RISK ASSESSMENTS AND PROCEDURES COVID-19
by Rob Miguel, Unite national health and safety advisor

Introduction
Current international public health activity is aimed at reducing the spread of the currently circulating novel coronavirus, which causes Covid-19 infection. This coronavirus is a novel agent whereby there is no immunity in the world’s population to the infection. The two main methods of preventing the spread of infection are hygiene measures and social distancing.

Unite is advocating a risk assessment approach using a hierarchy of control common in good health and safety management and various pieces of legislation. We are advising no work should start without an up to date risk assessment in place, this is particularly important in workplaces that are ramping up or re-opening based on current advice. There needs to be robust systems in place identified by the assessment with detailed hygiene procedures and control measures for social distancing and all other protection measures. NOTE: Where the term Reasonably Practicable is used in any government or organisational guides, this will require a risk assessment to be undertaken.

Consultation with the union and our representatives will be the key to formulating best practice, this will include full meaningful discussions around creating and implementing risk assessments and health and safety management systems to protect workers. See reps check list in appendix 4.

WHAT NEEDS TO BE DONE BEFORE A RISK ASSESSMENT STARTS

Set up a Covid-19 Task Group made up of trade union reps and management. If workplaces are restarting or increasing production then the task group needs to be set up prior to work starting up.

Here are some suggested principals/ issues (also appendix 2) that need to be discussed by the group:
- Review any Covid-19 risk assessments that have been produced so far
- Arrangements for workers to have access to risk assessments, able to challenge and question
- Mental health issues: Setting up a triage assessment that signposts workers to support
- Consider BAEM groups who are adversely effected by Covid 19, see Unite BAEM Covid 19 guide
- Take into account disabilities, gender differences, effects on pregnant women, maternity issues
- Ensure all protected characteristics are factored into any risk assessments
- Assessment of facilities, machinery and equipment laid idle for a good period of time
- What new layouts are needed to accommodate 2 metre social distancing
- What barriers or floor markings need to be in place to facilitate this
- New inductions and training packages need to be in place managed
- If restarting bring employees into workplace in small groups prior to re-staring
- Revised timings and staggering of shifts and breaks
- Procedures for travel such as parking, using public transport, car sharing
- Maintenance – to identify maintenance issues while maintaining social distancing
- Canteen, welfare facilities, locker rooms – arrangements to accommodate social distancing
- PPE arrangements and cleaning including overalls
- Training on new arrangements, daily talks and publicising around hygiene and social distancing
- Arrangements for screening out workers exhibiting symptoms of the virus
- Enhanced cleaning of workplaces, restarted workplaces will probably need deep cleaning
HOW IS THE VIRUS SPREAD/TRANSMISSION

It is worth taking time to digest how this virus is transmitted, as this is very important in understanding what control measures need to be put in place to control the risks to workers.

Respiratory infections can be transmitted through droplets of different sizes. When the droplet particles are above a certain size they are referred to as respiratory droplets, which fall to the ground and on surfaces at around 1 metre. Below a certain size, they are referred to as droplet nuclei, and can be airborne. The World Health Organisation suggests that Covid-19 virus is primarily transmitted between people through respiratory droplets, and contact routes including touch points. See: Transmission characteristics and principles of infection prevention and control.

However current evidence is emerging that indicates transmission is far more complex, and the virus may be transmitted through much smaller particles of varying sizes that can be airborne. Smaller airborne droplets laden with the virus in certain conditions may spread up to 8 metres in exhaled air. Certain considerations need to be given to viral load, whether indoors or outdoors and ventilation. WHO has advised further research is needed, however additional controls need to be considered.

The difference between droplet and airborne transmission

**Droplet transmission**
When droplets of saliva or mucus from coughing and sneezing reach someone else’s eyes, nose or mouth

**Airborne transmission**
Tiny particles suspended in the air for longer, travel further and can be breathed in by someone else

![Diagram showing the difference between droplet and airborne transmission](source: WHO)

The two main methods of preventing the spread of infection are hygiene measures and social distancing. However given the new evidence, there is a particular risk to indoor workplaces and this is evident from outbreaks in meat factories. Therefore additional controls such as face masks and adequate ventilation etc. are required, as is adhering rigidly to the test and trace requirements. For more information see the Centre for Evidence Based Medicine, CEBM advice.
The government advice on social distancing and other measures to workplaces and business is continually being challenged by Unite to ensure that workers remain safe, and is therefore an ever-evolving issue. Regularly updated here. General information see the Unite Covid 19 website.

