

RISK ASSESSMENT AND PROCEDURES COVID 19

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 a 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. **NOTE: Where the term Reasonably Practicable** is used in any Government or organisational guides, this legally interprets to mean that a risk assessment has 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 appendix 4

WHAT NEEDS TO BE DONE BEFORE 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.
- Equalities issues such as effects on disabled workers due to any changes that are being planned
- Take into account gender differences, the effects on pregnant women and any maternity issues.
- 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-starting
- Revised timings and staggering of shifts and breaks
- Procedures for travel such as parking, using public transport, car sharing given the 2 metres
- Maintenance – to identify maintenance issues while maintaining 2 metre 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.

The World Health Organisation has identified that COVID-19 is not an airborne virus. 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, and when they are below a certain size, they are referred to as droplet nuclei. According to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes including touch points.

What this means in practice is, the droplets are of a weight that they will fall to the ground at around 1 metre, thus the 2 metre social distancing rule. They can remain on surfaces for some time depending on type of material, see Government guide **here** <https://www.gov.uk/government>

Therefore the two main methods of preventing the spread of infection being hygiene measures and social distancing. More information around hygiene and social distancing can be found on the Unite COVID 19 web pages. Including information around mental health and legal advice on equalities. **here:** <https://unitetheunion.org/campaigns/coronavirus-covid-19-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** <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>.

RISK ASSESSMENT PROCESS <https://www.hse.gov.uk/simple-health-safety/risk/index.htm>

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:

Hazard	Risk including who may be harmed	Pre control Risk Rating Severity x likelihood	Control Measures In brief for illustration	Post control Risk rating Severity x likelihood
Contraction of Covid-19 Via persons or Contact with objects	Use of welfare facilities Maintaining 2 metre separation & hygiene. All staff	High or $3 \times 4 = 12$ See matrix below	Restrict access. Barriers. Markings. Washing hands Reg' Cleaning	Low or $1 \times 4 = 4$ See matrix below

Matrix

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

Example of written assessment:

Hazard:	Contraction of Covid-19 via contact person/objects
Risk:	Carrying out tasks where working within 2 meters
Rating pre controls	High
Rating after Controls	Low

Suggested Controls

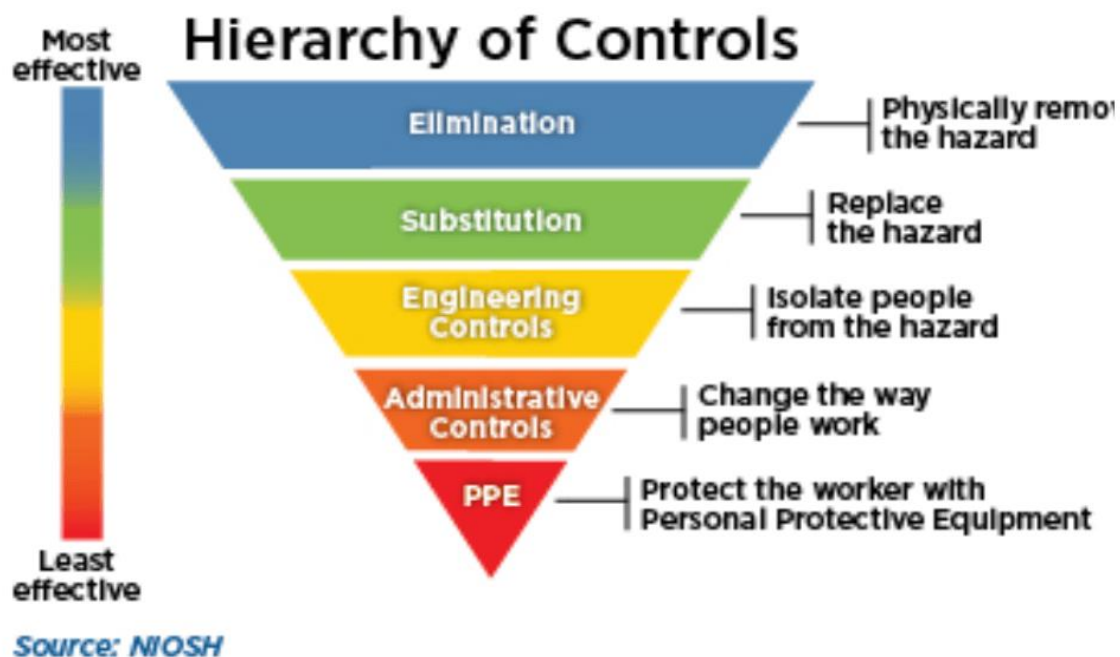
- Consider whether task needs to go ahead if not stop the job
- Limit task to small groups preferable two workers and short times
- Keep the same groups of workers together don't interchange
- Ensure policy that workers with symptoms stay home is managed effectively
- Ensure PPE is worn throughout the 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

HSE NI have a very good example of risk assessment and template for COVID 19

Here: <https://www.hseni.gov.uk/publications/example-covid-19-risk-assessment-template>

HSE Examples sector risk assessments **here** <https://www.hse.gov.uk/risk/casestudies/>

HIERARCHY OF CONTROLS



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 to 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.

