

Infection prevention, cleaning and staff safety			
<i>Business hazards associated with the coronavirus pandemic</i>	<i>Potential risks from hazards</i>	<i>Control measures</i>	<i>Further actions required</i>
Operating an actively staffed workplace during the COVID-19 pandemic runs a risk of virus transmission among staff and visitors. LEW must ensure their safety, as far as practicable, by making premises "COVID secure".	There is a direct threat to staff and others' health and wellbeing from transmission of the COVID-19 coronavirus while at the workplace. People can catch the virus from others who are infected in the following ways: - virus moves from person to person in droplets from the nose or mouth; these spread when a person with the virus coughs or exhales - the virus can survive for up to 72 hours 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	"COVID-secure" coronavirus policies and safety procedures circulated to all staff and section leaders: 'Sickness and unplanned absence reporting temporary procedure' 'COVID-19 coronavirus LEW stay at home guidance' 'COVID-19 coronavirus LEW general policy' 'Home working policy' 'Working from home policy due to the coronavirus' 'Remote user access agreement' 'COVID-19 coronavirus LEW general arrangements policy' 'COVID-19 guidance on social distancing in the workplace' 'COVID-19 using coat sleeves when touching door handles' - WI 15.16 'COVID-19 face masks and coverings'	
		In all departments, Public Health England (PHE) 'Guidance for Employers and Businesses on Coronavirus' implemented, including the following key safety precautions: - Risk assessments reviewed to ensure that a safe place of work is maintained - All work areas have individual COVID secure assessments - Main buildings have specific COVID secure assessments - Clinically extremely vulnerable work from home - Clinically vulnerable have individual workplace risk assessment	

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		• Safety representative elected to improve consultation with staff • Adjustments to the workspaces, rotas, work patterns, and procedures, necessary to facilitate effective infection prevention and social distancing at work under continual development as identified in specific assessment • Hand sanitiser provided in work areas or access points, as appropriate and at building access points • Infection-control personal protective equipment (PPE), such as gloves, masks and eye protection, provided as required in individual risk assessments and method statements, e.g. for cleaning • Environmental cleaning of common surfaces in the workplace has been increased with specific staff responsibilities. Instructions SI 18_2 'COVID-19 - general cleaning' and WI 15.14 'Departmental workspace and equipment cleaning instructions' refer • COVID-19 public health posters and notices displayed around the workplace encouraging distancing and hygiene • Lapel badges reminding of distancing issued • Return-to-work risk assessment for clinically extremely vulnerable as required	

Home working, hot-desking and equipment sharing			
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Staff working together in workplace premises inevitably raises the risk of virus transmission.	Commuting to and attending a place of work raises the risk of transmission and thus infection.	Home working reduces the levels of staff gathering in the workplace and thus the risk of transmitting the virus. Home working has been adopted as the preferred method of work wherever possible and only staff who need to be on site attend.	
		The following working arrangements have been put into place to support home working: • Section leaders have planned for the minimum number of people needed on site to operate safely and effectively; any excess has been furloughed • Departmental and line managers have reviewed all staff job roles in order to facilitate and encourage home working wherever appropriate • Home working policies have been reviewed to ensure that sufficient support is provided to home workers - SI19 'Home working DSE guidance', SI20 'IT Home-work guidance and Home Working Policy all refer • Section leaders monitor the wellbeing of people who are working from home following the 'Home Working Policy' to support their mental and physical health and personal security by regular, routine direct communication • IT support is provided to home workers to ensure the effectiveness of working arrangements and the security of information and data by self-assessment of their work area and the provision of remote desktop system to access company server	

Workplace social distancing			
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The sharing of equipment or workspaces present hazards that raise the risk of virus transmission.	Touching of common surfaces such as keyboards, phones and tools, or the sharing of common workspaces, can provide a route to transmission which may lead to infection with COVID-19.	Home working removes the need for shared equipment; support equipment is either new-purchase or cleaned before use.	
		Where possible dedicate items of equipment, tools and workspaces to identified individuals. Where items need to be shared sanitise hands before use Sanitise the items and workspaces after use and regularly between users	
Effective social distancing is a key element in reducing the transmission of COVID-19.	The main route of virus transmission is through droplets exhaled or coughed by an infected person. Social distancing refers to people being required to maintain a distance from each other of two metres, or one metre with mitigations, wherever possible. Social distancing effectively puts people at a safe range from anyone coughing.	Staff are required to practise effective social distancing while in and around the workplace, while involved in work activities and when travelling to and from work, whenever possible, by: • Avoiding non-essential contact with others • Keeping a safe distance of at least two metres (about three steps) from others or one metre with mitigations, whenever possible • Avoiding physical contact (e.g. hugs, handshakes, etc) Adaptations to the premises to support social distancing include: • A review of all work premises to identify suitable adaptations which will support social distancing • Offices and workspaces set up to support social distancing, e.g. layout changes, appropriate signage, stickers and floor markings to denote safe distances, etc • Workstations and desks are arranged to provide social distancing as far as practical. Where necessary screens have been fitted; area assessments have the details for each location • Maximum occupancy limits have been established for offices and work areas where facility size is a limiting factor • Reducing the need for staff to move around in the workplace	

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		Adaptations to work processes to support social distancing include: • Cancelling non-essential meetings • Holding essential meetings in well-ventilated rooms with appropriate social distancing in place – numbers are limited to essential members only • Replacing face-to-face meetings with video conferencing, phone conferencing wherever possible • Holding meetings outdoors when the weather permits • Meetings planned to use canteen facilities when meal or drinks breaks are not occurring • Hand sanitiser in all indoor meeting areas • Training practices modified to reduce the need for face-to-face training – close personal training is performed wearing face masks or visors • Any essential training by external provider is by online e-learning or video conferencing, wherever possible, rather than bringing people together face to face Notices are displayed in all areas reminding staff of the key infection prevention requirements, including the need to maintain safe distancing	
		Where social distancing guidelines cannot be followed in full, in relation to a particular activity, department risk assessments identify mitigation methods that have been put into place; these include: • Installing screens • Increased hand washing • Increased environmental cleaning • Keeping the activity time involved as short as possible • Reducing the number of people each person has contact with by using “cohorting” (so each person works with only a few others)	

Higher-risk areas of the workplace			
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Some areas of the workplace may present a higher risk than others – this may include areas such as staff toilets, staff rooms and rest rooms.	Heavily used areas of the workplace are more likely to present an infection transmission risk. It is essential for staff to wash hands regularly and also that frequently used surfaces are kept clean and free of coronavirus contamination.	Frequently used high-traffic areas of the workplace are COVID-secure through applying appropriate safety precautions, including: • Stressing the need for staff to follow good hygiene practice at all times while at work (i.e. regular handwashing, etc) • Section leaders ensure that adequate hand cleaning resources are provided in their department • Maintenance ensure that all staff toilets are supplied with adequate supplies of hot water, liquid soap and paper towels • Handwashing instructions and posters have been printed and displaying throughout the workplace, especially in toilets • Occupancy limit for toilets at any one time stated on access door to ensure social distancing • Breaks are staggered to ensure that the canteen and toilets are not overloaded • The canteen has two metre distancing marking between the entrance and drinks making • 70% alcohol hand gels are available in individual departments or their access points, as identified in individual area assessments, and at access points to each building • COVID-specific cleaning has been implemented in all areas especially in and around toilets, special attention is paid to frequently-touched surfaces such as door handles and touch-points, toilet flush handles, light switches, etc	

Vulnerable and extremely vulnerable staff			
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Some staff may have pre-existing medical conditions which render them more vulnerable to the dangers of coronavirus infection	Those who are classified by PHE as being at greater risk from COVID-19 include: - people in the vulnerable category (moderate risk) - extremely vulnerable category (high risk)	Human Resources (HR) have identified staff who are identified as belonging to vulnerable and extremely vulnerable categories, so they can ensure that they are given adequate protection and support to enable them to comply with government health recommendations.	
	Vulnerable (moderate risk) people include those who: - are aged 70 years or older - are pregnant - have a lung condition such as asthma, COPD, emphysema or bronchitis (not severe) - have heart disease, diabetes, chronic kidney disease or liver disease (such as hepatitis) - are taking medicine that can affect the immune system (such as low doses of steroids) or - have a BMI >40	Those identified as clinically vulnerable have their own personal risk assessment to identify any additional precautions that may be taken to assist in social distancing wherever possible they are supported to work from home	

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General workplace safety: general COVID-19 risk assessment

	Extremely vulnerable (high-risk) people include those who: • have had an organ transplant • are having chemotherapy for cancer, including immunotherapy • are having an intense course of radiotherapy for lung cancer • have a severe lung condition (such as severe asthma or severe COPD) • are taking medicine that makes them much more likely to get infections (such as high doses of steroids) • have a serious heart condition and are pregnant	All members of staff in the extremely vulnerable (high risk) category work from home where possible or are furloughed. Returns to work require a personal COVID assessment before coming back on site.	
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	People in both categories are advised by the government to be particularly stringent in complying with social distancing requirements.	HR and section leaders stay in touch by phone with vulnerable or extremely vulnerable staff who are staying at home, to ensure they are well and to prevent them from feeling isolated. All reviews of staff roles and safety are non-discriminatory and take into consideration equality considerations and protected characteristics as defined under the Equality Act 2010, e.g. disabled staff. Reasonable adjustments are to be made to avoid disabled workers being put at any disadvantage by accounting for their needs on their PEEP.	

Staff health and staffing levels			
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Low staffing level hazards due to high rates of staff sickness or staff having to self-isolate at home or remain at home because they are “shielded”	Staff may become sick with coronavirus infection. Low staffing levels could impact first aid cover, operation of higher-risk or authorised processes or process supervision and has the potential to affect support operations like administration and maintenance.	Those who are suspected of COVID infection are not permitted on site. People who have symptoms must “self-isolate” at home for seven days from the start of symptoms to prevent them from passing the infection on and contributing to the overload on the NHS, or until they receive a confirmed negative test result. Those who live with others and where one person has symptoms must self-isolate as a household for 10 days from the day when the first person in the house became ill. If anyone else in the household starts displaying symptoms, they need to stay at home for seven days from when the symptoms appeared, regardless of what day they are on in the original 10-day isolation period. Those who are considered extremely vulnerable are advised to “shield” themselves at home.	

Staff health and staffing levels			
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		The following safety arrangements apply to staff health or staffing levels: - Staff who are considered extremely vulnerable or high risk are not expected to attend for work in the workplace - they are either furloughed or supported to work from home - Staff who are sick or self-isolating phone immediately and inform their section leader or HR – they are not permitted to attend work Anyone showing symptoms is told to return home Email communications have been sent to all employees' personal email addresses informing that no member of staff should come to work if they are self-isolating, if they have COVID-19 symptoms or if they feel unwell.	
		Staff attendance levels are monitored. Staff may be reallocated from non-essential parts of the organisation to essential functions or may be subject to furlough arrangements.	

Premises, access and travel			
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Staff who are required to attend for work must be given safe access to the workplace	Travel to and from work may lead to greater risk of virus transmission. Public transport may be restricted in order to achieve social distancing on trains, buses, etc. Access to buildings may create a virus transmission risk if staff all seek entrance at once or are channeled through single points of entry. Risks may be increased for disabled staff	- Staff are encouraged to not congregate at entrances and exits - Flexible, staggered working arrangements are in place so that staff can avoid travelling at peak times or all arriving or leaving at the same time - Hand sanitiser provided at departmental access points and building entrances and exits - Staff are asked not to share cars - Staff are encouraged to walk or cycle to work wherever possible; safe bike storage is provided	Use floor markings and signage at entrances and exits and introduce one-way flow systems at entry and exit points where appropriate

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	who may have reduced options for access.	- Staff are asked not to use public transport if at all possible – where they do use public transport they should conform with all requirements, e.g. wearing face coverings if required, social distancing, etc - In all cases non-essential travel for work purposes has been minimised	

Cases of possible infection on site			
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People becoming unwell while on site or a symptomatic person visiting a site	High risk of transmission	If a member of staff becomes unwell in the workplace with coronavirus symptoms (a new, continuous cough or a high temperature) they are sent home and advised to follow government advice to self-isolate The following actions are taken in the workplace: - All surfaces that a symptomatic person has come into contact with are cleaned and disinfected, especially objects visibly contaminated with body fluids and all potentially contaminated high-contact areas such as toilets - Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids, are cleaned thoroughly as normal - WI 15.11 COVID-19 general guidance for cleaners - WI 15.12 Disposal of suspected COVID-19 waste - WI 15.14 Departmental workspace and equipment cleaning	

Information			
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Hazards from lack of information or inaccurate information being circulated	The pandemic has been accompanied by a large amount of official guidance, some of which needs interpretation, and also by misinformation, rumour and “fake news” or “myths”. If these are allowed to gain traction in the organisation they can obscure and confuse vital health and safety measures.	To mitigate risks caused by misinformation and “fake news”: - business strategies are based on accurate information taken from HMG, HSE, WHO and NHS websites supplemented by expert opinion as necessary - Staff are given consistent, simple and clear messages, as that information becomes available - Directors, HR and HSQE Coordinator monitor official advice carefully and update all policies and procedures - Section leaders are briefed and kept up to date as new information becomes available - Section leaders and all staff are kept informed – key messages include the need for unwell staff or home working staff to stay at home, for frequent handwashing and for social distancing	