

South Devon Coast

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Risk Assessments

Business name:	Thurlestone Estates Ltd - Thurlestone Hotel	Date of assessment: 19th May 2020
Area being assessed:	Management of Coronavirus (COVID-19) at work	Assessor's name(s): Alex McEwen

N°	What are the hazards / tasks / activity?	Who could be harmed and how?	What are the control measures?	Risk Rating	What further measures are required?	Target completion date/ Comments / progress
1.	Coronavirus (Management of) (COVID - 19)	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Generally, pregnant women do not	 Constant monitoring of Government Guidance through all media streams and Government websites. High standards of personal hygiene are implemented as per Government guidelines (20 seconds frequent hand washing / application of 70% alcohol sanitiser). Public Health hand hygiene posters displayed. Vulnerable staff are not currently permitted to be at work and must isolate as per Government guidelines. Homeworking while isolating at home is permitted. Heavily used areas /multiple users' areas are cleaned more frequently (i.e. door handles, bathroom fixtures and fittings, hand rails, light switches, touch screens or interfaces etc). Staff are aware how to reduce the spread of germs when they cough or sneeze and are asked to practice respiratory hygiene. Bins are provided for disposal of tissues. Staff are aware of social distancing measures (2-meters / 6ft / 3-steps) and to exercise social distancing at work as far as possible, monitored by managers. Staff are only permitted to travel for work purposes when they cannot work from home. Travel arrangements of essential visitors / contractors / lorry drivers / permitted on site is clarified and, if necessary, access is declined. Staff are reminded to raise concerns with 'Management' or their Line Manager about health and safety provisions. 	High / Medium	 Download, complete and display the "Staying Covid-19 secure in 2020" Government poster. Continue to monitor Government guidance and take appropriate action. Keep up to date with and enforce social distancing in accordance with Government guidance Implement Coronavirus Management Policy and provide staff with a copy. Implement policy for managing suspected COVID-19 case at work. Review current risk assessments, safe systems of work, CoSHH assessments and update accordingly. Review New and Expectant Mothers risk assessments and update accordingly. A specific expectant mother risk assessment to be conducted for any expectant mother and follow latest advice from their medical team. Communicate all changes to new, temporary and existing employees, formally document. Remind staff regarding suspected or confirmed COVID-19 that they must not come to work and self-isolate in accordance with Government guidance (other than working from home). Ventilate all work areas (open windows for natural ventilation a minimum of 15 minutes) even when this causes some thermal discomfort. Remind staff to close toilet seat prior to flushing. Display simple posters. 	

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		appear to be more likely to be seriously unwell than other healthy adults if they develop coronavirus but as a precaution are classed as vulnerable. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 Regular communication is to be maintained with all staff on work site, home workers and furloughed staff. Staff training is maintained for new working procedures and practices and documented. 		 Remind staff to wash their hands when arriving and leaving work and regularly during the day. Display simple posters. Continue to monitor staff who may be or become higher risk and implement alternative working arrangements where possible following government guidance. Continue with safety critical training (ensuring social distancing measures complied with). Continue with high standards of personal hygiene. Lock off office desks in office to comply with social distancing. Wherever possible, re-design workflow to minimise contact with surfaces. (i.e. by keeping non-fire doors open to reduce the need for hand contact. Consider use of "foot operated door handles" to reduce the need to touch door handles with hands. Continue regular cleaning and sanitising of hard surfaces following government guidance and waste disposal considerations Display business information signs on all entrance doors advising that the business is complying with Government Guidance and no one is to enter premises if have relevant symptoms. Constantly monitor compliance. 	
2.	Cleaning	Risk to anyone. Risk of death / ill health (COVID-19): Is mainly passed on by	 Cleaning regimes reviewed in line with Government Guidance. Disposal gloves or washing up gloves and disposal aprons worn when cleaning. Above items double-bagged, stored securely for 72 hours then thrown away in the regular waste receptacle after cleaning is finished. Hands must be washed with soap and water for 20 seconds after all PPE has been removed Hard surfaces cleaned first using a disposable 	High / Medium	 Continue with high standards of housekeeping. 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 can be cleaned thoroughly as normal wearing a minimum of disposable gloves and an apron. If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use additional protection for the eyes, mouth and nose, as well 	

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		person-to-person spread between people who are in close contact with one another and by droplets produced when an infected person coughs or sneezes.	warm soapy water. Normal disinfectant cleaning products used to disinfectant the same clean surfaces. Frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles are marked as high priority clean areas. All surfaces that a symptomatic person could have		as wearing gloves and an apron. If surgical masks or respirators are to be used for the prevention of spread of the disease it must be ensured that government guidelines are followed with regards to the standard of mask/respirator and the need for training. If a risk assessment of the setting indicates that a higher level of virus may be present (for	
		It can also spread through contact with a surface or object that has the virus on it. Cleaning helps minimise the spread of coronavirus (COVID-19).	come into contact with are cleaned and disinfected, including: o objects which are visibly contaminated with body fluids o all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells All hard surfaces, floors, chairs, door handles, and sanitary fittings that a symptomatic person could		example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. Continue regular cleaning and sanitising of hard surfaces following government guidance and wearing the correct PPE and waste disposal considerations.	
		Fortunately, normal cleaning methods do appear to kill this virus.	have come into contact with are cleaned with disposable cloths, or paper roll and disposable mop heads as per one of the options below: o use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine.		 Dirty laundry that has been in contact with an unwell person can be washed with other people's items (as per Government guidance). Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air. Monitor robust cleaning procedures for 	
		The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk.	 a household detergent followed by disinfection (1000 ppm av.cl.). Manufacturer's instructions followed for dilution, application and contact times for all detergents and disinfectants. if an alternative disinfectant is used, this 		effectiveness. Update CoSHH Assessment following introduction of new or substitute cleaning products. Check with your suppliers that your cleaning and sanitising chemicals are certified as effective	
		However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours. It does depend on the type of surface and the ability to	should be checked to ensure that it is effective against enveloped viruses. Creation of splashes and sprays avoided when cleaning. Cloths and mop heads used in all cleaning circumstances placed into waste bags and disposed of as per the below options: Steam cleaning used where items cannot		against enveloped viruses such as coronavirus. Products bearing the EN 14476:2013 standard should have been tested for efficiency against certain coronaviruses (although not specifically the virus responsible for COVID-19). Household bleach and other potent oxidisers are also known to kill similar viruses and can be effective for up to 24 hours.	
		clean it.	be cleaned using detergents or laundered, (i.e. upholstered furniture and mattresses). Any items that are heavily contaminated		 Check all hand sanitiser are approved to EN14476:2013+A1:2015 and can be classed as a 'Virucide and Bactericide Sanitiser 	

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			with body fluids and cannot be cleaned by washing should be disposed of (double-bagged, stored securely for 72 hours then thrown away in the regular waste receptacle). Any items of clothing are washed accordance with the manufacturer's instructions. The warmest water setting is used Items used to transport laundry is cleaned and disinfected with usual products Waste is stored safely and kept away from third parties. Waste is only placed in usual waste receptacles follow 72 hours safe storage Welfare rubbish bins for hand towels frequently emptied.		Disinfectant'. If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.	
3.	Communal Areas	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly,	 Signage displayed to remind all building users of social spacing requirement (2-meters / 6 ft / 3-steps). Signage displayed to encourage users of car park to park every other space. One-way systems implemented where possible. Windows kept open on all communal areas (regardless of thermal comfort requirements). Where possible, non-safety critical doors held open to reduce likelihood of infection. Increase in cleaning regime, frequently touched areas high priority. Only business critical contractors undertake essential maintenance works, ensuring social distancing adhered to. Fire doors are kept closed. 	High / Medium	 Discouraging nonessential trips within buildings and sites Reduce job and location rotation, for example, assigning employees to specific floors Introducing more one-way flow routes through buildings Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts, and encouraging use of stairs Regulating use of corridors, lifts, and staircases. Consider using floor tape or paint to mark areas to help staff maintain 2m. Reducing congestion, for example by having more entry points to the workplace. Consider the use of alternative door openers, such as automatic door, foot operated door handles, electro-magnetic door fasteners to reduce the need to keep touching the hard surface door furniture. Consider the use of gel dispensing door handles in high usage areas. Staggering break/lunch times and reducing the number of people in canteens / rest rooms and 	

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		those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus. The main risks come in from cleaning an area known to be contaminated with the virus after someone has become ill. The risk may be ever present but unseen around the rest of the premises.			toilets to ensure distancing of 2m can be achieved Staggering arrival/departure times to reduce crowding in communal entrances/rest rooms to ensure social distancing can be achieved. Provide additional parking or bike racks Consider staff being asked to use different entry points to the building rather than all coming through the front door. One route for entering the building and one for exiting if possible Handwashing or hand sanitation should be provided at all entry and exit points Consider if you can move away from touchbased security devices such as keypads with nontouch alternatives.	
4.	Contractors / Visitors	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people.	 Only business critical visitor/ contractor appointments are scheduled. Contractor / visitor health check form completed on arrival. Compliance with hand hygiene requirements when arriving and leaving site (20 seconds hand washing (ensuring social distancing, hand washing, and respiratory hygiene measures are complied with). Social distancing compliance strictly adhered to. Communication via phone / emails / Apps to limit social interaction. Work area / equipment is cleaned and disinfected upon completion of work. Limit the contractors use of your equipment to minimise infection risk. Ensure any equipment used 	High / Medium	 Display business information signs on all entrance doors advising third parties that the business is complying with Government Guidance and not to enter premises if have relevant symptoms. Check with contract cleaners and maintenance teams they are available to carry out normal and emergency work. Carry out contractor work after building occupation hours, ensuring adequate ventilation is maintained. Maintain normal contracting management and vetting procedures including obtaining risk assessments and insurance details, and enquiring what covid 19 measures they have to keep 	