RISK ASSESSMENT PROCESS

Check list for risk assessment:
- Identify Hazard: Contraction of Covid-19 Infection * Stress connected to Covid 19
- What workers will be harmed?
- How will they be exposed for example direct contact with droplets from an infected person or touching a person, surface or object which has the virus present?
- Rate the risk of infection occurring during undertaking the task, schedule, job etc.
- Select appropriate controls to protect workers using a hierarchy of control

Example:

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Risk including who may be harmed</th>
<th>Pre control Risk Rating Severity x likelihood</th>
<th>Control Measures In brief for illustration</th>
<th>Post control Risk rating Severity x likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraction of Covid-19 via persons or contact with objects</td>
<td>Use of welfare facilities Maintaining 2 metre separation &amp; hygiene. All staff</td>
<td>High or 3 x 4 = 12 See matrix below</td>
<td>Restrict access. Barriers. Markings. Washing hands Reg’ Cleaning</td>
<td>Low or 1 x 4 = 4 See matrix below</td>
</tr>
</tbody>
</table>

Matrix

<table>
<thead>
<tr>
<th>Severity</th>
<th>Extremely unlikely to occur</th>
<th>Unlikely (U)</th>
<th>Likely (L)</th>
<th>Very Likely (VL)</th>
<th>Highly Likely (Almost certain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No injury or trivial (Minor injury) no time lost</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Minor injury (MI) lost time less than three days</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Serious injury (SI) lost time greater than three days</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Major injury (MAI) lost time greater than seven days</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Almost certain death. Disabling injury or fatality (DIF)</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

See Managing risk assessments at work - Covid-19 HSE guidance
Example of written assessment:

<table>
<thead>
<tr>
<th>Hazard:</th>
<th>Contraction of Covid-19 via contact person/objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk:</td>
<td>Carrying out tasks where working within 2 metres</td>
</tr>
<tr>
<td>Rating pre controls</td>
<td>High</td>
</tr>
<tr>
<td>Rating after Controls</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Suggested Controls**

- Consider whether task needs to go ahead if not stop the job
- Limit task to small groups preferable two workers and short times
- Keep the same groups of workers together don’t interchange
- Ensure policy that workers with symptoms stay home is managed effectively
- Ensure PPE is worn throughout the task, select appropriate PPE for:
  - RPE or masks, Nitrile gloves, glasses, disposable overall
  - Arrange face fitting where needed and training in donning and doffing
  - Supply washing facilities and/or sanitiser
  - All cuts on the skin to be covered
  - Contact points of equipment shall be cleaned down regularly
  - Supply full method statement for each task and pre-start check list
  - Have in place a procedure which allows workers to stop work if issues arise


**HIERARCHY OF CONTROLS**

![Hierarchy of Controls Diagram](image-url)
Hierarchy of controls are an essential element within the risk assessment process, and is a feature in several pieces of legislation around risk assessment. In particular for Covid 19 the Management of Health and Safety at Work Regulations (MHSWR) and particular to biological hazards the Control of Substances Hazardous the Health Regulations (COSHH).

The significance of this process is that employers need to follow a line of controls, which chooses the most effective and efficient method to prevent exposure and infection from Covid 19. Risks should be reduced by taking preventative measures in order of priority, employers should not just jump to the easiest control measure to put in place. See below with some examples related to Covid 19. See the HSE Guidance on the hierarchy of risk controls https://www.hse.gov.uk/risk/faq.htm#hierarchy

ELIMINATION

Inoculation when available, or immunity could be a way of eliminating harm from Covid 19, however it is not clear whether either would offer life time immunity. Some viruses are known to only accommodate several years’ immunity, and most viruses can mutate.

Isolating people completely against exposure, is a way in which harm from the virus is eliminated. Examples of this are shielding where people are being advised to stay home for 12 weeks, and working from home. Both prevent becoming infected and infecting others, care must be taken to ensure a safe working environment and assess mental health issues.

SUBSTITUTION/REDUCTION

Important example: Isolation of workers that become ill
Ensuring workers are not in work when ill is essential to reducing risk of transmission of Covid 19. One of the elements to achieving this is full sick pay from day 1, with information to employees on symptoms and instruction to remain home no matter how mild the symptoms. The government has introduced a test and trace system, run by the NHS. The system is initiated in the first instance by requiring those with symptoms to self-isolate and have a test as soon as possible. If positive the person is required to provide details of close contacts who in turn need to self-isolate. GO: NHS test and trace: how it works - GOV.UK.

Social distancing is an age old control, whilst evidence is emerging that the virus can be transmitted in smaller droplets see above, a large proportion are transmitted in droplets large enough to fall to the ground after a metre. Therefore maintaining a distance of 2 metres apart will reduce the risk of becoming infected through this transmission route. This control needs to be implemented stringently in order to be effective, together with good hygiene practices, both personal and in the workplace. See appendix 1 for hygiene controls.

Steps to support and compliment, social distancing and good hygiene need a collective approach:

ENGINEERING CONTROLS

Barriers
• Place a physical barrier such as a Perspex screen, flexible polyethylene sheet, welding blanket for example could be deployed to mitigate the potential for droplets reaching personnel working in proximity.
• These can be temporary or permanent, some screens can be deployed by pulling down from a roller, or clipped on

• The use of screens would need to consider factors including (but not limited to) fixing points, weight, wind direction, portability, access, fire risk and chemical incompatibilities. Any controls need to be risk assessed for the specific application.

• One of the most common problems is workers traveling in vehicles with more than one person, specialised companies are now undertaking barrier fixing in vehicles see picture below. Note: Social distancing of 2 meters needs to be undertaken in this situation, with barriers as an additional supportive control measure or to avoid 2 metre breaches.

• Demarcation lines 2 metres or more will assist the workers in keeping within social distancing requirements.
• Demarcation areas combined with physical barriers where they can be applied, is a good combination of controls when enforced with appropriate messages and training.

Ventilation

Dilution of internal air should reduce any risk of potential airborne viral transmission by reducing exposure time to any airborne viral aerosols, and also reduce the chances of these aerosols settling on surfaces.

It is recommended that any ventilation or air conditioning system that normally runs with a recirculation mode should now be set up to run on full outside air where this is possible. Recirculation of air between spaces, rooms or zones occupied by different people should be avoided. For more information on Coronavirus, SARS-COV-2, Covid-19 and HVAC systems

ADMINISTRATIVE CONTROLS: SYSTEMS OF WORK AND PROCEDURES

Note: The following measures will need to be applied collectively, together with engineering controls when needed, and PPE provision when the assessment advises as such.

Reducing time spent performing an activity

• Limit time in close proximity to other personnel to limit the potential risk, this will be to ensure PPE is not worn for extensive periods
• A task which requires close proximity for multiple episodes of sustained time in a shift, consider a different pair/team for each episode which reduces contact.
• Consideration should be given to workforce planning to limit the potential contamination within the remaining workforce.
Workforce planning
- Personnel could be paired or buddied to compartmentalise potential infection within the work teams.
- Consider segregating teams (i.e. Red & Blue teams) to maintain operational capacity if personnel become infected or enter into self-isolation.
- In the event that one person becomes symptomatic, placing their team-mate or pair into isolation will be good practice for any responsible employer. See test and trace

Cleaning
- Undertake enhanced cleaning in line with Unite guidance such as touchpoints in the work area.
- Ensure that cleaning chemicals do not introduce a product safety hazard.
- Deep clean the workplace prior to ramping up production or reopening.

Personal Hygiene
- Maintain high levels of personal hygiene wash hands regularly for 20 seconds.


Please refer to Appendix 1 for suggested list of Procedural Infection Controls

How to wash your hands
PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is acknowledged as being at the bottom of the hierarchy due to its inherent limitations. In addition current advice from all health authorities is that PPE should only be used in a health care setting and within a narrow group of sectors, this may change and is a fluid situation. Please refer to the Government PPE guidance hub to keep updated. **Note there are gender differences connected to all PPE, this needs to be taken into account when selecting appropriate PPE.**

Respiratory Protective Equipment RPE

HSE guidance document HSG53 states ‘when in an airborne state, micro-organisms can be classed as particles, so can usually be removed by filter-type Respiratory Protective Equipment (RPE). You Should always use equipment fitted with the highest efficiency filter possible (protection factor of at least 20) to control exposure down to the lowest levels.’ Therefore HSE recommends the use of an FFP3 for use against viruses. **HSE RPE guide:** [https://www.hse.gov.uk/pubns/books/hsg53.htm](https://www.hse.gov.uk/pubns/books/hsg53.htm)