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 virus 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.

Social distancing is an age old control, in the case of this particular virus which is transmitted in droplets which fall to the ground after a metre, maintaining a distance of 2 metres apart will eliminate 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.

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. Confirmed cases of COVID 19 should initiate identifying close contacts, undertaking testing and isolation if test is positive. Organisations wishing to fulfil Good practice, would take this a step further and isolate close contacts until testing confirms one way or another.

Steps to support, **social distancing** and **good hygiene** need a collective approach as follows:

ENGINEERING CONTROLS

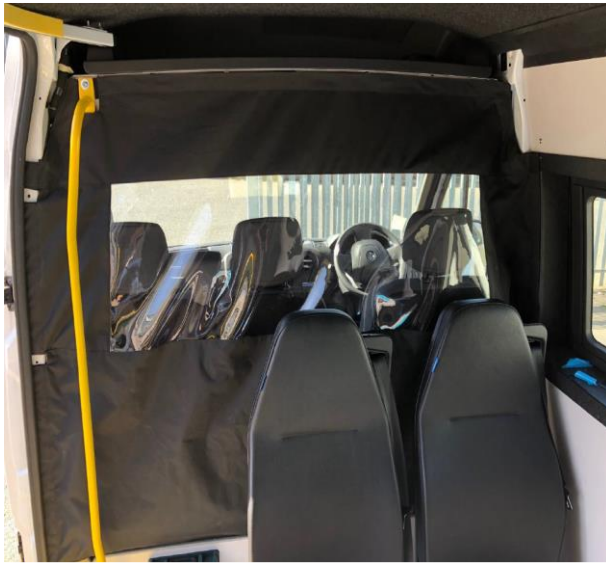
Barriers

- 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.

BARRIERS



VEHICLES



BARRIERS

- Demarcation lines 2mtres 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 re enforced with appropriate messages and training.



Ventilation

This control needs to be professionally assessed, and will only work in specific areas. Whilst good ventilation can assist in diluting particles in the air, there is not much evidence that it can be relied on to prevent large droplets containing the virus reaching a worker. Therefore it is advisable to deploy other measures set out below in conjunction with good ventilation.

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.

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.

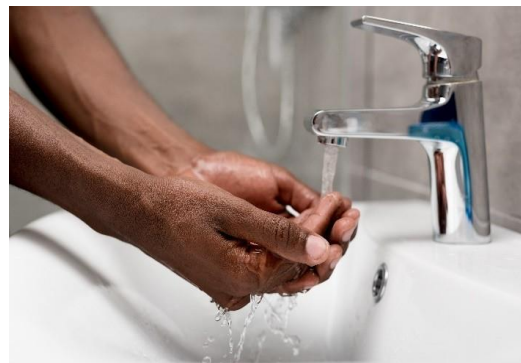
Cleaning

- 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.

Further info here <https://unitetheunion.org/campaigns/coronavirus-covid-19-advice/>



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

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>

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-equivalence-aprons-gown-eye-protection.pdf>

PLEASE NOTE The World Health Organisation has identified 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. It may be the case that a risk assessment identifies surgical masks as being sufficient. Unite recommends that due to the limitations 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.

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.

FFP Respirators



HSE web page on RPE **here:** <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

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 after each use.

PPE Regulations and Guidance <https://www.hse.gov.uk/pubns/priced/l25.pdf>

Waste: PPE

A person should be designated to ensure compliance with the PHE guidelines on the disposal of any waste PPE/RPE (including disposable cloths and tissues).

- 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.

Waste should be stored safely for at least 72 hours, after which it can be disposed of as general waste (or suitably disposed of as *clinical waste*).

WORKING WITHIN 2 METERS

Unites 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

ABILITY TO STOP WORK ON HEALTH AND SAFETY GROUNDS: 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



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](#)
- 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>

APPENDIX 2

Pre Start Check list (not exhaustive)

- Identify those employees that can return to duty
- Deliver a COVID19 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



THE PANDEMIC AT WORK

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**





THE PANDEMIC AT WORK

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. ☐

Offices/meeting areas:

Desks, floors or signage in place to highlight the importance of social distancing. ☐

Rooms labelled to identify max number of people to respect social distancing requirements. ☐

Minimise the number of meeting rooms available. ☐

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: