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| **Authority:** | **HARLOW DISTRICT COUNCIL** |
| **Service:** |  |
| **Name of employee (if for individual):** |  |
| **Assessing Manager’s Name:** |  |
| **Assessing Manager’s Job Title:** |  |
| **Date Assessment Completed:** | **14TH MAY, 2020 (V1) | Reviewed: 16th OCTOBER 2020 (V2) & 8th JULY 2021 (v3) & 7th OCTOBER 2021 (v4), 4th NOVEMBER 2021 (v5) & 17TH DECEMBER (v6), 10TH MARCH 2022 (v7) & 7th OCTOBER 2022 (v8)** |
| **Date for Revision:** | **WHEN ANY SIGNIFICANT CHANGES TO KNOWN RISKS OR GOVERNMENT GUIDANCE OCCUR** |
| **Foreword**  This is a template risk assessment (RA) to assist managers plan to keep people safe from the SARS-CoV virus. **The suggested risk control measures in the fourth column should be amended to fit the activities, people, equipment and environment under consideration.** The template should be used in accordance with guidance has been published on the Kaonet about how to plan to reduce risks from the virus in the workplace: <https://www.harlow.gov.uk/kaonet/coronavirus/risk-assessment-guidance-managers>. Our overriding principles are to try to keep our activities going, but in a managed safe way.  Plans to control all other risks from council activities are still relevant in the pandemic and are documented in existing RA’s. They should be kept up to date as normal.  The controls we put in place for managing COVID-19 also work for other respiratory pathogens such as influenza and colds.  **Notes About Risk Controls For Managing COVID-19 Infections After 1st April 2022**  On 23rd February 2022, [the government set out](https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19) what it intends to do to manage the ongoing risks of infection from the Coronavirus SARS-CoV–2 virus in England for the foreseeable future. The primary means of controlling the future impact of COVID–19 will be through mass vaccination. The restrictions on social contact that we have experienced over the past few years are being relaxed. This position will change if a new variant emerges that can evade our immunity created by vaccination. The advice [from government](https://www.gov.uk/guidance/reducing-the-spread-of-respiratory-infections-including-covid-19-in-the-workplace) and from [the Health & Safety Executive (HSE)](https://www.hse.gov.uk/coronavirus/index.htm) to organisations and businesses, about how to keep people safe, has been updated in light of this new strategy.  The government’s Scientific Advisory Group for Emergencies (SAGE) advises that there is considerable uncertainty about the path that the pandemic will now take in the UK, so we need to keep our plans flexible. COVID–19 still has three potential impacts on the council in future:   * Individual staff and volunteers becoming ill from an infection, potentially seriously for those who are still vulnerable to the most serious effects of the disease; * Small outbreaks within teams causing short-term sickness absence among clusters of staff at the same time, potentially affecting the delivery of one or more council services for a time; and * Mutated variants of the virus emerging that compromise the vaccination protection given to the UK population, resulting in further lockdowns and nationwide restrictions. | |

| **Activity** | **Person**  **at risk** | **Significant Hazards** | **Risk Control Measures** |
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| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Being together: Social contact with people outside of one’s own household, increasing the potential for spread of SARS-CoV-2 between people. | Reducing social contacts, where it is possible and not disruptive to work productivity, is still a legitimate strategy, particularly at those times when the community levels of respiratory viruses are high.  There is no longer a requirement for people to work at home. We are encouraging workers back into an office environment in a managed way, but many staff are working both from home and from the office at different times depending on the work and the role. This is the purpose of this template risk assessment and why there is a need for managers of teams to adapt it to fit their own circumstances.  When staff need to come in to a council building to work, their time in the building could be limited to whatever time is needed to get those tasks done.  Manage any potential for overcrowding and queues.  Ensure publicity, signage, posters and social media, for the public in particular, is clear and provided before entering any building informing of measures that are in place. Messages are to be clear and consistent including visual aids, available in other languages, to ensure equality, inclusive communication  Spread out appointments to reduce numbers of people in one place at the same time.  Use rota systems, booking calendars & timetables when staff will be present.  Meetings can be held by videoconferencing or on the phone rather than face to face to reduce the number of contacts staff are having. |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Being ill at work: Members of staff who are carrying the virus coming to work and passing it on to other people, or members of the public coming into contact with staff whilst ill. | Staff who become symptomatic, or who test positive, should work or recuperate at home until they are symptom free (or longer dependent upon the latest government guidance).  Staff who have a close contact at home who becomes symptomatic, or who tests positive, should also work from home where possible whilst that person is unwell.  Inform the public not to engage in one of our services or come into one of our buildings if they are symptomatic, through use of signage, information on booking forms, websites, etc.  If two or more cases occur in the same team or working environment (e.g. the same room) at a similar time then this should be reported to the corporate H&S team, who will notify Essex County Public Health that a suspected outbreak may have happened. Public health will then provide guidance on what we will do next.  A supply of emergency lateral flow device (LFD) tests may be available for those teams who have had two or more cases at the same time, to trace people who might be ill symptomatically and to screen staff coming into work. |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Risk of disease transmission from airborne liquid droplets that travel up to 2m away from an infected person when they breathe, cough and sneeze, but which then fall onto surfaces, rather than remaining in the air (known as droplet transmission). | The greater the distance between people, the smaller the risk. If the tasks can be undertaken with people spread out, then they should be.  Physical screens should be considered when there is expected and regular face to face contact between people from different households, such as contact between staff and the public. |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Using personal protective equipment (PPE) as a means of preventing droplet transmission  Risk of disease transmission from airborne liquid droplets that travel up to 2m away from an infected person when they breathe, cough and sneeze, but which then fall onto surfaces, rather than remaining in the air (known as droplet transmission). | PPE remains a last resort and should not be necessary unless all other preventative measures have been considered. Social distancing, washing hands, etc. should be adequate control if applied correctly.  Face coverings protect people *other* than the wearer; they stop droplets from travelling so far. Face masks protect the wearer; they are created with specialist materials to stop droplets from being breathed in. Visors protect the wearer; they stop larger droplets from other people splashing on one’s face, particularly the eyes.  In higher risk settings people who need to wear face masks for protection also need information, instruction and training about how to use them and specialist fit testing to ensure that they can be fitted without leaks. Face masks are normally only used as infection control in healthcare environments.  If PPE use is felt necessary, clarity will be required in respect of what to use and what specification needed for the tasks:  Gloves  Face Masks  Face coverings  Visors  Consider any allergies if PPE to be used  Ensure there is a process in place for stock and provision of any PPE, replacement and frequency - signing in and out of equipment to ensure one use only and supplies adequate – make sure disposed of appropriately – Facilities to provide and distribute – all supplies to be coordinated through the Facilities Team only  Guidance by Managers should provide a consistent approach to PPE – is it required, when and what reasons for wearing; Job activity to be considered, (face to face contact with elderly, vulnerable, potentially known infected persons) |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Risk of disease transmission from airborne micro-droplets that could stay in the air for up to 3 hours after being breathed out by an infected person (known as airborne transmission). | Increase fresh air to indoor areas to dilute and remove any virus particles that may be suspended in the air in micro droplets.  Ensure any mechanical ventilation system isn’t recirculating air around the building and is only supplying fresh air.  Open external doors and windows to improve ventilation (even in colder months, as much as is tolerable), particularly those areas known to be densely occupied or having poor ventilation.  Encourage staff to bring layers of clothing to wear if the workplace is cooler than normal because of these controls. This may need a relaxation of any existing uniform policy.  Small portable heaters can be considered, but take measures to prevent fire risks, ensure they are turned off when left unattended and that they don’t circulate air from one person’s breathing zone to another.  More guidance about making changes to natural and mechanical ventilation is available from the Chartered Institute of Building Engineers (CIBSE) <https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown>  If there is concern about the suitability of ventilation in a room then a simple tool developed by the British Occupational Hygiene Society (BOHS) can be used (<https://breathefreely.org.uk/ventilation-tool/>). On request, the Corporate Safety Team can also take measurements on site to determine ventilation levels in some cases.  Small rooms that cannot be ventilated might be suitable for an appropriately-sized and capable air purifier that will clean the air of viruses. See this advice for further information: <https://go.cibse.org/l/698403/2021-07-16/58mxqc/698403/1626877012AHOvOcJ8/COVID_19_Air_cleaning_technologies_v1.1.pdf>  Where there are concerns about poor ventilation, monitoring carbon dioxide levels (as a proxy for stale air) can be useful to see how much the indoor air is being diluted. |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Risk of disease transmission from expelled droplets from an infected person containing the virus that land on surfaces, which are later touched by another person, who then touches their eyes, nose or mouth (known as the fomite transmission route). | Arrange for frequently touched surfaces in common parts of the building to be cleaned regularly  Staff should be encouraged to take some personal responsibility for cleaning their own workspaces, particularly where they may be shared with colleagues. Cleaning materials to do that should be supplied.  Ensure hands are washed regularly and thoroughly (approx. 20 seconds per wash). Wash hands immediately after touching any potentially infected surfaces. e.g. In shared work areas such as kitchens and toilets  Use of tissues - Catch it, Kill it, Bin it should apply  Consider reduction of individual bins and replace with swing top lidded bins placed at intervals around the building  Consider where you should place supplies of hand sanitiser for staff and the public to use and how you will dispense it  When making transactions, or in a position where by you are dealing with public making transactions, if possible it should be encouraged that payments are carried out by bank card/contactless payment or online as opposed to handling cash |
| People working together.  Contact with the public. | Employees | Risk of serious illness and deaths from the complications of COVID19 to those staff with existing underlying health conditions. | Staff at higher risk of medical complications from COVID-19 should be assessed by occupational health professionals for their individual risks from contracting the disease. Those who were categorised during the lockdowns as clinically vulnerable or extremely clinically vulnerable should have individual risk assessments made by the member of staff with their line manager, and where necessary, adjustments made to their role to reduce risks.  Existing risk assessments for vulnerable staff should be reviewed in 2022 as part of a review of their new ways of working. |
| Visits by staff to other businesses or domestic properties | Employees | Being together: Social contact with people outside of one’s own household, increasing the potential for spread of SARS-CoV-2 between people. | Consider if any visit is really necessary and cannot be carried out in any other way  Whilst there are no social distancing requirements anymore, consider if social distancing in the work tasks being undertaken is appropriate and practical. If it is, do it.  On entering and leaving the property/premises, where possible wash hands thoroughly with soap and water, or sanitise with hand wipes / sanitiser.  Where possible ensure adequate ventilation of the surroundings e.g. by opening windows. |
| People working together.  Contact with the public. | Employees  Councillors  Members of the public | Risk of an inadequate first aid response to an emergency because of fewer first aiders working in the building.  Risk of a first aider contracting COVID19 whilst assisting in an emergency. | If your first aid provision was made by ensuring a number of people were trained first aiders, you may need to review your provision if those people are no longer working normal office hours in the building.  A separate risk assessment for this activity has been created and will be kept under review by the safety team that can be shared on request.  Instructions from the Resuscitation Council and the HSE have been shared with all our first aiders about assisting in an emergency whilst keeping safe from transmission risks.  <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>  <https://www.hse.gov.uk/coronavirus/first-aid-and-medicals/first-aid-certificate-coronavirus.htm>  Additional PPE will be necessary for first aiders to use. |

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| **Additional Notes** | | | |
| Line Manager/Employees Signature: |  | Date: |  |