p>No staff should be travelling between sites during the course of a working day, unless in an emergency.</p> <p>No need for staff to travel between sites due to segmentation of staff to one site, related to home address</p>			31/7/20

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		<ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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 work side-by-side or back-to-back ○ 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 displayed  <ul style="list-style-type: none"> • Enhanced cleaning regime in place in line with COVID-19: cleaning of non-healthcare settings guidance • Staff cleaning would be inline with: • Working-safely-during-covid-19/offices-and-contact-centres offices • Additional day time cleaning arrangements put in place • Use of sanitiser for staff, contractors/ visitors entering and leaving the site. • Hand washing posters displayed • Increased natural ventilation / avoid rooms with no natural ventilation where possible 	<p>Staff to be provided adequate cleaning equipment to sanitise keyboard/ phone etc</p> <p>Designated desk to be allocated with provision of storage</p> <p>Options for increase ventilation at BCT to be considered</p> <p>Signs to be displayed at all sites and part of the induction, meet and greet.</p> <p>meet and greet process in place when booking in services</p>			<p>21/7/20</p> <p>21/7/20</p> <p>September 20</p> <p>21/7/20</p> <p>21/7/20</p>

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		<ul style="list-style-type: none"> • 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 it 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. <p>To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues, and PPE:</p> <ul style="list-style-type: none"> • 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. <p></p> <ul style="list-style-type: none"> • Contractors and delivery companies' safe systems of work, risk assessment and Covid-19 secure arrangements have been established. 				
9. Visiting a customer's premises	Staff, contractors, visitors, customers, public.	<p></p> <p>If a member of staff is required to enter a customer's room to carry out an inspection, the customer is asked to vacate their room whilst the inspection takes place to allow for social distancing, staff will wear</p>	Hostel staff only to attend an occupied room when necessary, apply two metre social distancing or			21/07/20

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
	(Risk - as set out in section 1)	<p>PPE to enter the room, including a face mask and gloves. Any areas touched, including door handles will be sanitised by staff.</p> <p>If a contractor needs to enter a customers room, the procedure above is followed.</p> <ul style="list-style-type: none"> The service has safe operating procedures outlined in their work activity risk assessments and safe systems of work, relevant parts of which are considered below. All standard work issue PPE to be worn, 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/ LBBB COVID-19 PPE Guidance for Property Visits is followed. The Guidance can be found here. <p></p> <ul style="list-style-type: none"> Reminding customers / clients who are accompanied by children that they are responsible for supervising them at all times and should follow social distancing guidelines. 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) <p></p> <ul style="list-style-type: none"> 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. Set up a transfer station at indoor sites for safe handling of deliveries. 	<p>appropriate PPE where distancing not possible</p> <p>Where possible the resident to remain outside the room.</p> <p>Where possible room to remain void for 72 Hours before cleaning. If 72-hour delay in cleaning is not possible appropriate PPE to be worn and room ventilated</p> <p>Review of cleaning model to be discussed</p> <p>Post and parcels delivered to reception only.</p>		<p>21/7/20</p> <p>21/7/20</p> <p>Sept 20</p> <p>21/7/20</p>	

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
		<ul style="list-style-type: none"> • 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, which will then be placed into a sealed bag (so its double bagged) for disposal at an agreed location at the end of the working day, if applicable • Toilets – avoid using customers/resident's toilets where possible, use designated/ identified toilet facilities. Should there be an urgent need to use customers facilities, then this should only be done with permission from the customer, 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. • No physical contact e.g. handshaking • Do not share pens or Ipad pointers, wherever possible send paperwork digitally • Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill it advice • Upon completion of shift, personnel to sanitise any shared equipment i.e. tooling and any electronic devices <p>+</p> <ul style="list-style-type: none"> • You should keep in touch with workers about working arrangements in place to protect them including welfare, mental and physical health and personal security. • All personnel 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. 	<p>Goods, such as furniture delivered to a dedicated area</p> <p>Extra availability of rubbish bags and areas in place on site awaiting collection</p>			21/7/20

