

British Occupational Hygiene Society

Guidance for Members and non-Healthcare Businesses

**PROTECTING WORKERS HEALTH DURING THE EXTENDED COVID-19
OUTBREAK**

MAY 2020



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Document Status

Issue No	Date	Changes
1.1	7/5/20	First issue

1 INTRODUCTION

This document has been produced by the BOHS Working Group on Return to Work Issues in the Context of the COVID-19 epidemic. The aims of the document are:

- To provide risk based guidance to BOHS members on how to implement good working practices during the COVID-19 outbreak.
- To provide signposting to other guidance which is subject or sector specific.

The guidance is limited to non-healthcare workplaces which are not handling known COVID-19 patients. It is aimed primarily at manufacturing companies, however much of the guidance will be applicable to other organizations.

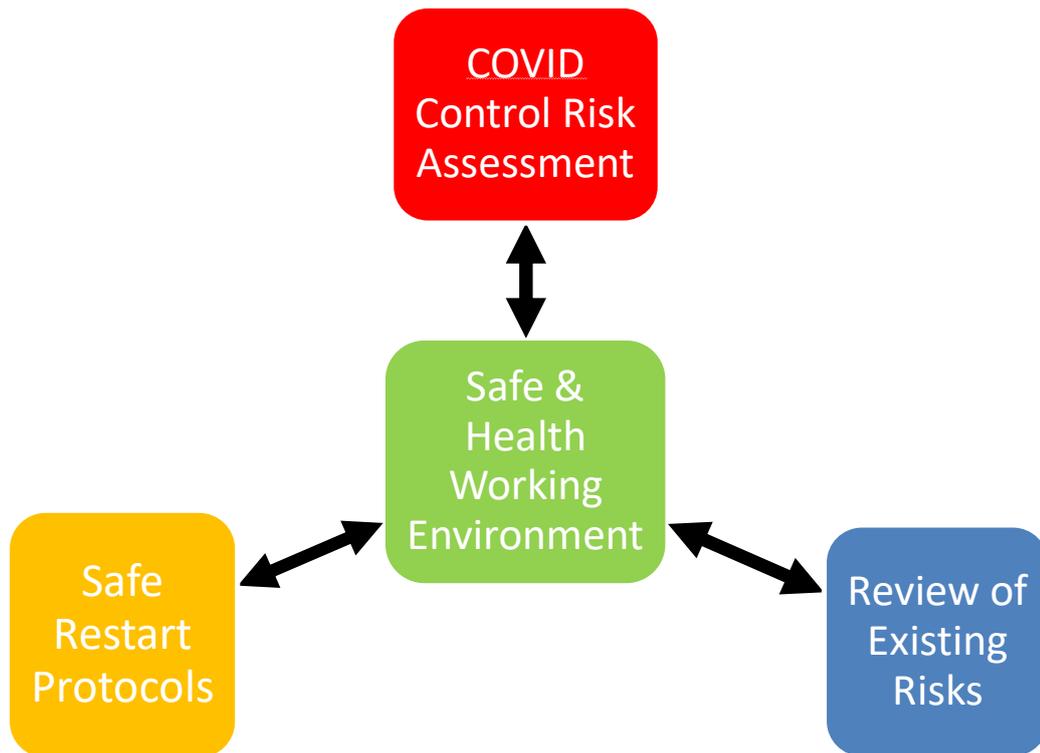
The guidance has been produced by a group of volunteers BOHS members with donations of information from organizations that they have associations with. The speed of publication does not allow for full acknowledgement of named individuals and organizations.

2 A RISK BASED APPROACH TO RESTARTING WORK

Working during the COVID-19 outbreak will require a three-pronged approach to achieving a safe and healthy working environment:

1. Carry out a risk assessment for COVID 19 before returning to work
2. Consider the risks from restarting processes and ensure protocols are in place
3. Review existing risk assessments where; social distancing measures are required, a change in working patterns is needed and/or PPE supply shortage has been identified

Whilst your primary focus will be on creating a workplace that prevents the transmission of COVID-19, you will also need to consider those risks related to restarting work processes or equipment after it has not been in use after a period . You will undoubtedly be introducing new working practices which will mean that your existing risk assessments need to be revisited. You will also have to carry out regular reviews of your risk assessment and plans is important as the workplace changes as a result of the COVID-19 outbreak. Allowing this work to be dynamic will benefit you and your workplace in the longer term, continuing to review and update as you work towards a new normal.



3 UNDERSTANDING THE SPREAD AND CONTROL OF COVID-19

Understanding how COVID-19 is spread and how control measures work is key to preventing infection from occurring. There are two main ways in which coronavirus can be spread:

- From contaminated surfaces, i.e. when an individual touches the surface with their hands and then touches their eyes, nose or mouth.
- From contaminated respiratory droplets released by individuals who are currently infectious. This mainly happens when someone coughs, sneezes or blows their nose but can also occur during normal respiration. Respiratory droplets are not airborne for long and is the reason for the government's emphasis on social distancing involving people not coming within 2 metres of each other.

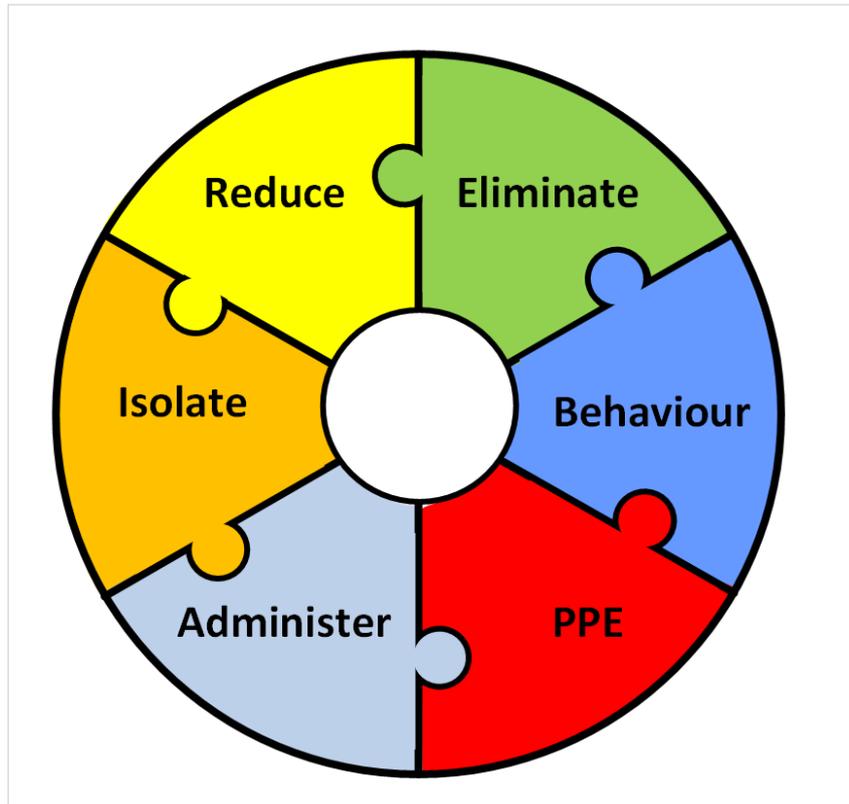
By protecting the potential routes of entry into the body by social distancing, good personal hygiene practices and cleaning regimes we can effectively minimise any potential for infection, even when working in close proximity to someone who may be infected.

The [government guidance on social distancing in the workplace](#) sets out the guidelines on how this should be achieved. At the heart of the guidance is a 2m rule. The 2m rule means that:

- People cannot reach each other and therefore not spread infection by direct touching.
- Allows space for exhaled droplets to dissipate reducing the likelihood of inhaling them.

4 COVID-19 RISK ASSESSMENT

You should conduct a risk assessment which addresses how you will restrict the transmission of the COVID-19 virus in the workplace. This essentially involves planning how you can conduct your work whilst following the government guidance on social distancing. Like most health risks, reducing the risk from COVID-19 involves the use of the hierarchy of controls. Whilst the hierarchy focuses on the important aspect of elimination first, it is essential that a range of controls are adopted and that these are integrated with each other.



Eliminate	<ul style="list-style-type: none"> • Facilitate home working wherever possible. • Conduct return to work telephone interviews with staff to identify vulnerable individuals who may require more stringent social distancing or shielding. Seek help from occupational health providers on how to do this. Guidance will be available from the SOM on conducting risk assessments on individuals. • Introduce self-assessments for all workers and visitors to sites. • Workers who are unwell with symptoms of Coronavirus (COVID-19) should self-isolate in accordance with government guidance. They should not travel to or attend the workplace. • Facilitate testing for those workers who have symptoms and are eligible for testing. (See Appendix I) • Rearrange tasks to enable them to be done by one person, or by maintaining social distancing measures (2 metres). • Avoid skin to skin and face to face contact at all times. • Arrange facilities to maintain social distancing where possible. • Stairs should be used in preference to lifts and consider one way systems • Create facilities for meetings to take place whilst social distancing. E.g. electronic meeting spaces, outside discussions or large open spaces. • Eliminate face to face meetings where possible.
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Reduce	<ul style="list-style-type: none"> • Minimising the time workers are in close proximity to others must also include consideration of the following: process line reconfiguration, changes to shift patterns, one way systems for pedestrians, screens, dwell times between tasks, cleaning regimes and frequent hand washing. • Where the social distancing measures (2 metres) cannot be applied: <ul style="list-style-type: none"> ○ Each event should be risk assessed.
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	<ul style="list-style-type: none"> ○ Minimise the frequency and time workers are within 2 metres of each other. Where face-to-face contact is essential, this should be kept to 15 minutes or less. ○ In circumstances when social distancing is not possible, equally effective measures must be in place to protect workers from virus infection. ○ Minimise the number of workers involved in these tasks. ● Consider alternative or additional engineering controls to reduce worker interface. ● Regularly clean common touchpoints, doors, buttons, handles, vehicle cabs, tools, equipment etc. ● Introduce pop up hand wash stations. ● Make cleaning materials available in the workplace. ● Keep face to face meeting numbers to a minimum. ● Review the performance and servicing of mechanical ventilation and air conditioning systems and use fresh air in preference to recirculated air. ● Increase ventilation in enclosed spaces. ● Workers should wash their hands before and after using any shared equipment. ● Attendees should be at least 2 metres apart from each other ● Rooms should be well ventilated / windows opened to allow fresh air circulation. ● Screen workers and visitors by asking them to complete a health questionnaire before visiting the workplace. ● Temperature Screening may be useful but has limitations. (See Appendix II).
Isolate	<ul style="list-style-type: none"> ● Keep groups of workers together in teams/shifts, e.g. do not change workers within teams. ● Arrange the workplace so that workers are away from others as much as possible. ● Consider changing shift patterns e.g. longer split shifts to reduce the numbers in the workplace at any one time. ● Stagger break times.
Administrative	<ul style="list-style-type: none"> ● Where face to face working is essential to carry out a task when working within 2 metres: <ul style="list-style-type: none"> ○ Keep this to 15 minutes or less where possible. ○ Consider introducing an enhanced authorisation process for these activities. ○ Provide additional supervision to monitor and manage compliance. ○ Carry out an assessment and review of these activities to identify all repeatable tasks.
PPE	<ul style="list-style-type: none"> ● Personal Protective Equipment should not be used as an alternative to social distancing, except where there is no other practical solution. ● Where close proximity working is required for longer than 15 minutes, assess the need to issue employees with appropriate Personal Protective Equipment. ● Re-usable PPE should be thoroughly cleaned after use and not shared between workers. ● Consult with an Occupational Hygienist and HSE guidance about the possibility of extending the life of single use PPE. Extending the life of

	single use PPE should only be done in exceptional circumstances as a result of shortage of supply.
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Behaviour	<ul style="list-style-type: none"> • Worker behaviour and cooperation will be the key to implementing all of the controls. • Carry out inductions to inform people of the changes. • Encourage an open and collaborative approach between workers. • Trial interventions in places before implementing them across the board. • Seek feedback and be prepared to change interventions based on the feedback and regular reviews of the risk assessment. • Make changes which are sustainable in the medium term. • Encourage staff to cooperate with government plans for contact tracing.
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4.1 First Aid and Emergency Service Response

The primary responsibility is to preserve life and first aid should be administered if required and until the emergency services attend.

- When planning site activities, the provision of adequate first aid resources must be agreed between the relevant parties on site.
- Emergency plans including contact details should be kept up to date.
- Your first aid procedures should already include consideration of the risk of infection.

However, there may be some changes which you need to make.

- Review your first aid procedures, particularly regarding control of infection and the generation of aerosols e.g. during CPR.
- Consider sharing first aid cover with other businesses.
- Consider potential delays in emergency services response.
- Consider preventing or rescheduling high-risk work.
- Reviewing the numbers of first aiders and the health status of them or providing additional competent first aid or trauma resources.

An example of some guidance given to first aiders is given in Annex III.

4.2 Cleaning

A deep clean may be appropriate before people return to site. More frequent cleaning procedures should be in place across the site, particularly in communal areas and at touch points including:

- Taps and washing facilities,
- Toilet flush and seats,
- Door handles and push plates,
- Handrails on staircases and corridors,
- Lift and hoist controls,
- Machinery and equipment controls,
- 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,
- Telephone equipment,
- Keyboards, photocopiers and other office equipment,
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day,
- Consult with your waste service provider to clarify the status of different types of waste.

5 SAFE RESTART PROTOCOLS

You need to consider the risks associated with restarting processes and equipment which have not been used for some time.

Many facilities and or maintenance teams may have already been present at work or some of them attending site to maintain critical items. However, there will be a need to consider a phased return to work both on an individual and teams basis. Bringing in essential services teams first. The table below gives a checklist of the kind of things that should be addressed before reopening the workplace.

Fire safety	<p>Functional test of the fire alarm system.</p> <p>Test of the emergency lighting system.</p> <p>Visual inspections for fire extinguishers and escape routes.</p> <p>Operational checks on fire doors and smoke venting systems.</p>
Asbestos	<p>Undertake a visual inspection of all asbestos containing materials to ensure that there hasn't been any deterioration in them during the lockdown period.</p>
Restarting plant and equipment	<p>You should restart plant and equipment in accordance with documented restart procedures/manufacturers instructions.</p> <p>Consideration should be given to stored energy in systems and potential failure of equipment due to lack of use.</p>
Statutory Inspections	<p>You should ensure that all inspections required under the Lifting Operations and Lifting Equipment Regulations (LOLER) and Pressure Systems Safety Regulations (PSSR).</p>
Local Exhaust Ventilation.	<p>A checklist for ensuring the safe restart of Local Exhaust Ventilation is given in Appendix VIII.</p>
General Hygiene	<p>A deep clean of the workplace may be necessary for COVID-19 but may also be necessary to prevent exposures to accumulations of dusts or chemicals.</p>
Water Systems	<p>Ensure that all water systems are restarted in line appropriate procedures to avoid the risks associated with Legionella. Appendix IX gives a short Legionella restart guide.</p>
Musculoskeletal risks	<p>Consider whether workers may have lost fitness/condition during shutdown.</p> <p>If tasks are reduced to single employee due to social distancing, do manual handling assessments need reviewing and adapting for single person lifts, tasks etc.</p>
Behaviour	<p>Workers will have been away from work for some time and may be unfamiliar with tasks.</p> <p>It is likely that you will need to undertake refresher training on work tasks and equipment, particularly where that work is safety critical.</p> <p>Attitudes towards work may have changed and many will be unused to the social aspects of work.</p> <p>You may need to take steps to ensure that social distancing doesn't give rise to social isolation.</p>

Wellbeing	<p>You will need to consider the mental health of individuals returning to work. They may have concerns about the processes being implemented.</p> <p>Workers are likely to have been and will continue to be exposed to stress at home. Changes at work are also likely to cause stress.</p> <p>Provide support for employees going through bereavement and anxiety.</p> <p>Set realistic expectations for productivity. These are likely to be reduced from pre-shutdown levels.</p>
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6 REVIEW OF EXISTING RISKS

As control measures are introduced to cope with COVID-19, there will be a need to review existing risk assessments. Introducing social distancing and changing work patterns and procedures may give rise to new and increased risks.

Examples of how this might occur and what to do about it.

- Lone working.
- Working from home risk assessments.
- Embedding temporary changes for the medium and long term.

It is important to consider the above and the hierarchy of control as discussed in section 3 because not all problems can be solved by introducing the wearing of RPE in close proximity workplaces. It is important to accept a level of change and adapt accordingly.

6.1 Coping with the lack of Personal Protective Equipment (PPE)

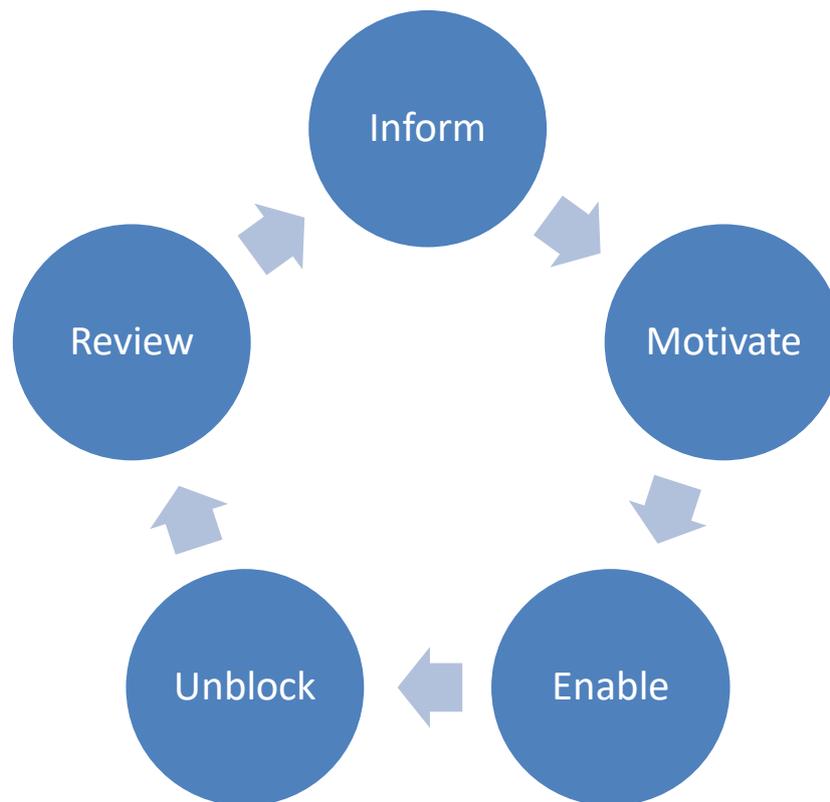
The extensive use of PPE for healthcare purposes has given rise to a shortage in the industry. Ensuring that all health and safety risks are adequately controlled when your usual PPE supply is temporarily unavailable will require some special input to ensure that the protection provided by the alternative PPE or ways of working does not put workers at risk. You should consider the following:

- Look at alternative ways of reducing workers' exposure by ways other than PPE. PPE is the last line of protection and should only be used in addition to using other reasonably practicable control measures.
- Consult your trade guidance and COSHH Essentials sheets for methods of good control practice for specific tasks to help you select possible different ways of working which minimise the health risks to workers from hazardous substances.
- Consult with your suppliers to ensure the availability of PPE.
- Ensure that alternative PPE meets appropriate standards and achieves the level of control required.
- Avoid using RPE which is described of being "equivalent" to a standard. Where this is not possible then try to verify the level of protection achieved. Current government derogation of CE marking for PPE is only for applicable to health care workers and there is currently no relaxation of existing health and safety requirements for the supply for PPE intended for use in settings outside healthcare.
- When sourcing alternative RPE note that a fit test is required for any tight-fitting RPE. unless you can source the same mask, in the same size, for which the worker has been fit tested before. Inadequate fit can reduce the protection provided to the wearer.
- Availability or access to [face-fit testing](#) equipment and competent people may be an issue so should be part of your return to work plan.

- Conduct trials to determine whether any PPE can be safely reused and ensure that workers can put it back on without being exposed to risk.
- Take steps to preserve stocks of suitable PPE during the extended COVID-19 outbreak by; limiting PPE to those workers who need it; maximising the useful life of PPE (cleaning and storing carefully); and matching RPE with the appropriately assigned protection factor (APF) for individual exposures.

6.2 Information instruction and training

Information instruction and training is essential if new control measures are to be effective. This should be built around the model of inform, motivate, enable, unblock and review. Appendix VII gives a template for the kind of information which needs to be included in a restart induction.



Inform Whilst everyone will be well aware of the risks associated with COVID-19, there is scope for much misinformation and misunderstanding. It is important that you explain what changes are being introduced, why and how these changes control the risk.

Ensure that the advice you take and pass on comes from reputable sources such as [GOV.UK](https://www.gov.uk), [HSE](https://www.hse.gov.uk), [Public Health England](https://www.gov.uk/government/organisations/public-health-england) and the [NHS](https://www.nhs.uk).

Where Industry specific guidance is issued, you should check it against other comparable sources.

Motivate In many cases it will not be necessary to motivate people to comply with the changes. However, you should try to ensure that staff are motivated rather than just instructing them to comply. Motivation to implement controls can help induce self-regulation of the controls in a workforce. E.g. positive feedback and recognition of employees and teams who are following social distancing, innovating and adapting procedures and processes to reduce risk, leading by example, correct use of PPE etc.

- Enable** You should fully enable workers to implement any changes that you are proposing. This means making the changes easy to implement. E.g. improve IT systems, provide equipment to outline social distancing measures, support and encourage ideas and sharing through daily or weekly briefings.
- Unblock** Look for items which block the implementation of changes and try to remove these blockages. E.g. identify monotonous tasks which do not reduce risk and reduce morale.
- Review** Review how effective the changes have been and revisit the information, instruction and training.

7 CONTINUOUS REVIEW

The risk assessments and measures that are introduced should be continuously reviewed. Government guidance on social distancing is likely to change over time and you should ensure that you comply with this. The Health and Safety Executive are also likely to introduce sector specific guidance.

In the early stages it is advisable to conduct a daily review meeting which examines whether:

- The changes you have implemented have been effective and are being complied with.
- What new guidance has been issued will this have a bearing on the way you are currently working.
- Whether there are any improvements you can make.

Examples of checklists for reviewing arrangements are given in Appendix V.

APPENDIX I

TESTING FOR COVID-19

COVID-19 Antigen Testing

The [Government testing scheme](#) has made testing for the COVID-19 virus available to anyone with symptoms whose work cannot be done from home, as well as those who live with them.

The mainstay of testing for current infection (presence of virus) is a polymerase chain reaction (PCR) test which involves taking a swab of the upper throat and growing the genetic material in a laboratory until it can be detected and confirmed. Such testing has a recognized false negative rate, in other words, it misses some people with the infection. It is also somewhat invasive and uncomfortable, and there is currently a delay waiting for the result.

Rapid tests are being developed which could be completed on the spot. This would still be subject to the deficiencies of the false negative rate.

The effectiveness of testing is reduced by false negatives, false positives and/or time delays. However, when on-site testing PCR becomes available, this may have potential as a risk reduction measure. Antigen testing only detects current and not past infection it has a use in assessing fitness for work but not in identifying cohorts of employees who have been infected in the past and may have resistance to COVID-19.

Antibody Testing

Many research groups are developing serological (antibody) tests for COVID-19. These typically use a blood sample which can be obtained from a finger-prick. Detection of antibodies early on can confirm current or recent infection and later on, can confirm immunity. The detection of antibodies could, once validated, be used to indicate that someone is able to work without risk of either contracting or transmitting infection.

There are many epidemiological estimates that the number of mild recovered cases could greatly exceed the number of confirmed cases, and with suitable widespread antibody testing, there may be a large enough population of recovered and immune individuals; a recent Dutch study has suggested that 3% of blood donors have been infected (far greater than the confirmed case rate), and a published study of repatriation flights shows up to 6% of asymptomatic travellers infected.

However, current advice is that there are no validated and reliable antibody tests available for use on an individual level, and we are too early in the outbreak to yet know for how long immunity is maintained or its extent. Some coronaviruses generate relatively short-lived immunity and therefore this is not yet a reliable indicator of protection.

Antibody testing is not yet a reliable tool other than for epidemiological study. It has potential when validated and supported by major health bodies.

APPENDIX II

Temperature Screening

Fever (elevated core body temperature) is an early sign of COVID-19 in some people, but by no means all. Skin surface temperature measurement is less reliable than core temperature, but is easier, which is why temperature screening usually involves a measurement of surface temperature. The various methods include handheld measuring devices which may be contact (e.g. aural) or contactless. There are also more sophisticated devices with cameras, which can conduct remote thermal scanning to measure, temperature, pulse and respiration rate from a distance. All these methods have deficiencies.

Temperature screening has been employed at airports and some workplaces. It will miss many of those with early illness, asymptomatic illness, those whose symptoms do not include fever, and in some cases, those who have taken antipyretic medication (such as acetaminophen/paracetamol) to lower their temperature. It has been documented however, that in the early stages of the COVID-19 pandemic, several new cases were detected in airline passengers who underwent routine temperature checks after arriving at their destination.

Survey research during the COVID-19 outbreak has indicated that airline passengers are reassured by temperature screening undertaken in airports. It could also have an effect of deterring passengers who might otherwise travel when feeling unwell. The same reassurance and deterrence could also apply to the workplace.

Temperature screening needs to be done with validated equipment, and if done manually, by staff who have appropriate training and personal protective equipment (PPE). Even under these conditions there will be false positive and false negative results.

Temperature screening is more likely to be useful in populations where COVID-19 prevalence is higher than in low-prevalence groups which is the case in the UK.

APPENDIX III

QUESTIONNAIRE TO ASSIST WITH THE COVID-19 RISK ASSESSMENT

Area	Check
Timing (of the working day)	<p>Does the start/finish times of additional staff add to congestion with those already attending work?</p> <p>Can times be adjusted to avoid clashes?</p> <p>Potential impact on:</p> <ul style="list-style-type: none"> • Temperature checks at entrance • Car park/lobby/turnstiles • Stairs/lifts/corridors • Change/shower facilities • Break areas/canteens
Offices	<p>Assess the maximum capacity of each office, and each building.</p> <p>For offices, ensure desks are laid out 2 metres apart, and excess seating is removed. For buildings, assess maximum numbers to safely use corridors, entrances, rest rooms, etc. without congestion.</p> <p>Are there unused/under-utilised offices or meeting rooms where staff can be located to maximise social distancing opportunity?</p> <p>Were changes made whilst employees were WFH that now need to be reconsidered e.g. empty offices used for storage</p> <p>Review desk/seating arrangements</p> <ul style="list-style-type: none"> • Are there 2 metres between desks/workstations? • Minimise face to face seating arrangements? <p>Would use of office/desk dividers increase protection in shared offices?</p> <p>For shared and open plan offices, can attendance on site be rotated, e.g. only half the office on site at any time.</p> <p>Posters and visual aids in shared offices and corridors to remind employees of social distancing, hygiene, etc?</p> <p>Employees wishing to receive non-THE COMPANY visitors will require line manager authorisation.</p> <p>Consider signage at entrance doors to indicate "no visitors without pre-authorisation".</p> <p>Where would floor markings in offices and corridors assist social distancing?</p> <p>Entry/exit – are doors transparent to see people coming? If 2 doors lead to one office, would a one-way system work?</p> <p>For personnel who receive frequent/short visits through the day, e.g. PTW issuer, EHS advisor, HR advisor, consider a protective screen arrangement, a hatch, or a stable-door, to ensure physical distancing during the discussion.</p> <p>Also how to manage any queuing, if there are a number of people waiting.</p> <p>Is cleaning of walkways, door handles, waste removal, etc. at suitable frequency for numbers of people using the office/building?</p> <p>How will cleaning of common office equipment such as IT equipment be carried out and when?</p> <p>Consider supply of sanitising wipes for personnel to wipe down shared IT equipment, e.g. photocopier, before/after use.</p> <p>For shared spaces/hot desks, consider issuing everyone with own keypad/mouse rather than shared docking stations/PCs.</p> <p>Open windows/ventilation systems to increase air flow in shared spaces.</p> <p>Ensure a clean desk policy is adhered to. Not only is this THE COMPANY policy, but it will ensure desks and offices can be properly cleaned.</p>
Toilets/showers	<p>Have bathrooms/showers been decommissioned during the period and require opening up again? Legionella risk may require managing.</p> <p>Retrofit sensor taps or pedal-operation for wash basins and toilet flushes</p>

	<p>Is there potential for people gathering inside the bathrooms? Some of the following options may work:</p> <ul style="list-style-type: none"> • A one in/one out system. Could include an “occupied” sign or sliding indicator on the outer door. • Move the lock to the outer door so that only one person can access the facility at once • Disconnect/lock off alternate basins and urinals to increase physical distancing
	<p>Consider assigning employee groups to certain facilities to ensure peak numbers can be managed.</p>
PPE availability	<p>PPE must not be used as protection against the virus unless other protective measures have been exhausted, i.e. social distancing, physical barriers, etc.</p>
	<p>Assess the impact of additional office employees on the availability of PPE. Prioritise critical PPE (dust masks and gloves) and agree usage for normal operations vs COVID defence.</p>
Cleaning Service	<p>Assess cleaning and housekeeping requirements for increased numbers of staff and increase service levels accordingly.</p>
Canteen and break-out areas	<p>Assess requirements for food/beverage supply, stock vending machines appropriately for increased numbers.</p>
	<p>Ensure minimal occupancy of kitchen/coffee areas. Issue appropriate guidelines relative to size of facility, e.g. for a small kitchen area, only 1 person to occupy at one time.</p>
	<p>Seating – check impact of increased staff numbers on space available for eating/drinking/rest areas;</p> <ul style="list-style-type: none"> • are there 2 metres between seats? • minimise face to face seating arrangements?
Meetings	<p>Employees are to be discouraged from holding face-to-face meetings.</p> <ul style="list-style-type: none"> - If face-to-face communication is necessary, then employees must comply with the relevant measures, e.g. social distancing. - As a suggested guidance, all face-to-face meetings with more than 3 people should first be approved by the Plant Manager.
	<p>Meeting room maximum occupancy should be reassessed to ensure social distancing in place and prohibits large gatherings.</p>
	<p>Continue to make full use of communication / online platform to carry out normal business meetings.</p>
	<p>Establish alternatives to ensure appropriate levels of site communication, for example;</p> <ul style="list-style-type: none"> - increase the number of department Information Boards, - daily logs or notebooks, - weekly plant-wide newsletters, - monthly Microsoft Teams Townhall meetings, - utilization of Yammer sites.
Emergency response	<p>Assess how many employees can safely</p> <ul style="list-style-type: none"> - evacuate, and - assemble <p>given requirements for physical distancing.</p> <p>Conduct a practice drill, both to assess the impact on speed/space, and also to get employees familiar with any changes.</p> <p>If evacuation/assembly cannot be conducted satisfactorily then a re-assessment of acceptable employee numbers on site must be completed.</p> <p>Consider any other issues that might arise versus emergency scenarios, that might impact employee safety if numbers of employees were increased during an emergency response</p>
General practices	<p>Consider touch-free options for door handles</p>
	<p>Consider automatic-opening doors for high traffic areas, e.g. main entrance.</p>

	Consider touch-free options for waste bins, such as pedal bins or sensors, and ensure waste bins have lids.
	Use of air purifiers in shared spaces.
	Use of cleaning technology such as electro-static or UV.

APPENDIX IV

Example of COVID-19 Guidance for First Aiders

This guidance has been issued to First Aid responders to reduce the risk of exposure to Coronavirus during this time of pandemic. It is based on guidance from Public Health England and recognises that as a first responder, a First Aider may come into contact with people of unknown medical history/symptoms and therefore there is a possible risk of cross infection when administering First Aid, including that of coronavirus, unless precautions are taken.

It does not replace the requirement for First Aiders to conduct a dynamic risk assessment of any given First Aid situation that may arise, in accordance with standard First Aid training.

If you feel that you have any concerns or issues after consulting this guidance and continuing the role as a First Aider then advice should be sought from your line manager, SHE Point of Contact or TU rep.

Coronavirus and route of transmission

The most common symptoms of coronavirus are:

- Recent onset of a new, continuous cough and/or.
- High temperature.
- Shortness of breath.

Other symptoms are less common e.g. headache, flu-like symptoms, sore throat, but may still arise

Transmission is through respiratory droplets via 2 routes:

- Direct transfer of droplets via inhalation, to mouth, nose or eyes.
- Touching a surface, person or object that is contaminated and then transferring the secretions to own mouth nose or eyes e.g. when touching your face.

General Precautions

Precautionary measures require everyone to avoid getting infected via these transmission routes through handwashing, not touching your face and social distancing.

First Aiders should identify at-risk situations and in any non-emergency situation, the potential for symptoms should be assessed prior to giving advice/administering First Aid and where possible, should be delivered while maintaining a distance of >2 m.

Where distancing of > 2m is not possible, Personal Protective Equipment (PPE) should be worn.

PPE

PPE should be kept close to the point of access/use, ideally in a 'grab bag' with a copy of this guidance.

It is for single use only - must be changed after each First Aid intervention and not used between patients.

Needs to be put on and taken off ('donned' and 'doffed') in the correct order – see below.

To be disposed of as clinical waste.

Based on the requirement that distancing of >2m cannot be maintained whilst providing First Aid, the following PPE must be worn as a minimum:

- Disposable gloves .
- Face Mask – type FFP2.
- Disposable plastic apron or disposable coveralls.
- Eye protection .
- Clinical waste bag.

Provision of alcohol hand rub and masks for patients are also advised.

Donning and Doffing PPE

Put on PPE every time when administering First Aid and breaking the 2m rule.

It is important to keep own hands away from face when donning and doffing PPE, to avoid self-contamination during the process.

Donning

- Wash or sanitise own hands
- Put on PPE in the following order
 - Apron or coverall
 - Mask
 - Eye protection
 - Gloves.

Doffing

- Take off PPE in the following order
 - Gloves
 - Apron or coverall
 - Eye protection
 - Mask
- Place all items in clinical waste bag
- Wash own hands.

Resuscitation

Call for help immediately/Defib if required.

Do not place your face close to the patients to check for breathing.

Do not give mouth to mouth.

Place a mask over patients mouth/nose, if one is available.

Start chest compressions and continue until help arrives.

The defib can be deployed without increased risk of infection.

Individuals with presenting symptoms of coronavirus

If someone shows the signs of coronavirus, keep person 2 metres away unless wearing PPE.

Provide them with a mask and keep others away.

Line Manager to make arrangements for them to go home and keep them isolated in the agreed site isolation area until they leave site.

If the patient is significantly unwell e.g. extremely short of breath, contact the site emergency response team and/or 999 and advise them of the potential of coronavirus situation.

APPENDIX V – Example Review Checklists

Covid-19 - Daily Site Checklist

Conducted by:

Date:

Entry/Exit 	Compliant (Y/N)	Action required
All employees are being checked for temp on arrival		
Security staff are conducting the temp checks wearing the correct PPE		
Separate entrances and exits are in place and being respected by all staff		
Arrival and exit times are staggered to prevent crowding and people are following this requirement		
All staff conducting temp checks are trained and following the agreed procedure.		
Social Distancing 		
Canteen area- Staff using the canteen are following social arrangements (Sitting apart, not facing each other)		
Lunchtimes/breaktimes are staggered and staff are following the agreed timings.		
Locker rooms- Staff are observing rules to prevent multiple people occupying locker rooms at the same time		
All operations where operators can not avoid working <2M for more than 15 minutes are identified		
All operators know the process for logging instances where social distancing is not possible/difficult		
There are no unnecessary staff on site. Everyone who can work from home is working from home.		
No examples are seen of people greeting each other by shaking hands or any other physical contact.		
Floor markings encouraging safe distancing are been adhered to by all staff.		
Meetings are being minimised. Where meeting are taking place there is always <10 people and social distancing is maintained at all times		
Personal Protective Equipment (PPE) 		
All operations where <2M working is permitted are identified and known to staff		
Staff working in permitted <2M operations are wearing N95/FFP2/FFP3 respiratory protection		
Staff working in permitted <2M operations are wearing overalls and gloves at all times		
All staff know how to access the required PPE and are not reporting any shortages.		
Hygiene arrangements 		
Hand-sanitiser is available at multiple locations across the workplace		
Hand- sanitiser stations are stocked with no missing items		
Daily cleaning task lists are in place and are being signed-off as completed		

Covid-19 - Weekly Site Checklist

Conducted By:

Date:

General Management 		
	Compliant (Y/N)	Action required
Carry out a check for any new JM guidance and local regulatory requirements. Review and action any new requirements.		
Check the site contingency plan for critical staff is still relevant and up to date.		
Review signage promoting hygiene, social distancing and PPE requirements.		
Review training/communication requirements to ensure they are still effective and have taken into account any new requirements from JM and/or local authorities.		
Check arrangements are in place for all staff (at site and home working) to report absence and illness. Check data is being reported to regional HR.		
Entry/Exit 		
Review temperature checking procedure is working with input from those conducting tests. Amend procedure if required		
Evaluate availability of staff to perform checks. Are there any absences, is additional cover required?		
Evaluate contractor/visitor schedule for the next week. Are the visits essential? Ensure all essential contractors/visitors are made aware of the site's requirements regarding Covid-19 before arriving at the site		
Review working patterns to ensure they are allowing for staggering of entry/exit and break times.		
Social Distancing 		
Review the tasks logged by staff requiring <2M distancing been reviewed and agree actions?		
Any additional floor markings required to encourage social distancing?		
Evaluate the next expected phase of ramp-up considering how the current arrangement will cope. Action any additional requirements identified.		
Personal Protective Equipment (PPE) 		
Evaluate stock levels of key PPE against production forecast. Agree actions if there is risk of stock depletion.		
Check the procedure for issuing PPE is working efficiently - i.e. staff can access the right PPE when they need it.		
Review the pattern of PPE usage across the site to ensure staff are treating PPE as a precious commodity.		
Hygiene and cleaning arrangements 		
Review stock levels of hygiene items (hand sanitiser, soap)		
Review stock levels of cleaning materials and equipment.		
Review daily cleaning checklists to ensure they are still relevant		

APPENDIX VI – Examples from Individual Companies

Food packaging company

We make packaging and components used in the food industry and have managed to operate throughout the epidemic. Implementing social distancing was challenging but we have managed to implement it and still meet customer demand.

At both are sites we have split teams into the smallest groups possible but still get the work done. Teams have been allocated break rooms, toilets, entrance to site, walkways and it is being monitored constantly. People cannot swap teams, we do not have support temporary staff swapping teams either.

We now have extra cleaners around the clock (One site already operated a 24/5 shift pattern). They sanitise door handles/surround, light switches, toilets. They cannot go into the areas of the other cleaners.

Contractors are being allowed to site but only those who conduct work which is a legal requirement or essential maintenance to keep the Production Line equipment running. We have provided written instructions which details exactly where they can and cannot go. They cannot use any of the break rooms and have been allocated one specific toilet. Masks and gloves are provided, sanitising wipes to clean down areas they have worked on.

At one site we have a temporary agency worker who is booked on a week by week basis and has been with us some time. We are paying her to stay home in the event that one of the full time print team is off and we need her to come in. We cannot afford for her to work for anyone else and be exposed.

Our challenge is going to be when the Sales, Marketing & Finance teams want to start the gradual return. I have daily meetings at the moment with the MD and other Managers, to capture every issue, solution and adjusted way of working we can think of. We are introducing barriers, signage for 2m social distancing, looking at mobile handwashing carts.

Manufacturing company

We shut down our factory at the time of the lockdown as staff were nervous and we felt we weren't able to introduce social distancing immediately. We have an annual shut down for maintenance purposes and brought this forward. We used the shut down period to develop plans for implementing social distancing.

After the shutdown, we started back up but have introduced shift changes so that there are less people on site at any one time. We have some administrative staff who are able to work from home. For the ones which need to be on site we have changed the structure of the offices and layouts of the desks. Meetings take place in an open area on the factory floor and meeting rooms have been used as overspill offices.

We have introduced staggered start and break times for all staff to avoid congestion. The social distancing outside of the workplace has got everybody used to the idea and our changes weren't as difficult to implement as we imagined.

APPENDIX VII – Example template for Induction / Awareness Toolbox

It is vital to engage with employees on a regular basis but setting a precedent on behaviour is vital in order to achieve the right levels of control during a return to work period and establishing a new normal way of working through COVID19 and beyond. Below is a suggested template for a short induction back to work and or an awareness session to be given to employees.

Breakdown of what to cover in your induction / awareness

1. Setting the scene –

- a. *Why are we doing this,*
- b. *What is COVID19, its transmission and risk of exposure and infection,*
- c. *What your workplace is aiming to achieve during return to work*

2. Company position on health and safety –

- a. *Reminder of company policy and objectives on health and safety*
- b. *COVID19 policy using social distancing, good hygiene and a risk based approach for return to work*

3. Key measures to be taken –

- a. *Risk based hierarchy steps to be implemented by your organisation*
 - i. Working from Home where possible
 - ii. *Social distancing*
 - iii. *Good hygiene*
 - iv. *Change of workplace processes and procedures*
 - v. *Team working / shift pattern changes*
 - vi. *PPE*

4. What we need from you –

- a. *Commitment to align to new ways of working*
- b. *Speak up and share ideas and thoughts*
- c. *Support colleagues*

5. What support is on offer for you –

- a. *Employee assistance*
- b. *Occ Health assessment*
- c. *Mental health and wellbeing support*

These sessions should aim to run for approximately 10 to 15 minutes and employees could register their completion of the session.

APPENDIX VIII – Local Exhaust Ventilation restart check

Before restarting processes, which require the use of local exhaust ventilation, carry out a pre-use check. This check should include your monthly checklist;

Stage 1 – Visual inspection of your system to check for faults and structural integrity.

- Check all components of the system, hoods, ducting, air cleaners, fans and outlet for damage and or deposits of dust etc..
- Inspect filters to make sure there is no build up or damage and replace where necessary
- Check all the alerts work such as; flow gauges and or alarms
- Ensure the sound of the fan operating is normal
- Check the correct position of any dampers, where applicable
- Carry out any planned or unplanned repairs needed
- Use the LEV log book to record checks

Stage 2 – check the operational performance of the LEV system to capture and remove airborne hazardous substances generated by the process.

- Observe how the LEV captures and removes the airborne contaminants away from the operator.
- Use smoke tests to check the ability of the hood to capture the airborne contaminants and that the system can remove them from the breathing zone of the operator.
- Use a dust lamp with the process running to check for escape of dust, fume or mist from the capture zone.

Local Exhaust Ventilation Thorough Examination and Test

- Where LEV is required it is a necessary to undertake a thorough examination and test of each system at a minimum frequency of every 14months, in order to comply with the law.
- Businesses are expected to make all reasonable efforts to ensure that their LEV systems do have their thorough examination and test carried out. HSE is not issuing exemptions or relaxation of these requirements, but does acknowledge that this position is constantly under review.
- Businesses who are operating and any service provider workers visiting site to carry out examinations, need to adjust their procedures to follow Public Health England's advice regarding good hygiene practices and social distancing, this is in addition to following any site-specific rules to manage the risk of coronavirus infection. No service provider showing symptoms of coronavirus should continue to carry out Thorough Examination and Test (TExT) visits.

Occupational Hygienists can assist with this work and can be found via the BOHS Occupational Hygiene Services Directory.

APPENDIX IX – Legionella restart guide

If you have water systems on site, you will have no doubt taken precautions of the shutting down or mothballing of such systems. These include cooling towers or other types of evaporative cooling systems, process water systems such as washers, sprays and process relating water supply like jet guns etc... and finally domestic systems. Domestic systems will no doubt be present in nearly all buildings. It is the responsibility of the duty holder as is the case with most HSE hazards and risks to put sufficient management measures in place to manage the release and exposure to legionella bacteria.

There is a real risk of legionella outbreaks after the easing of COVID19 lockdown restrictions and suitable measures should be in place to prevent such occurrences from happening. When looking to restart processes and open up buildings that have been closed certain systems including water cannot just be turned back on and put back into normal service. The steps below would go some way to helping develop a re-start plan for water systems.

Qualified and competent assistance should be sought via national associations. The BOHS offer proficiency certification for legionella and support and work closely with the LCA and the WMS.

Cooling towers or other types of evaporative cooling

These systems under the normal day to day management should have shut down and re-start procedures that would cover such events like a COVID19 lockdown. Use your written scheme of control and measures in place to safely shut down and re-start cooling towers.

Businesses should inform their water treatment companies if it is necessary to stop operation of any systems. If cooling towers and evaporative condensers are likely to be out of operation for:

- up to a month, then fans should be isolated, but biocidally-treated water should be circulated around the system for at least an hour on a weekly basis.
- more than a month, then systems should be drained down, cleaned and disinfected before being refilled and returned to operation.

Hot and cold water systems

On returning to work, hot and cold water outlets which may now be infrequently used will require flushing on a weekly basis to prevent water stagnation. If weekly flushing cannot be undertaken, then businesses should seek competent advice to ensure systems are cleaned and disinfected where necessary before reoccupation of the building.

Flushing of systems – for small basic hot and cold systems then a good flush through of the system before reopening the building with mains water or fresh water would be suitable.

For larger buildings or process systems a more thorough flushing should be performed in order to rid the system of stagnant water and possible build-up of scale or sludge. Make sure when flushing that you have the water system as open as possible so all vales are turned to open to allow a full flush through and removal of stagnant water. Consider parts of the system that could be hard to flush and look at others approaches where necessary.

Once the systems have been flushed through a good clean and disinfection should be carried out to remove any residual scale, sludge and or biofilm from tanks, pipes etc.. Speak with a qualified or competent professional to determine types and concentrations of biocide to use for the disinfection.

To confirm effectiveness of the flushing, cleaning and disinfections, a series of sampling of the water should be put in place and also after re-start to confirm that the systems are clean and managed well. HSG274 part 2 gives guidance on when to sample such as 2 to 5 days after re-start. Moving back to normal operation and sampling as per your schedule in your logbooks can then be put in place.