HSE advise that whilst FFP3 is the usual recommended control measure, if global supplies of FFP3 masks are low during this pandemic. In this scenario, an FFP2 could be used as an alternative, as this is consistent with WHO guidance. See [here](https://www.hse.gov.uk/news/assets/docs/face-mask-eqivalence-aprons-gown-eye-protection.pdf)

**PLEASE NOTE** The current advice from the World Health Organisation is that Covid-19 is not an airborne virus and the risk comes from droplets, Covid 19 can become airborne when aerosol generating procedures (AGP) are being carried out in a clinical setting. As mentioned earlier this position is starting to shift therefore any risk assessment must take into account the possibility that the virus will be airborne. In which case the level of RPE selected should be adjusted accordingly and in some circumstances FFP2/3 may be required.

Where the existing operational risk assessment requires RPE such as FFP2 or FFP3 respirator to be worn to protect against contaminants and particulates, this must be adhered to regardless of level of protection offered for Covid 19. It may be the case that a risk assessment identifies surgical masks as being sufficient. Surgical masks are not PPE, Unite recommends that due to the limited protection of surgical masks that they are only worn as communal protection. E.g. when working in teams everyone must wear a surgical mask. Preference is fluid resistant type.

**FFP Respirators**
HSE web page on RPE here: [https://www.hse.gov.uk/respiratory-protective-equipment/](https://www.hse.gov.uk/respiratory-protective-equipment/)
FFP respirators are indicated above, the first being the relatively short use disposable type FFP2/3 with the others having filter cartridges fitted and all should be correctly face fitted. Particle filters will be marked with a ‘P’ sign and filtration efficiency number, 1, 2 or 3. Particle filters should be changed frequently, probably daily or after the equivalent of a daily shift.

**TO KNOW CHECK LIST**
- FFP2 and FFP3 provide a higher level of protection than is required for low-risk community settings. N95 is a north American standard and equivalent to FFP2
- Should be face fit tested to ensure an appropriate protection factor is achieved
- Will not be effective when worn with facial hair compromising the facial seal
- FFP2 and FFP3 respirators are used in clinical settings by medical personnel in close contact with known Covid-19 cases
- Can be worn for the duration of a shift – comfortable for approximately an hour between rest breaks
- The use of FFP2/P3 respirators should be prioritised for work where an aerosol or particulate is generated and RPE is required as per the COSHH risk assessment

**Surgical Masks**

A surgical mask is a loose-fitting, disposable device that is intended to be worn to catch the microorganisms shed in liquid drops and aerosols from the wearer's mouth and nose. Fluid resistant type IIR, BS EN 46838 offers better protection to the wearer, as they are designed to provide a barrier to the user from fluid contamination such as droplets and blood.

**TO KNOW CHECK LIST**
- FRSMs can inhibit the spread of the virus by preventing the wearer’s bodily fluids from entering the air around them when they cough, they also provide some limited protection to the wearer from others who may cough in close proximity.
- FRSMs are effective only when used in combination with frequent hand cleaning with soap and water or sanitiser meeting testing standard to kill SARS COV-2 virus.
- Before putting on a mask, clean hands with soap and water or alcohol-based hand rubs.
- Cover mouth / nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with soap and water or sanitiser that meets the testing standard to kill SARS COV-2 virus e.g. BS EN 14476
- Replace the mask with a new one as soon as it is damp, torn or damaged.
Continuously wear then change a minimum of 4 times a day. Do not re-use single-use masks.
- Do not place a mask on to a work surface and re use.
- Never share a mask with someone else.
- Wash hands immediately before and after use
- Dispose of mask in a designated bin

**Powered Air Purifying Respirator (PAPR)**

Where particulate or chemical contaminants are generated in the work activity, the operational risk assessment may require a Powered Air Purifying Respirator (PAPR) fitted with P3 respirator

**Eye Protection**

![combined visor and mask]

Use eye protection as per standard operations /disposable or visor to limit the potential for Covid-19 transmission via mucus membrane including the eye.

**TO KNOW CHECKLIST**
- Ensure that eye protection is compatible with RPE
- Clean with alcohol-based wipes
- Visors can offer good protection from Covid 19 droplets

**Gloves**

![Gloves]

Use glove protection as per standard operations, or use disposable gloves such as Nitrile single use, avoid touching face
- If gloves are reusable, wipe down the outside with alcohol wipes before removing and remove gloves without touching the outside of the gloves
- Wash Hands before and after removing

**Coveralls:** Disposable coveralls are recommended, however if reusable normal overalls are being used ensure regular laundering is maintained.
NON MEDICAL FACE COVERINGS

Cloth face coverings are not respirators or disposable facemasks and do not protect the worker wearing them from exposures. Cloth face coverings are only intended to help contain the wearer’s respiratory droplets from being spread. A face covering helps contain small droplets that come out of your mouth and/or nose when you talk, sneeze or cough, particularly useful if you have COVID-19 and are not showing symptoms.

- Face coverings are not the same as face masks and are not CE marked.
- Unite only recommends face coverings made to World Health Organisation standards.
- Have 3 layers but ensure the finished product is breathable, constructed of:
  - Outer layer of hydrophobic material such as polypropylene, polyester, or their blends
  - Middle hydrophobic layer of synthetic non-woven material such as polypropylene
  - Inner layer of a hydrophilic material such as cotton or cotton blends

When to wear a face covering
- Mandatory on public transport, shops and hospitals in England, Scotland and N Ireland.
- Three-layer face coverings are mandatory on public transport in Wales 2020
- This is in line with new World Health Organization (WHO) advice that states non-medical face coverings should be worn in public.
- Where a risk assessment identifies in workplaces, communal areas for example. Supplied and paid for by employers’ to WHO standard and must be worn collectively to be effective.
- The employer should assess the workers travel arrangements during COVID 19 pandemic. Given that fact and their mandatory status on public transport, Unite feels they should be paid for and supplied to the WHO standard by employers for travel to and from work.

WHO guidance on the use of face masks in context of COVID 19

Waste
Organisations should ensure compliance with Government guidance on How to dispose of personal or business waste, including face coverings and personal protective equipment (PPE), during the coronavirus pandemic:
- PPE waste should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for safe storage.
WORKING WITHIN 2 METRES

Unite’s position is that social distancing should be applied at all times, with the workplace being no exception. However current government guidelines may lead to a situation where the employer will put in place a system for working under 2 metres for certain tasks.

Where this happens reps should insist that a risk assessment is undertaken specifically for those tasks using the following principles.

- Full consultation with union safety reps regards the assessment
- The assessment identifies why the task needs to continue
- Whether the task can be abandoned or postponed
- If the employer advocates the task/job continues:
  - Follows the hierarchy of control above and puts in place:
  - Collective controls as described above
  - If barriers are not practical, includes selection of appropriate PPE
  - A full method statement safe system of work is produced

Summary of Unite’s Social distancing Policy

- Use trade union safety reps to assist safe opening of workplaces
- Negotiate with employers to maintain 2m as opposed to 1m plus until test and trace is in full operation and R number reduces
- Keep a 2 metre rule in workplaces wherever possible
- Maintain current controls where they exceed the minimum
- New risk assessments to justify any change in distancing and controls
- Additional control measures implemented when working under 2 metres
- Enhanced cleaning and hygiene and PPE in relation to any work under 2 metres
- Full involvement of Unite reps in all assessments decisions

ABILITY TO STOP WORK ON HEALTH AND SAFETY GROUDS: AGREEMENT

Union reps should seek to agree with their organisations an agreed procedure whereby the worker can stop work on health and safety grounds. As follows

- Create a safety check list that the worker can fill out prior to start of a job/process
- Part of the document to contain a stop work element that employee can sign off
- Supervisor is informed and discusses resolution if not resolved supervisor signs off
- Task/job is halted
- Task is reviewed by management and union reps

If such a procedure cannot be agreed, please refer to advice from legal department around stopping work on health and safety grounds. See appendix 3, contact regional officer for advice.
APPENDIX 1

WORKPLACE PROCEDURAL INFECTION CONTROLS AND FACILITIES

Will vary depending on the workplace, some examples of workplace infection controls:

WORKPLACE ACCESS
- Visitors to sites should be curtailed unless essential and business critical such as delivery drivers, outside maintenance or repairs, welfare facilities need to be provided.
- Monitor congestion to enable social distancing of 2 metres:
- Introduce staggered start and finish times to reduce congestion and contact
- Remove or disable entry systems that require skin contact e.g. fingerprint scanners
- Promote good hygiene, wash or clean hands before entering or leaving premises
- Provide the necessary facilities to do this, warm water soap or hand sanitiser
- Regularly clean common contact surfaces in reception, office, delivery areas
- Drivers should remain in their vehicles if the load will allow it and must wash or clean their hands before unloading goods and materials.
- Access to toilets and washing facilities need to be given to delivery drivers by law https://www.hse.gov.uk/pubns/books/l24.htm