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		Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus. There is an additional risk bringing contractors onto the premises, especially if working in teams.	by contractor is thoroughly cleaned after use.		themselves and our staff	
5.	Fire	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause	 Review of fire risk assessment undertaken. If the building has been unoccupied - a full functional test of the fire detection and alarm system (using multiple call points across the site and involving the call receiving centre if appropriate) carried out prior to building occupation formally documented If the building has remained in use a weekly check of the fire alarm documented. If the building has been unoccupied - a full discharge test of the emergency lighting system 	Medium	 Fire Risk Assessments must be undertaken (if not completed). Continue to review fire risk assessment.(taking into account if you are storing large quantities of 70% alcohol hand sanitisers which contain ethanol and is classed as highly flammable). Continue to carry out fire drills. Review Assembly Point and management of evacuation to ensure compliance with social distancing measures 	

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		Changes in working methods and staff numbers due to safeguarding the risk of the spread of COVID-19 within the workplace may require changes in fire safety mitigation. This in turn may increase the risk of fire within the workplace.	across the site carried out prior to building occupation, formally documented. If the building has remained in use a monthly check of the emergency lighting documented. Visual inspection of all fire extinguishers to ensure that they are correctly located, full and not obviously damaged and that annual servicing is within date carried out prior to building reoccupation, formally documented. Fire escape routes checked for any obstructions, remedial works immediately addressed, formally documented. Final fire escape doors are checked and operational, formally documented. Internal fire escape door are checked, and operational, remedial works immediately addressed, formally documented. Sufficient fire marshals in place due to staffing self-isolation.		 Review Personal Emergency Evacuation Plans (PEEPS) where relevant. Review number of fire marshals to ensure sufficient levels of staff (due to staff either selfisolating, working from home, furloughed), take appropriate action. Continue to allow fire safety engineers on site to undertake safety critical works. Continue to review external housekeeping to reduce the likelihood of arson threat. Continue to review build-up of waste piles and increase collection requirements where identified. Remind staff not to prop open fire doors. Consider the use of Dorguard fire door retainer / electromagnetic hold open devices to all high usage areas. Implement review of the premises prior to leaving the site to ensure all fire doors are closed and secure. Ensure fire action call points are included in the cleaning regime. Immediately action any fire alarm panel warning notifications. Consider fire safety refresher training, ensuring social distancing requirements complied with. 	
6.	First Aid Safety	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause	 First aider safety considered at all times. Trained first aiders available. First aider washes hands for 20 seconds or apply 70% alcohol sanitiser before and after treating casualty. First aider is aware not to cough or sneeze over a casualty when they are applying treatment. CPR can be applied in the normal manner but in the current climate should avoid giving rescue breaths. AED maintained in accordance with manufacturer's instructions. 	Medium	 Any first aiders with first aid certificates due to expire on or after 16th March 2020 may qualify for a 3-month extension if they cannot access requalification training. To qualify for the extension, you must be able to explain why you haven't been able to requalify and demonstrate what steps you have taken to access the training, if asked to do so. Review first aid needs assessment implement required actions. Review staffing levels to ensure sufficient first aid cover. 	

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		illnesses in people. Changes in working methods due to safeguarding the risk of the spread of COVID-19 within the workplace may require changes in first aid procedures. Risk of cross contamination from casualty especially when you may have to get close to the casualty to assess what is wrong or to check their breathing.	■ First aid boxes located around the premises.		 Consider sharing first aid provision with neighbouring business where appropriate. Ensure AED is included in the cleaning regime. Continue to regular check contents of first aid box(es). Ensure any area where first aid treatment has been given to someone with suspected case of COVID19 or spills of bodily fluids is cleaned and sanitised. 	
7.	Hand Hygiene	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will	 Staff follow Government guidance for hand washing (frequent handwashing 20 seconds or apply 70% alcohol sanitiser). Staff reminded not to touch their face. Use of high-touch items and equipment limited. Public Health hand hygiene posters displayed. Staff wash their hands upon arrival and leaving work. Paper towels disposed of in waste receptacles non-disposable towels removed from premises to prevent use. Sharing of equipment limited any equipment shared is cleaned and disinfected prior to other persons use. Frequently touched areas routinely cleaned. No cash payments accepted. All packages / post cleaned prior to opening. Contact minimised at "handover" points with other staff, such as when presenting documents, food 	High / Medium	 Communicate Government advice on How to wash your hands to all staff. Display How to Wash Your Hands and How to apply alcohol hand wash posters. Continue to supply 70% alcohol hand sanitizer to staff assuming supplies can be purchased and distributed. Any sanitiser that is claimed to be effective against viruses must be approved against EN14476:2013+A1:2015 and can be classed as a 'Virucide and Bactericide Sanitiser Disinfectant'. Provide extra breaks to allow staff to wash their hands more frequently. Handwashing or hand sanitation at entry and exit point is required. Alternatives to touch-based security devices such as keypads to be investigated. Reduce maximum occupancy for lifts, provide hand sanitiser for the operation of lifts. 	

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		suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	and packages to delivery drivers.			
8.	Home Working	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Although it is always preferable to establish clear remote-work policies and training in advance, in times of crisis or other rapidly	 All necessary steps are taken to support employees working from home including provision of suitable IT and equipment to enable remote working. Regular communication is to be maintained with all staff by their line manager (whether self-isolating, home working or furloughed) Staff are provided with mobile phones and are advised to ensure emergency contact numbers are programmed into it. Staff know what is expected of them and know to contact their line manager if they are struggling. Allowance is made to parents who are also looking after children at home. Home workers are encouraged to keep regular hours where possible, as most people respond well to some form of routine. Also, ensuring there is an official end to the working day will allow home workers to more easily separate work and home life. Home workers are familiar with the equipment and software that they need to use to do their job. Remote IT assistance is available. 	Medium	■ Government guidance remains the case that those who can work from home must continue to do so. ■ Shielded "extremely vulnerable" people will be banned from any work that isn't carried out at home. Businesses must help non shielded "vulnerable" people work from home where possible, or take extra care enforcing social distancing around them in the workplace.	

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		changing circumstances, this level of preparation may not be feasible. The Health and Safety Executive have determined there is no increased risk from display screen equipment (DSE) for those working at home temporarily, but as employers we have the same health and safety responsibilities for home workers as for any other workers.	 All company issued equipment is PAT tested. Home workers are asked to carry out regular visual inspections of their electrical equipment. Any defects must be reported to management and replacements organised where relevant. Home-workers have been instructed to never remove safety guards from equipment. Home workers have been asked to make sure that sufficient power and telephone sockets are available in the home. Home workers have been instructed to avoid the overuse of extension cables voided, especially using extension leads in a "daisy chain" set up. Home workers have been advised of the need to keep access and egress to the temporary work area as clear as possible and to avoid trailing leads as much as possible. Home workers are advised to set up a dedicated and comfortable workstation that they can associate with their job and leave when they are finished for the day. Home workers are permitted to take home any specialised DSE equipment that they may use in their normal workplace. Staff should report any issues to their line manager. Home workers are encouraged to take regular breaks and avoid awkward and static postures. 			
9.	Legionella	Risk to employees and anyone else in the area Risk of ill health from: Weils disease and other water borne diseases Those with a weakened immune system and other underlying illnesses hold a	 Plant maintained by competent and approved contractors. Legionella risk assessment undertaken and reviewed. Outlets on hot and cold-water systems used at least once a week (during unoccupied periods) to maintain a degree of water flow and to minimise the chances of stagnation. Evaporative cooling systems continued to be maintained in line with the site's written scheme based on the guidance set out in the ACoP L8 and HSG274 Part 1. Maintenance practices reviewed and 	Medium	 Where plant has been closed down all the necessary steps should be taken in keeping with HSE guidance Legionnaires' disease. The control of legionella bacteria in water systems - L8 and HSE guidance Legionnaires' disease Part 2: The control of legionella bacteria in hot and coldwater systems 274 Part 2 ensuring it is properly cleaned and prepared before restarting. Cease operation of any plant that presents a higher than manageable risk. Review the business legionella's risk assessment considering: the system should be thoroughly 	

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		higher susceptibility to legionellosis. As the coronavirus pandemic escalates it is foreseeable that the number of individuals within society with a weakened immune system who are therefore susceptible to legionellosis will increase significantly.	contingencies drawn up in the event that site and contractor staff are unable to visit site to fulfil their duties. Available site stocks for chemicals, consumable equipment such as dip slides reviewed and ensured at appropriate levels. Routine in house maintenance task continue to be undertaken and formally documented.		cleaned, flushed and disinfected. conduct temperature checks on designated outlets, e.g. sentinel taps (as outlined in the written scheme) to ensure that the system is performing as expected. Keep records of work undertaken. Where a wet cooling tower or evaporative condenser has been taken out of use, there is a requirement under the Notification of Cooling Towers and Evaporative Condensers Regulations 1992 to notify the local authority that it is being returned to service. Purchasing critical spares such as probes, solenoids and dosing tube to avoid any disruption if parts cannot be obtained. In the event that maintenance practices cannot be fulfilled as advised additional control measures should be introduced. These may include locking showers or removing shower heads to prevent aerosol generation, with additional flushing without the release of aerosols and increased microbiological sampling. Other water systems that aren't currently in use, such as leisure, sports and swimming and spa pool facilities should also be considered. You can follow the procedures described in the Pool Water Treatment Advisory Group Code of Practice.	
10.	Mental Health	Risk to anyone. Risk of death / ill health due to mental health issues (i.e. suicide / depression /	 Staff are fully briefed and appropriately supported during this time. Regular communication with all staff at work, working from home, self-isolating, furloughed via various communication facilities. 	Medium	 Continue to monitor staff who may be considered higher risk and implement alternative working arrangements where possible. Encourage an open and collaborative approach with staff / Managers where any issues can be openly discussed and addressed. Communicate various mental health online resources to staff. 	

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		feeling of isolation.				
11.	Office Working	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 Staff in critical business roles attend the office working environment. Staff who cannot work from home due to home circumstances can attend work. Minimum number of staff needed on site implemented. Office layouts reviewed in line with social distancing guidance. Desks locked off. Staff work side-by-side or facing away from each other Screens implemented as a physical barrier between staff. Hot desking prohibited. Only necessary meeting participants attend. Equipment not shared. Staff apply high standards of personal hygiene. 	Medium	 Government guidance remains the case that those who can work from home must continue to do so. For areas where regular meetings take place, using floor signage to help people maintain social distancing. Hold meetings in well-ventilated rooms (even when it impacts on thermal ventilation). Ideally, limit amount of paperwork that is circulated internally. Send all paperwork ideally electronically. If you need to exchange paperwork, this should be done at arm's length and wash hands afterwards. If paperwork must be signed, see if the person whose paperwork you are requested to sign can sign it instead, with you witnessing it. In any case, don't share a pen and clean any pens that you use after handling paperwork that could be contaminated. Wash hands after touching paperwork or pens. 	

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12.	Outdoor Working	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 Daily health check forms undertaken. Work processes reviewed to ensure staff work further apart, where necessary Where necessary, screens used to separate people from each other Consistent pairing system / cohorts of staff working in close proximity. Side by side working rather than face to face. 70% alcohol hand sanitiser provided where hand washing facilities may be limited. Routine cleaning of welfare facilities, including frequently touched areas (high priority). Sharing of work equipment restricted, where necessary equipment cleaned prior to each use. Waste bags provided for tissues (blowing nose) Where practicable public footpath gates kept open. Awareness of third parties in working area. Same team /cohorts kept working together. 	Medium	Refer to Government Guidance Outdoor Business.	
13.	Personal Protective Equipment (PPE)	Risk to anyone.	 Routine (business as usual) PPE / RPE continues to be worn as required, in accordance with the existing health and safety risk assessments and method statements. 	High / Medium	It is important to note that, even though the current supply of PPE may be limited there is no relaxation to the COSHH regulations, and the requirement that PPE is provided and used where	

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		Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 Face coverings are not compulsory. However, employees are advised to wear face coverings in enclosed public spaces where social distancing is not possible or where they are more likely to come into contact with people they do not normally meet. Staff trained in use / wearing of PPE appropriate to activity. Re-usable PPE is thoroughly cleaned after use. Single use PPE should be disposed in the appropriate waste receptacle to ensure it cannot be reused. Suitable storage arrangements. Face fit for Respiratory Protection Equipment (RPE) testing undertaken in accordance with HSE guidelines. Used face coverings/ masks/ respirators are doubled bagged (i.e. the waste bag containing the used masks inside another waste bag). The bagged waste must be kept for a period of 72 hours in a place that cannot be accessed by other people (to enable the SARS-CoV-2 virus to die off). The waste must then be disposed of in the appropriate waste receptacle. Sharing of Personal Protection Equipment (PPE) and Respiratory Protection Equipment (RPE) is not authorised. 		a risk of harm has been identified and it cannot be removed through the use of other control measures. If a risk assessment has identified that a FFP 2 or FFP 3 mask is required to safeguard the health and safety of staff and protect them from hazardous substances it is not permitted to use a homemade or surgical mask. Review risk assessment to address low stock levels of PPE. The need to use PPE should only arise after a risk assessment has identified substances harmful to health and that steps to remove the risk completely are not possible. The level of PPE should be appropriate to the level of risk identified. A review of risk assessments may identify ways either to engineer out a particular risk or that a different level of PPE is more appropriate to manage the risk identified. Implement stock conservation protocol: Only providing PPE to workers who need it Issuing PPE specific to the level of risk e.g. only use FFP2 masks where the risk assessment has identified that FFP2 is required Maximising the use life of PPE by following manufacturer user checks, cleaning and storage instructions Reminding staff of the reasons why PPE is used, the need to use PPE appropriately and the need to treat equipment that is in short supply with respect. Source alternative suppliers - If possible, ensure you maintain a dialogue with your usual supplier, planning as to how long your current stocks are expected to last. Buy from a reputable supplier and only buy equipment which is CE marked. Continue to maintain high standards of personal hygiene - While generally considered good practice, there is no evidence to show that	

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					discarding disposable respirators, facemasks or eye protection reduces the risk of infection transmission. Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example, by leading to increasing face touching during removal. Where possible, where social distancing cannot be maintained, essential, each activity should be risked assessed using the hierarchy of controls and against industry specific guidance, suitable PPE should be provided, with relevant training in its implementation, use and removal. Suitable systems should be put in place to keep the PPE clean and free of contamination. Eye protection is necessary when there is a risk of contamination of the eyes from splashing such as aerosol generating procedures. As some people can have the virus but experience no symptoms (asymptomatic infection), for activities where physical distancing is difficult and there is a risk of close contact with multiple people, the use of non-medical face coverings should be considered on a precautionary basis. The precautionary use of face coverings and any other PPE this must be (1) as a supplement to Government hygiene guidance (2) used in accordance with manufacturer's guidelines, (3) replaced as necessary or disinfected thoroughly (as applicable), and (4) accompanied with appropriate training to ensure its correct use, as incorrect use can increase the risk to workers (for example, unwashed gloves are worse than regularly washed hands). Any use of PPE is not a substitute for social distancing practices, which must be maintained wherever possible.	
					disinfecting surfaces and adequate ventilation	

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					 Ensure staff are trained and informed about the use of personal protective equipment, e.g. using resources from the HSE and public health. 	
14.	Refusal to return to Work	Risk to colleagues Risk of ill health from stress, increased work capacity in addition to Coronavirus infection	 Staff are fully briefed and appropriately supported during this time. Coronavirus Management Policy constantly under review. Business health & safety documentation reviewed and updated with Covid 19 enforced changes. Existing and new staff complete checking forms to confirm that they are not suffering from any symptoms of coronavirus before arrival. Returning staff receive health and safety training prior to starting work, formally documented. All staff receive training on hand / respiratory hygiene, social distancing, how to raise concerns about health and safety on site and who to alert if a colleague starts showing coronavirus symptoms. Public Health hand hygiene posters displayed around the premises. Safe working practices reviewed and communicated to all staff. Managers / Supervisors constantly monitor compliance. 	Low	It is important that you discuss the concerns with the individual staff member to identify where the main causes for their concern lie. They should have sight of your reviewed risk assessments and the associated additional controls that you may have implemented to protect your staff. You could ask them what additional measures may put their mind at ease and determine whether this is possible. If their concerns are not alleviated following your discussions, you may wish to refer the matter to a HR professional or contact ACAS for further advice.	
15.	Return to Work following Covid-19 recovery	Risk to anyone. Risk of death / ill health (COVID-19):	 Return to work forms completed by staff. Manager reviews return to work forms. Training needs identified and implemented accordingly. 	Medium	 Complete daily health check form. Go through the changes in the workplace and how it may affect them (e.g. social distancing rules, screens, cashless payments etc), check if they need training Provide a personal disposable rubbish bag for tissues disposal – store security for 72 hours 	

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		Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.			prior to placing in waste receptacle. Consider staggered working day start and finish times. Consider staggered break times e.g. coffee breaks, lunches to minimise social contact. Closely monitor wellbeing of staff members returning to work environment for signs of stress or anxiety. Monitor ongoing work levels for returning staff.	
16.	Social Distancing	Risk to anyone.	 Government guidance followed. Staff reminded at the start of every working day / shift and in the appropriate languages of the basic rules around hygiene and social distancing. Staff are aware of social distancing measures. 	High / Medium	 Continue to monitor staff who may be considered higher risk and implement alternative working arrangements where possible. Continue to monitor and enforce Government Guidance. 	

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	Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 Staff are only permitted to travel for work purposes when they cannot work from home. Plastic sheeting / solid plexiglass screens applied to customer facing areas but still permitting, verbal communication with staff and essential contractors / visitors. Skin to skin and face to face contact avoided. Number of people using toilet facilities restricted at any one time and signage used, such as floor markings, to ensure 2-metre distance is maintained between people when queuing. Delivery drivers (loading / offloading) remain in their vehicles, key control systems in place. If required to exit vehicle minimum of 20 seconds hand washing or use of 70% alcohol sanitiser used before handling materials. Work schedules reviewed and updated to prevent mass gatherings at the same time (i.e. starting / finishing work, changeover of shift, use of locker rooms / canteens, smoking shelters). Business critical contractors / visitors given specific arrival time appointments. Signage and floor markings to ensure 2 metre distance is maintained including entry points to buildings, toilets and communal break areas where queues may form. Workers only attend absolutely necessary physical meetings, with 2-meters compliance in a well-ventilated room (regardless of impact of thermal comfort) Groups of workers that have to work within 2-metres kept in the same group / teams. Changing of team members strictly prohibited. Standard processes spread out to enable only 1 team on the premises to complete a task at a given time. Tables /chairs in canteens repositioned to maintain 2-meter distance, room is well ventilated. Small group of workers are organised who live and work on site into fixed groups known as 'cohorts', which then do not mix with other groups. 		 Consider holding meetings in open areas where possible. Implement arrangements for monitoring compliance. Consider supporting workers living on site with shopping by selling basic supplies on site or facilitating food deliveries. If workers need to travel off site to buy food and essentials, the Government guidance must be followed. It is best practice for employer-organised shopping trips to be managed in cohorts' teams. Ensure the 2-metre physical (social) distancing requirements are adhered to during interactions with on-site staff and, where possible, designate separate waiting areas and toilet facilities, in order to minimise contact between employees. Wherever possible, re-design workflow to minimise congestion. Workers should be prevented from congregating in groups. Consider marking physical distancing spaces on the ground & smoking shelters, so they are clearly identifiable, moving certain tasks to different locations where practical, or staggering break times for staff to reduce congestion in communal areas. Discouraging nonessential trips within buildings and sites. Reduce job and location rotation, for example, assigning employees to specific floors. Introducing more one-way flow routes through buildings. Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts, and encouraging use of stairs Regulating use of corridors, lifts, and staircases. Reducing congestion, for example by having more entry points to the workplace. Consider the use of alternative door openers, such as automatic door, foot operated door handles, electro-magnetic door fasteners to reduce the need to keep touching the hard 	

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			 Where a cohort lives and works together, it can be considered as a 'household'. Cohort groups sizes are kept to minimum as possible (there is no set Government definition of group size). Workers who travel to the business each day (i.e. car sharing) are grouped into cohorts that always work together, with application of 2-meter rule. Staggered breaks introduced for cohorts to minimise the amount of people using rest areas and canteens at the same time. Where 2-meter social distancing rule cannot be maintained, employees are physically separated (for example plastic sheeting / solid plexiglass screens). Number of workers in each shared work vehicle limited (i.e. minibuses), with multiple trips, 1 person per seat, every other row and staggered way (so they don't squeeze past each other). Single-occupancy accommodation for workers is limited. Occupancy in each shared space is as low as possible and organised in cohorts and kept separate from other cohorts Face-to-face contact minimised as much as possible by introducing scheduled access, in cohorts, to shared facilities such as showers and kitchens Maximum ventilation (open windows) in all rooms and buildings (regardless of impact on thermal comfort). 		surface door furniture. Consider the use of gel dispensing door handles in high usage areas.	
17.	Sharing of Workplace Vehicles	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause	 Staff reminded at the start of every working day / shift and in the appropriate languages of the basic rules around hygiene and social distancing. Daily health check forms completed. Frequent cleaning and disinfecting of surfaces that are touched regularly in workplace vehicles, using standard cleaning products, after each trip. Ideally people who are not in the same household would not be in the same vehicle at work. If this is unavoidable keep the window open for ventilation purposes and regularly clean frequently touched surfaces such as steering wheels, gear sticks, 	High / Medium	Provide maps of each vehicle to confirm seating arrangements as per below example. Figure 6. Example of a bus with reduced numbers of passengers – the seats coloured red should be left empty.	

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		illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	 indicators, handles etc. Where sharing of workplace vehicles must take place, windows are opened to provide ventilation and occupants reminded to avoid touching their faces at all times. Where shared transport is unavoidable, worker numbers are minimised in each vehicle (i.e. multiple trips with fewer persons and/or staggered starting and finishing times). Workers in shared transport enter and exit the transport in a staggered way, not 'squeezing past each other', maintaining social-distancing guidance. Upon leaving the vehicle, occupants wash their hands with soap and water for 20 seconds or more or use 70% alcohol hand sanitiser when hand washing facilities are not available. Shared vehicles including frequently touches surfaces (i.e. door handles, steering wheels, keys, gear sticks sat nav's etc) are cleaned with usual cleaning disinfectant products prior to each use. Hygiene procedures / rules displayed in vehicles. Staff are not permitted to come to work if they still have a fever but are allowed to come back with a cough or other symptoms as they are reportedly not infectious. Staff complete return to work form if they have been off with symptoms or confirmed case of Coronavirus and confirm they have followed the correct isolation period and no longer have a fever. Staff are aware how to reduce the spread of germs when they cough or sneeze and to dispose of tissues in waste bins. 			
18.	Staffing Levels (Reduced)	Risk to colleagues Risk of ill health from stress, increased work capacity in	 Where possible staff work from home. Business critical staff continue to report to work. Safety critical tasks risked assessed to identify safest way of working. Where necessary, tasks not undertaken due to safety concerns. 	Medium / Low	Consider reviewing your absence policy, ensuring you have a robust system in place to identify workers that are absent and have a process to follow up on any absences that have not been reported or are suspected to be related to coronavirus	

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		addition to Coronavirus infection	 First aid needs assessment reviewed. Fire marshal's duty rota reviewed. Rest breaks scheduled. 		 Continue to monitor staff who may be considered higher risk and implement alternative working arrangements where possible. Adjust business operating hours depending on availability of staff. 	
19.	Statutory Testing	Risk to operator, other persons within close proximity. Risk of death or ill health through failure to maintain safety critical testing regime.	 Formally trained operators. Equipment maintained in accordance with manufacturer's instructions. Safety critical inspections / examinations programme implemented, undertaken by competent contractors. Documents retained. Daily equipment checklist carried out, formally recorded. Compliance with social distancing measures. 	Medium	 Where statutory inspections / training cannot be undertaken HSE expects organisations to be able to document their 1) attempts to arrange examinations 2) decision making process and 3) how they justify continuing to operate the plant/equipment. Continue to schedule statutory inspections (ensuring social distancing measures complied with). Under no circumstances compromise statutory testing. Fire safety professionals and engineers have been given 'key worker' status so these essential works should continue as long as they can be carried out safely and within the Government guidelines. 	
20.	Suspected case of Covid-19 in the workplace	Risk to anyone. Risk of death / ill health (COVID-19): Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. Symptoms include fever, cough and shortness of breath. Some people will	 Staff are informed regarding self- isolation and NHS 111 reporting procedures. Vulnerable staff are not permitted to work and have isolated as per Government guidelines. Where a staff member becomes unwell on site and is displaying Covid-19 symptoms, they are asked to cover their mouth and nose with a face covering to try and reduce any further spread of the virus. Staff then asked to leave the site immediately using a route that exposes them to as few other people as possible. In severe symptoms, emergency services contacted Staff route is traced through the building and any enclosed areas (such as a meeting room) and placed off limits for at least 72 hours, if possible. Alternatively, the affected area should be cleaned in line with the UK Government's guidelines. Exposed staff members of the infected person are notified, there is no need to send staff home if it 	High	 Any suspected case of COVID19 in the workplace to documented, contact the H&S Consultant for further advice. Refer to HSE website regarding Reporting of Injuries, Diseases Dangerous Occurrences Regulations (RIDDOR) requirements. Advise staff to use NHS on line 111 tool if their symptoms worsen. If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron when cleaning. Keep monitoring the government response page for the latest details. 	

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		suffer from mild illness and recover easily whilst in other cases, infection can progress to pneumonia. Reports suggest that the elderly, securely for 72 hours and disposed of in the regular waste receptacle. Those with weakened immune systems, diabetes, cancer and chronic lung disease are the most susceptible to serious illness and death. Potential to contract coronavirus from another person or from surfaces contaminated with the virus.	only a suspected case - current government guidance states staff in close contact do not need to go home unless they start to develop symptoms and it is not necessary to close the business or workplace, unless government policy changes. Cleaning of infected area undertaken, gloves / aprons when cleaning is finalised are double-bagged, (i.e. the waste bag containing the used items placed inside another waste bag), then stored in a suitable and secure place and marked for storage until the individual's test results are known. Test results procedures listed below: Negative - this can be put in with the normal waste. Positive - store (double bagged) for at least 72 hours and put in with the normal waste Heavily contaminated areas, (i.e. with visible bodily fluids, from a person with suspected Covid-19), additional protection for the eyes, mouth and nose, as well as wearing gloves and an apron provided. After removing gloves, aprons and other protection used while cleaning, hands are washed regularly with soap and water for 20 seconds.			
21.	Work Equipment	Risk to operator, other persons within close proximity. Risk of death or ill health through failure to maintain work equipment in accordance with manufactures instructions	 Competent and experienced operators. Frequent cleaning of machinery controls and equipment. Equipment serviced and maintained in accordance with manufacturer's instructions. Equipment test run prior to bring brought back into operation, faults immediately rectified, where this is not possible, equipment taken out of service until repairs complete. Emergency stop buttons test, formally documented. 1 operator to 1 machine/piece of equipment where possible. If not possible then cleaning undertaken between usage. 	Medium	 Ensure servicing of any ventilation systems is kept up to date Where not practicable to run air conditioning units 24/7, units run a minimum 2 hours before work commences and a minimum of 2hours (lower speed) after work closes. Verify continued availability of critical spares/safety equipment and personal protective equipment. Check continued support from critical third-party suppliers and contractors. Implement one machine/ equipment per worker. Where this is not possible increase frequency of cleaning and sanitising for shared equipment 	

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					controls and touch points before and after use e.g. forklift truck wheels and controls, trolley jack handles, axle stand pins etc. Under no circumstances compromise training arrangements. Continue to monitor HSE guidance.	

Signed:

Name: Alex McEwen

Position: General Manager Date: 19th May 2020