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
10. Lunch / Breaks	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	 <p>Customers staying in family accommodation will have access to a communal kitchen and bathroom, customers are bubbled into groups and will make use of these communal facilities as designated across the hostel. Arrangements are in place for one family at a time to make use of the kitchens and bathrooms, cleansing wipes and hand sanitiser are made available to families for them to use and increased cleaning is taking place in kitchens and bathrooms. Customers in single accommodation hostels do not have access to a kitchen.</p> <p>Staff use of kitchen:</p> <ul style="list-style-type: none"> • Social distancing protocols to be observed • Staggered lunch breaks or eat at your own workststion for containment • Systems in place where fixed teams/ bubbles are required at lunch. Where this is the case, social distancing must be observed (where applicable).  <ul style="list-style-type: none"> • Determined food / drink / refreshments provision for the site/ location i.e. bringing in own food only, use of on-site provision, supply of drinks/ supply of own milk, use of appliances, if applicable.  <ul style="list-style-type: none"> • Hand washing (minimum 20 seconds) / sanitisation protocols to be followed prior to eating / drinking • Rigourous cleaning regimes have been introduced. 	Office segmentation takes into account lunch and breaks			31/7/20
11. Lifts, corporate buildings, visits to other sites	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	<p>Where hostels have lifts, social distancing and extra cleaning/ hygiene arrangements have been put in place for the use of lifts.</p> 	2m social distancing tape in reception and posters			21/7/20 (needs

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
		<p>Operational buildings</p> <ul style="list-style-type: none"> Buildings procedure in place for control of access/egress and use of lifts Avoid lifts where possible - people who are able are encouraged to walk and use the upstairs.  <ul style="list-style-type: none"> 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. <p><i>Please add any additional specific arrangements applicable to your service / work setting.</i></p>	<p>at lift stating do not share with non family members</p> <p>Process of cleaning to be discussed</p>			constant replacing due to wear)
12. Fire drills / Emergency situations	<p>Staff, contractors, visitors, customers, public.</p> <p>(Risk - as set out in section 1)</p> <p>Smoke inhalation, exposure to heat</p>	 <p>Operational Buildings</p> <ul style="list-style-type: none"> Adequate numbers of trained staff to safely evacuate all personnel on the premises 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.  <ul style="list-style-type: none"> 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. Personal Emergency Evacuation Plans (PEEPS) in place and revised where necessary 				
13. First Aid	<p>Staff, contractors, visitors, customers, public.</p>	 <ul style="list-style-type: none"> Adequate first aid provision in line with the services/ buildings first aid needs assessment. 	<p>check first aid boxes and order as required</p>			21/7/20

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
	(Risk - as set out in section 1)	<ul style="list-style-type: none"> • First aid boxes content checked, including for vehicles (fleet vehicles)  <ul style="list-style-type: none"> • 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. <p>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)</p>	order eye protection for first aid use only – to be placed in zip lock bags and marked for First Aid use only disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection			21/7/20
14. Reoccupation of operational buildings - areas which have not been in use during lockdown e.g. Large Business, Depots, etc.	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	N/A- buildings have been in use throughout period	N/A			

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
	full working order is required.					
15. Behaviour of staff Behaviour 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.	 <ul style="list-style-type: none"> Staff code of conduct applies in these times of Covid-19 and staff are expected to maintain social distancing and hygiene protocols at all times Training in place to reinforce expectations of staff 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 staff feel threatened or intimidated, 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 Sites have 24 hour security staff and CCTV. If there any violent/aggressive incidents, these are dealt with by the security staff, who will call the Police if required. Customers are on a licenced agreement to be at the hostel, so this tends to minimise any incidents of violence and aggression. Windows and fire doors at hostels are alarmed. 	None- picked up through 121 and normal management processes			
16. COSHH Cleaning / Sanitisation products	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	 <ul style="list-style-type: none"> 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. 				

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	Additional cleaning has been in place at each hostel site since March 2020. This means all buildings are cleaned twice per day by BDTP, covered under their own RA. Cleaning products antibacterial and advised provide for 12 hours of protection on surfaces. Staff are have access to non-irritating antibacterial wipes for cleaning surfaces between use by others outside of this schedule				
17. Office/on site Dealing with / clearing up with Body Fluids	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1)	 <ul style="list-style-type: none"> • Body Fluids protocol updated to include COVID-19 risks to include: <ul style="list-style-type: none"> ○ Where clearing up of body fluids is required, the staff member must follow all infection control measures including covering wounds prior to glove use ○ Full appropriate PPE must be worn, this will include disposable gloves, disposable apron and fluid resistant surgical facemask and eye protection or face shield ○ PPE and waste disposal protocols to be followed (double bag waste) ○ Handwashing protocols to be followed ○ Protocol in place to respond to emergency cleaning requirements and increased cleaning requests <p>See LBBB Body Fluids Guidance for further information https://lbbd.sharepoint.com/sites/IntTp/HR/Pages/Body-Fluids.aspx</p>	Require body fluid kits. PTP has raised to source			End September
18. Mental Wellbeing	Staff Mental wellbeing could be affected by C-19 pandemic (Risk - as set out in section 1)	 <ul style="list-style-type: none"> • 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 through council hub • 1-2-1 supervision meetings with manager and discussions around COVID-19 concerns. • LBBB Mental Health First Aiders list made available to staff 	None- covered through management practices and 121 processes			

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
		https://lbbd.sharepoint.com/sites/SCLD/SitePages/Wellbeing.aspx <ul style="list-style-type: none"> LBBD Mental Wellbeing initiatives promoted to employees on a regular basis via 1:1s and team meetings https://lbbd.sharepoint.com/sites/IntTp/HR/Pages/Mental-Wellbeing.aspx				
19. Business Continuity	Staff, contractors, visitors, customers, public. (Risk - as set out in section 1) Closure of premises, non-provision of service	 <ul style="list-style-type: none"> Business Continuity Plan reviewed to include COVID-19 related risks 	Review BCP			March 20
Other?		<i>Please add any additional specific arrangements applicable to your service / work setting.</i> These are covered in the RA for hostels in line with guidance issued on the 7/8/20	Additional supplies of the following in order to be able to replace when used: Tape for floor markings Body fluid kits Additional first aid kits Interview room at Butler Court not currently in use but could recommence interviews in this space with provision of a screen	Ordered via correct route Facilities		

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.

Covid-19 Individual Health Risk Assessment Form, Guidance and FAQs

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/>.

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

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.

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.

- 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 health 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:	<input checked="" type="checkbox"/>	Current post involves:	Please tick appropriate box:	<input checked="" type="checkbox"/>
	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.	<input type="checkbox"/>		Directly caring for Covid-19 service users (tested as positive) and undertakes Aerosol generating procedures (AGPs)	<input type="checkbox"/>
	Clinically Vulnerable – pregnant, over 70 or underlying health condition as per PHE list	<input type="checkbox"/>		Directly caring for Covid-19 residents (tested as positive) – not undertaking AGPs	<input type="checkbox"/>
	BAME Employee	<input type="checkbox"/>		Directly caring for service users not tested / unknown Covid-19 status but within 2 meters of patient – within any setting	<input type="checkbox"/>
		<input type="checkbox"/>		Proving a service which involves levels of face to face interactions with service users / members of the public	<input type="checkbox"/>
		<input type="checkbox"/>		Proving a service to colleagues (e.g. training)	<input type="checkbox"/>
What are you already doing?					
Aspects	Current Position		Additional action to reduce risk		
Can <i>this</i> work be done at home?					
Could <i>alternative</i> 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					

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		
<i>Please tick appropriate box:</i>	✓	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		
<i>Please add any additional notes as appropriate</i>		
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.