TRAVEL ARRANGEMENTS
- Avoid public transport only use if there is no choice
- Car sharing would only be recommended if living in same household
- Travel alone in own transport if this is available to you
- Use a bicycle if this is feasible or walk if in walking distance
- The above may accommodate the once a day exercise, avoiding going out again.
- Every effort made to provide additional parking spaces for cars and bicycles

ENHANCED CLEANING IN THE WORKPLACE
- Enhanced and regular cleaning across all areas of the workplace utilising approved cleaning products includes all building touch points
- Enhanced and regular cleaning of escalators
- Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- Hand rails on staircases and corridors
- Lift and hoist controls
- Machinery and equipment controls
- Food preparation and eating surfaces
- Telephone equipment
- Key boards, photocopiers and other office equipment
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day.
CANTEENS, CAFES AND EATING AREAS

- Dedicated eating areas should be identified
- If required break times should be staggered to reduce congestion, 2 metre rule
- Create space and manage sitting 2 metres apart from each other whilst eating
- Hand cleaning facilities or hand sanitiser should be available at the entrance of any room where people eat and should be used by workers when entering and leaving
- Keep equipment clean between use, kettles, microwaves etc. if not practical:
- Ask workforce to bring pre-prepared meals and refillable drinking bottles from home
- Where catering is provided, it should be pre-prepared and wrapped food only
- Crockery, eating utensils, cups (unless from dispenser) etc. should not be used
- Payments should be taken by contactless card wherever possible
- Drinking water should be provided with enhanced cleaning measures of the tap mechanism introduced
- Tables should be cleaned between each use
- All rubbish should be put straight in the bin and not left for someone else to clear up
- All areas used for eating must be thoroughly cleaned at the end of each break and shift, including chairs, door handles, vending machines and payment devices
- Ensure adequate ventilation see section on ventilation

TOILET FACILITIES

- Restrict the number of people using toilet facilities at any one time
- Promote washing hands before and after using the facilities
- Enhance the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal.

HAND WASHING FACILITIES

- Ensure soap and fresh water is readily available and kept topped up at all times
- Provide hand sanitiser where hand washing facilities are unavailable
- Regularly clean the hand washing facilities and check soap and sanitiser levels
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal
- Organisations will need extra supplies of soap, hand sanitiser and paper towels and these should be securely stored.
CHANGING FACILITIES, SHOWERS AND DRYING ROOMS

- Introduce staggered start and finish times to reduce congestion, 2 metre rule
- Enhanced cleaning of all facilities throughout the day and at the end of each day
- Based on the size of each facility, determine how many people can use it at any one time to maintain a distance of 2 metres
- Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.

OTHER MEASURES

- Ensure ventilation is fit for purpose in the workplace, allow adequate ventilation
- Regularly clean the inside of vehicle cabs and between uses by different operators
- LGV drivers have route planning taking into account available toilet and washing facilities, this will be a unique problem to this situation as public eating places are now closed. HSE Guide here: [Driver welfare and hours](https://www.gov.uk/government/collections/wuhan-novel-coronavirus)
- Visitors to sites should be curtailed unless essential and business critical such as delivery drivers, outside maintenance or repairs.
- Any meeting are performed via video link/ Skype/ conference call
- All non-essential staff to work remotely
- All inductions if needed undertaken with social distancing close contact protocols rigorously observed
- Observe social distancing and close contact between work colleagues
- Workplaces that are operational need to have daily communication lines

PPE PROCEDURES

- Re-usable PPE to be thoroughly cleaned after use and not shared between workers
- Single use PPE should be disposed of so that it cannot be reused

FACILITIES FOR ISOLATING in the WORKPLACE

- Procedures need to be in place if a worker or visitor has been identified as possibly infected. An isolation room needs to be made available
- In large workplaces such as airports several isolation rooms need to be allocated
- Front line staff need to be identified, trained and issued with the correct PPE to deal with any identified possible cases.

There are specific guideline for health professionals in clinical settings please find here: [https://www.gov.uk/government/collections/wuhan-novel-coronavirus](https://www.gov.uk/government/collections/wuhan-novel-coronavirus)

APPENDIX 2

Pre Start Check list (not exhaustive)

- Identify those employees that can return to duty
- Deliver a Covid-19 Social Distancing briefing to employees
• Ensure office and depots have in place social distancing guidelines and infection control measures
• Ensure adequate work vehicles are available to maintain social distancing
• Ensure employees have adequate hygiene products and PPE
• Review safety principles with trade union representatives
• Check if returning employees have symptoms instruct to remain home on full pay
• Confirm whether they have a vulnerable person in the household and discuss whether they need to remain home
• Ensure enhanced cleaning and maintenance programmes are in place prior to ramp up and address the risk of cross contamination with Covid-19 by cleaning staff
• Check all equipment and service to ensure in safe working order
• Ensure cleaning staff have new PPE on a daily basis
• Ensure social distancing guidance and posters are in all locations and prominently displayed
• Reps and managers to conduct regular site “walkabouts” with workers to ensure employees are complying with social distancing principles

APPENDIX 3

Stopping work on Health and Safety Grounds

The employer’s attention should be drawn to the existence of S.44 and S.100 of the Employment Rights Act. This prohibits individuals who have left the workplace in circumstances of danger, which they reasonably believe is imminent and cannot be averted, from being subjected to a detriment or dismissal.

Where employers are not operating safely or in accordance with government guidance including the heightened hygiene provisions, social distancing and the provision of PPE, then an individual can justify leaving the workplace, refuse to return where any danger persists or take appropriate steps to protect themselves. Any such decision would be on the basis of their own decision regarding their workplace as to whether there are “circumstances of danger” which they reasonably believe would be serious and imminent.

This does not mean returning home, but removing themselves to a place where that harm no longer exists or until such time as that danger is minimised or averted. If this situation occurs officers should revert to the Q&A materials that have been circulated and/or contact their legal officer for advice on how to proceed.

These individual rights do not apply to all categories of worker particularly those that have the status of self-employed. However the duty for employers, hirers or contractors to provide a safe working environment for all those engaged in a workplace applies consistently. Where poor safety practices are reported to the union, Unite will make the appropriate interventions with those organisations to ensure the highest standards of safety are maintained.
Appendix 4

COVID-19 CHECKLIST

General:

- COVID-19 operational risk assessment has been completed and all unintended consequences identified.
- Clear signage throughout the workplace to encourage 2m social distancing and handwashing including entrances and exits.
- Process and agreed responsibilities in place for enhanced cleaning of all touch points at the beginning of every shift.
- Cleaning stations in place to enable employees to clean, including visual aids, instructions on use and waste disposal facilities.
- Process for and location of secure storage and issue of PPE and cleaning products in place and understood.
- PPE distribution, guidance on use and disposal facilities in place.

Car parking:

- Clear signage in parking areas to maintain the social distancing standard and remind employees of the importance of not attending workplace if they are symptomatic.

Entering and moving around the building:

- Mark up the areas using tape to clearly identify 2m rules to encourage social distancing.
- At busy times (start and end of shifts) main entrances held open if possible.
- Handwashing facilities or sanitiser provided at entrances and exits.
- Internal pedestrian one-way system for any isles less than 2m with agreed flow, maintain emergency exits and fire doors (closed).
- Areas where there is likely to be a cluster of people, identify using 2m markings social distancing requirements.

Access points:

- Shift start and finish times staggered to reduce worker contact and any bottlenecks.
- Visitors limited access to workplace site unless essential.
- All non-essential staff working remotely.
- Process in place for the management of deliveries to minimise contact with other people whilst loading and unloading.
- Access to be given to handwashing facilities.

Unite – fighting for a safer workplace
Welfare facilities – toilets, locker rooms, rest areas, canteen:

- Provision of an isolation area where any employees showing symptoms can be directed until they are able to leave site.
- Restrict the number of people using the toilet facilities e.g. using an engaged sign.
- Canteens and rest areas - minimise the number of chairs to maintain 2m rule.
- Canteens and rest areas - staggered breaks if needed to reduce the number of people in the area.
- Where limited catering facilities are provided, food to be wrapped and only disposal cutlery provided.

Sustainment process:

Compliance to this checklist must be reviewed at least once per week with site leadership, TU team and HSE team.

Signatures:

Management representative:

Trade Union representative:

Health, Safety and Environmental Professional: