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For further info on risk assessment see: BHCC Risk Assessment Guidance

Risk Assessment Form: Respiratory infections including Covid 19

Version:

*To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the most likely impact (I) the accident might have, taking into account the control measures already in place. L x I = R*

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| **Task / Activity Covered by the assessment** | This RA is used to mitigate the risk from respiratory infections (including COVID-19) and should be used alongside any other risk assessment for the task being undertaken. It can be used at a service or team level and sections can be removed if not relevant (e.g. if working in a main corporate building etc). This is not for use in care settings or schools  The circumstances of vulnerable staff and staff that live with a vulnerable person will be considered individually and an Individual Risk Assessment is available to support these staff | | | Likelihood (L) | | X | Impact (I) | | |
| Almost Impossible | | 1 | Insignificant (minor injury, no time off) | | |
| **Workplace** |  | | | Unlikely | | 2 | Minor (non-permanent injury, up to 7 days off) | | |
| **Date of Assessment** |  | Date Assessment to be reviewed |  | Possible | | 3 | Moderate ((injury causing more than 7 days off) | | |
| **Person Completing** |  | **Manager/ Head teacher** |  | Likely | | 4 | Major ((death or serious injury) | | |
| **Staff involved in assessment** |  | | | Almost Certain | | 5 | Catastrophic (multiple deaths) | | |
|  | | | | **Low**  **=1-3** | **Moderate = 4-7** | | | **Significant**  **= 8-14** | **High**  **= 15-25** |

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| **What are the significant, foreseeable, hazards?**  ***(the dangers that can cause harm)*** | | Who is at Risk? | **Current control measures**  ***(What is already in place/done)*** | **Risk Rating** | | | **What additional controls will be put in place to reduce the risk further**?  **(e.g. if national or local levels of infection become higher)** | **Revised Risk Rating** | | | **Sign as done** |
| **L** | **I** | **R** | **L** | **I** | **R** |
| 1. | Transmission of respiratory infection through poor or inadequate hygiene measures e.g.   * Insufficient hand washing facilities * Toilet/ welfare facilities |  | * Signs and posters used to build awareness of [good handwashing technique](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/), the need to wash hands regularly, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available. * Handwashing facilities (with hand drying, or hand sanitiser where not possible), at entry and exit points * Hand sanitiser provided in multiple locations in addition to washrooms. * Clear use and cleaning guidance set for toilets to ensure they are kept clean * Enhanced cleaning for busy areas. * Adequate waste facilities and frequent rubbish collection |  |  |  |  |  |  |  |  |
| 2. | Transmission of respiratory infection through poor or inadequate hygiene measures e.g.   * Inadequate cleaning materials * Infrequent cleaning regime |  | * Work areas and equipment cleaned between uses, using standard cleaning products (cleaning staff) with particular attention given to objects and surfaces that are touched regularly, such as door handles and keyboards * Staff encouraged to clean and sanitise work stations between different occupants if they are shared, and to clear workspaces and remove their own waste and belongings from the work area at the end of a shift * Desks will be cleaned using anti-viral materials once a day by cleaning staff * Antibacterial wipes provided in kitchen areas and staff encouraged to provide their own crockery/ mugs and to remove them from kitchens and lunch boxes from shared fridges daily. * White goods/ microwaves, kettles, taps cleaned with anti-viral sanitiser as part of the evening clean by cleaning staff. N.B. cleaning spray should not be used directly onto electrics – use wipes or spray onto cloth first. |  |  |  |  |  |  |  |  |
| 3. | Transmission of respiratory infection through close contact or proximity to others   * Access and egress * Movement within the building/ workplace * Workstations * Common areas, such as canteens, kitchens, bathrooms, staff rooms * Face coverings |  | * Facilities such as bike racks and storage for staff’s clothes and bags provided, to help people walk, run, or cycle to work where possible * Congestion reduced by having more entry points to the workplace where it is possible to maintain the recording of all building occupants in case of an emergency evacuation. * In busy workplaces, markings may be used to encourage one-way flow at entry and exit points. * Use of lifts prioritised for staff with mobility issues with appropriate signage; hand sanitiser provided by lifts and use of stairs encouraged wherever possible * Occupancy levels of buildings managed, e.g.. by use of shared calendars to indicate when staff will be in the office * Consider staggering break times to reduce pressure on break rooms or canteens and encourage use of safe outside areas for breaks where possible * Screens provided to protect staff in receptions or similar areas. * Configuration of eating areas and tables to maintain spacing * In small spaces like kitchens, bathrooms, especially in areas which are not as well-ventilated, try to dissuade staff from congregating * There is no legal requirement to wear face coverings in non-clinical settings, however it is recommended that they are worn in the following situations (unless exempt): * If Covid 19 rates are high and you will be in close contact with other people, such as in crowded and enclosed spaces * When there are a lot of respiratory viruses circulating, such as in winter, and you will be in close contact with other people in crowded and enclosed spaces * If in close contact with someone at higher risk of becoming seriously unwell from Covid 19 or other respiratory infections * Some staff may also still wish to wear face coverings at other times, and this request should be supported by line managers |  |  |  |  |  |  |  |  |
| 4. | Transmission of respiratory infection through close contact or proximity to others   * Meetings * Visitors |  | * ~~R~~emote working tools used where possible * Clear instructions for visitors on where to wash/availability of hand sanitiser and dedicated toilet facilities * Hand sanitiser provided in meeting rooms. * Meetings held in well-ventilated rooms * Book meeting rooms in advance and consider the maximum occupancy levels identified to match the current government advice or BHCC policies * Set agreements in advance of any meeting on expected behaviours, e.g. distancing, use of face coverings |  |  |  |  |  |  |  |  |
| 5 | Transmission of respiratory infection through inadequate ventilation |  | * Windows, doors and vents opened, ensuring that where possible they are opened at both ends of rooms to encourage clear air flow * Ventilation considered in all areas e.g. as well as offices, also consider toilets, changing rooms, meeting rooms etc * Internal doors opened to assist with creating a throughput of air and where using DorGuards or Mag-lock devices linked to the fire alarm system (however fire doors should not be wedged open) * External opening doors kept open if they are not fire doors and where safe to do so. * In colder weather, windows opened just enough to provide constant background ventilation and periodically opened more fully where possible (e.g. between room uses) * To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures also used as appropriate:   + - opening high level windows in preference to low level to reduce draughts     - increasing the ventilation while spaces are unoccupied     - re-arranging furniture where possible to avoid direct draughts * Heating used as necessary to ensure comfort levels are maintained, particularly in occupied spaces * Where mechanical ventilation is in place, system adjusted where possible, to increase the ventilation rate and ensure that only fresh outside air is circulated, and that the system is not recirculating air. Where a full fresh air setting is not possible, the system can be operated as normal – as long as within a single room – and supplemented by outdoor air supply. * Steps should be taken to identify poorly ventilated spaces and to improve fresh air flow in these areas.(In some cases, a CO2 monitor can help identify if the space is poorly ventilated). If ventilation can’t be improved in poorly ventilated spaces, minimise use of these spaces. There is further advice from the HSE [here](https://www.hse.gov.uk/ventilation/index.htm) * Use of outside space encouraged where practical. * Use of personal fans discouraged, as they can spread contaminated air from one person onto another and should only be used in already well-ventilated areas. If used, site under or in an open window so they are drawing and pushing fresh air around a room (and not directed/blowing air from one person to another). * Staff reminded of importance of ventilation measures, and of need for fresh air as key control measure |  |  |  |  |  |  |  |  |
| 6 | Site Visits – transmission of respiratory infection during travel to/from or during the visit |  | * Consideration of whether some site visits can be avoided e.g. with the use of virtual meetings. * Consideration of minimising the number of people travelling together in any one vehicle and using fixed travel partners * Ventilation increased in vehicles where possible (keeping windows open and using ventilation systems set to draw in fresh air and not to recirculate it). If it’s safe to do so, opening doors of vehicles between different passengers or opening vehicle windows fully for a few minutes before anyone else gets in * Where work requires entry into clients’ homes, develop processes to determine the priority of that work, and processes to assess if the client (and/or family/friends who may be present) pose an infection risk to staff. Manage the need for interactions accordingly. * If the visit is to another workplace (such as another BHCC site), check in advance if the workplace or service requires any additional control measures, such as wearing a face covering or carrying out a lateral flow test in advance (for instance, social care settings may require this) * Hands cleaned or where this is not practical hand sanitiser used before entry to the location and on completion of the visit * Personal hygiene measures followed (‘catch it, bin it, kill it’ principles) * Keep the duration of the visit to the shortest time possible * Refer to the latest guidance on the need for staff to maintain social distancing and/or to wear surgical face masks/PPE * Cleaning shared vehicles between shifts or on handover [*State who will clean the vehicle; what cleaning procedure will be followed/ site specific protocols*] |  |  |  |  |  |  |  |  |
| 7 | Transmission of respiratory infection through handling goods, merchandise and other materials, and onsite vehicles |  | * Cleaning procedures in place for goods and merchandise entering the site. * Handwashing and handwashing facilities for workers handling goods and merchandise and hand sanitiser provided where this is not practical. * Restricting non-business deliveries, for example, personal deliveries to workers * Identifying secure and appropriate drop off points for deliveries |  |  |  |  |  |  |  |  |
| 8 | Transmission of respiratory infection though large groups of shift workers |  | * Identifying areas where people directly pass things to each other, for example office supplies, and finding ways to remove direct contact, such as using drop-off points or transfer zones * Using visual communications, for example whiteboards or signage, to explain changes to schedules, breakdowns or materials shortages to reduce the need for face-to-face communications. * Consider wherever possible, moving paper based processes to electronic. Where this is not possible ensure staff are able to wash their hands/ use hand sanitiser after handling post/ documentation/ paperwork |  |  |  |  |  |  |  |  |
| 9 | Confirmed cases of respiratory infection |  | * Staff with symptoms of a respiratory infection, and who have a high temperature or feel unwell, should stay at home and avoid contact with other people until they feel well enough to resume normal activities and they no longer have a high temperature * If staff test positive for Covid 19, they should stay at home and avoid contact with other people for at least 5 days * If multiple members of staff test positive in one workplace, Public Health to be contacted for further guidance |  |  |  |  |  |  |  |  |