5th June 2020

Shipley College - COVID-19 Return to Work Information and Risk Assessment Guidance

1.   **Introduction**

1.1   This guidance is applicable to all staff, learners, visitors and contractors on the College estate. We all have a duty morally and legally to ensure the safety and health of staff and others coming into College buildings. Legally our Duty of Care is required under numerous Acts and Regulations (refer to Appendix 1 for details). This safety guidance has been collated by reviewing best-practice in other FE college environments and following the information available in the public domain from the following bodies and organisations:
- The National Health Service (NHS)
- The World Health Organisation (WHO)
- The Chartered Institute of Personnel and Development (CIPD)
- The Foreign and Commonwealth Office (FCO)
- GOV.UK
- Health and Safety Executive (HSE)
- Coronavirus (COVID-19): guidance for educational settings

1.2   This guidance is structured along the traditional risk assessment methodology (generic COVID-19 risk assessment is at Appendix 4):
- Identify hazards, i.e. COVID-19.
- Decide who may be harmed, and how.
- Assess the risks and take action.
- Make a record of the findings.
- Review the risk assessment.

2.   **Identifying the Hazard**

2.1.   The Hazard - Spread of COVID-19 Coronavirus. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (COVID-19) was identified in 2019 in Wuhan, China. This is a new coronavirus that has not been previously identified in humans. COVID-19 is a respiratory infection thought to be much more contagious than previous types of coronavirus such as SARS and MERS.

2.2   Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

3.   **Deciding who may be harmed, and how**

3.1.   Who May Be Harmed? All staff, learners, visitors and contractors are potentially at risk of contracting COVID-19. People of all ages can be infected. Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

3.2.   How? Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. These symptoms do not necessarily mean you have the

illness. The symptoms are similar to other illnesses that are much more common over the Winter / Spring, such as cold and flu. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. This is a new disease and there has been discussion regarding attributing other symptoms such as loss of senses of taste and smell to COVID-19, these have also been recently added to the list of symptoms.

3.3   As a novel disease no-one, at the beginning of the outbreak, had any natural immunity. The disease equally affects all those who have been infected however, certain health conditions have been identified as risk factors for those suffering from the same being more likely to develop severe and potentially life-threatening symptoms and these include:
- Chronic respiratory disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Diabetes
- Splenetic disease
- Weakened immune system
- Obesity (BMI >40)

4.   **Assessing the risks and taking action**

4.1   Analysis of COVID-19 related deaths recorded by the Office for National Statistics show that nearly two thirds of these deaths were among men with the rate of death being statistically higher in males, with 9.9 deaths per 100,000 compared with 5.2 deaths per 100,000 females. These statistics are dependent on a range of contributory factors including age, sex, general health and health system. The incubation period is reported as ranging between 1-14 days, but most commonly thought to be around 5 days. Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher risk:
- high risk (clinically extremely vulnerable)
- moderate risk (clinically vulnerable)

The following link provides guidance for those who may be in the higher risk groups: https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-athigher-risk-from-coronavirus/

4.2   How is the Virus Spread? People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. It is very unlikely it can be spread through things like packages or food. Viruses like coronavirus cannot live outside the body for very long.

4.3   How to Avoid Catching and Spreading Germs. There are steps that we can all take to help stop viruses like coronavirus spreading (refer also to Appendix 2 – Prevention Awareness):
Do:

- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.
- Put used tissues in the bin immediately.
- Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available.
- Try to avoid close contact with people who are unwell.

Do Not:
- Touch your eyes, nose or mouth if your hands are not clean.

4.3.   If You Think You Need Medical Advice. Seek medical support such as the NHS 119 Online or telephone service to assist with a general diagnosis and further guidance on COVID-19 support services. You should use medical services if you have symptoms which lead you to believe you might have COVID-19 or you have been in close contact with someone with the virus. It is important that all persons that need medical advice are instructed **not** go to a GP surgery, pharmacy or hospital. Follow the Government/NHS guidance on **'Test & Trace' - see Gov/NHS table below.**
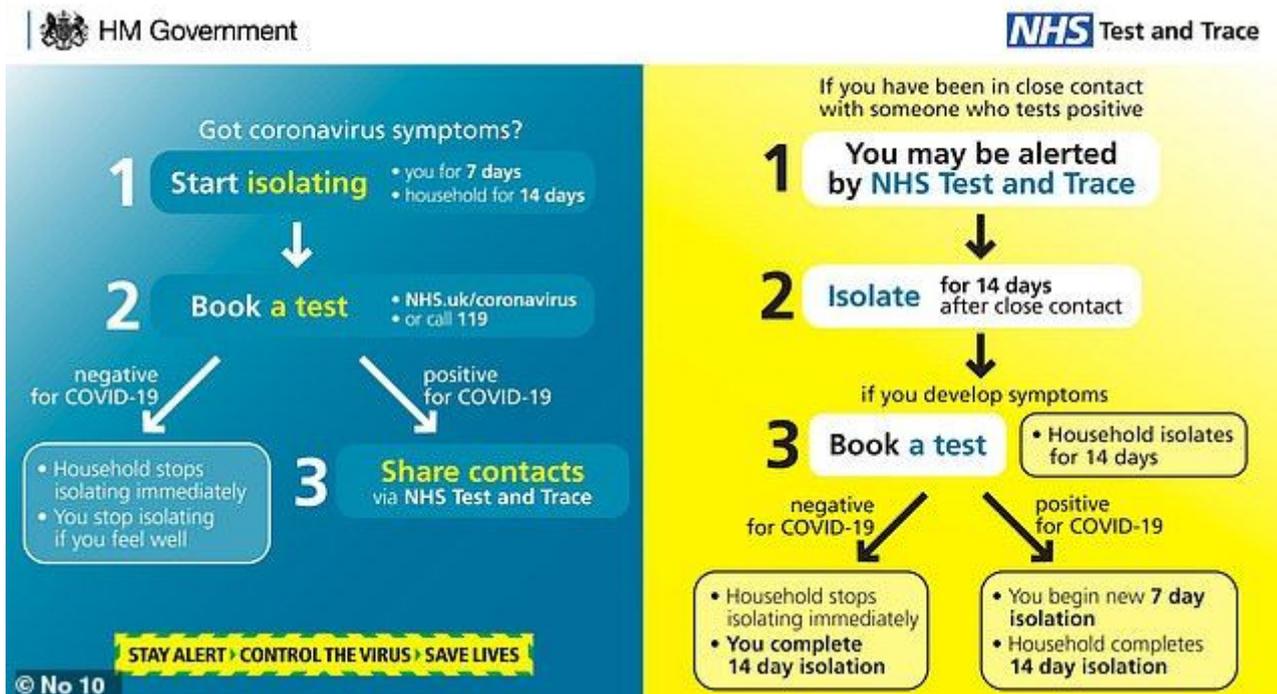
4.4   Self-Isolating. If staff or learners have been categorised as Clinically extremely vulnerable, have any symptoms, have been in contact with someone with symptoms and/or have been advised to remain at home by the NHS, they should follow these guidelines:
Do:
- Stay at home.
- Separate yourself from other people – for example, try not to be in the same room as other people at the same time.
- Only allow people who live with you to stay.
- Stay in a well-ventilated room with a window that can be opened.
- Ask friends, family members or delivery services to carry out errands for you, such as getting groceries, medicines or other shopping.
- Make sure you tell delivery drivers to leave items outside for collection if you order online

- Clean toilets and bathrooms regularly.
- Think about a bathroom rota if a separate bathroom is not available, with the isolated person using the facilities last, before thoroughly cleaning the bathroom themselves.
- Use separate towels from anyone else in the household.
- Wash crockery and utensils thoroughly with soap and water; dishwashers may be used to clean Crockery and cutlery.
- Stay away from your pets – if unavoidable, wash your hands before and after contact.

Do Not:
- Invite visitors to your home or allow visitors to enter.
- Go to work, College or public areas.
- Use public transport like buses, trains, tubes or taxis.
- Share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with other people in your home.

5. **Workplace Controls.**

5.1 Hierarchy of Controls. If staff or learners are not able to work whilst maintaining a two-metre distance, the manager/HoS should consider whether the activity should continue and, if so, risk assess it using the hierarchy of controls below:

Eliminate	• Staff, learners, visitors or contractors who are unwell with symptoms of Coronavirus (Covid-19) should not travel to or attend the workplace i.e. the College,
	• Rearrange tasks to enable them, where possible to be done by one person, or by maintaining social distancing measures (2 metres),
	• Avoid skin to skin and face to face contact,
	• Consider alternative or additional aids to reduce staff and learner interface i.e. online learning, Google Meets meetings etc,
	• Where physical meetings or classes are absolutely necessary then attendees should be at least two metres apart from each other which may result in smaller class sizes,
Substitute	• Minimise the frequency and time staff are within 2 metres of each other, i.e. no longer that 15mins
	• Minimise the number of staff involved in joint tasks, i.e. staff on split shifts,
	• If room space is limited then staff should work side by side, or facing away from each other, rather than face to face i.e. in offices and staff rooms,
	• Increase ventilation in enclosed spaces,
	• Staff and learners should wash their hands before and after using any equipment.
	• Stairs should be used in preference to lifts and follow one-way systems around the college. If lifts are to be used, then single use only where possible,
	• Keep groups of staff that have to work within 2 metres together in teams/cohorts i.e. do not change staff within teams, e.g. LLDD staff and learners not working cross-college.
	• Keep groups of staff that have to work within 2 metres away from other staff and learners where possible.

Engineering / Mechanical controls	• Where the social distancing measures (2 metres) cannot be applied consider using cough screens or barriers to protect staff who cannot back away from others encroaching within 2 metres i.e. at Reception and Advice Centres • Rooms should be well ventilated / windows opened to allow fresh air circulation.
Administrative controls	• Where face to face working is essential to carry out a task when working within 2 metres keep this to 15 minutes or less where possible, • Consider introducing an enhanced authorisation process for high risk close contact activities i.e. College Manager/Director required to approve such activities, • Use of directional signage and one-way routes. Use signs or tape on floors or walls to indicate physical distancing. Provide additional supervision to monitor and manage compliance. • Monitor frequency of cleaning of buildings and rooms. High risk areas with vulnerable learners may require additional cleaning. Some equipment and IT will need to be cleaned on change of user i.e. keyboards, mouse and tools. • Regularly clean common touchpoints, doors, buttons, handles, vehicle cabs, tools, equipment etc.

Personal protective clothes and equipment	• Staff should <u>not use</u> PPE for COVID-19 reasons where the two metre social distancing guidelines can be met.
	• Where it is not possible to maintain a two-metre distance, each activity should be risk assessed using the hierarchy of controls and following any sector-specific guidance, mindful that masks (RPE/PPE) are the last resort in the hierarchy,
	• Where PPE is required as part of the risk assessment then Re-usable PPE should be thoroughly cleaned after use and not shared between staff or learners,
	• Single use PPE should be disposed of so that it cannot be reused, Further guidance on using PPE is at Appendix 3.
	• PPE for COVID-19 i.e. facemasks, will not protect the user by itself. Facemasks will prevent those with possible symptoms i.e. sneezing or coughing from spraying any droplets into the air.
	• Where PPE is required to be worn then staff will need training on the following:
	  · how to fit the mask correctly to ensure a tight fit;
	  · how to keep it clean
	  · avoid touching the facemask with dirty or un-sanitised hands
	  · when to replace it
	  · warning of personal degradation as prolonged use may impact on breathing, cause sores to the mouth and nose and possible temporary rash to the area around the mouth and nose.
	• First Aiders will be required to wear as a minimum if they need to assist others within close contact; disposable gloves, FFP3 face mask and visor. First Aiders are to refer to additional First Aider guidance.
	Refer to Appendix 3 for further guidance on PPE use.

Behaviours	• The measures necessary to minimise the risk of spread of infection rely on everyone at CoLC taking responsibility for their actions and behaviours. • An open and collaborative approach is encouraged between managers, staff and learners at College where any issues can be openly discussed and addressed.

6. Record of the findings

6.1 The guidance is provided to assist managers in the 'general' college environment. It is not specific to any particular building, facilities or activity. All current separate sector and service risk assessments will need to be reviewed by the appropriate manager considering the information within this guidance. Additional guidance is available at Appendix 3 for SEND environments.

7. Review the Risk Assessment

7.1 These guidelines and any relevant risk assessment produced considering COVID-19 is to be reviewed regularly, particularly on any change to PHE, WHO or UK Government advice or confirmed cases of COVID-19 at College.

Appendix 1. Relevant Legislation
Appendix 2. Prevention Awareness
Appendix 3. PPE Guidance
Appendix 4. Additional Information

To be read in conjunction with the Shipley College COVID-19 Return to Work Risk Assessment (Separate document)

Appendix 1. Relevant Legislation

Health and Safety at Work Act 1974

The Health and Safety at Work Act 1974 ("HSWA") remains the primary UK Act relevant in respect to claims which may be brought for COVID-19. Sections 2 and 3 of the Act impose duties of care on employers to provide a safe place of work, so far as is reasonably practicable, both to its employees and to those third parties who may be affected by the risks associated with the work.

Whilst the Coronavirus Act 2020 and COVID Regulations are new legislation created for the current COVID risk, the relevant regulations within the HSWA also still apply:

- The Control of Substances Hazardous to Health Regulations 2002 ("COSHH")
- Personal Protective Equipment Regulations 1992 ("PPE")
- The Management of Health and Safety at Work Regulations 1999 ("MHSW")
- The Workplace (Health, Safety and Welfare) Regulations 1992 ("WHSW")
- The Provision and Use of Work Equipment Regulations 1998 ("PUWER")

Whilst the Regulations do not give rise to civil liability, breach of the regulations could be taken as evidence of negligence. However, one would need to consider what reasonably could have been done to prevent the exposure.

Applicability of COSHH Regulations

COSHH applies more so than usual on the basis that additional cleaning measures may be required and staff and learners will likely be in general contact with sanitiser and disinfectants, each with their own specific risks.

Reg. 6 prohibits work which may expose employees to a substance hazardous to health unless control measures are in place. The "work" referred to in COSHH should not be confined to a task or operation but include the wider undertaking completed by the employee during the course of his/her employment. COSHH, as does the HSWA requires that employees be provided with a safe place of work free from exposure to any harmful substance. **Duties Under COSHH Regulations**

Regulations 6 & 10	Monitoring and Assessment of Risk	The risk of exposure to COVID-19 should be considered and documented at regular intervals and in response to new or updated guidance issued. In the majority of cases there is likely to be minimal impact on most employee's health. However, for some the risks are more severe and employers should specifically assess the risk to those who may be at increased risk of complications from the virus in accordance with government guidance. For further information (see Schedule 1 of the COVID Regulations). The assessment of cleaning products and sanitiser will also be required.
Regulations 7 & 8	Prevention or Control of Exposure	The primary duty under COSHH is to avoid the exposure entirely or where this is not possible to reduce the exposure, and this could include: • Using soap and water rather than sanitiser • One-way systems around buildings • Limit contact time i.e. max 15mins • Providing protective equipment in the form of masks, gloves or face shields etc. as a last resort

Regulation 9	Maintenance, examination and testing of control measures	If control measures are in place the employer must ensure that these are maintained in an effective working order and are in good repair: • Sanitiser dispensers to be checked for any damage and if refills are required, • PPE should be examined/tested/replaced at regular intervals • Records of such examinations etc. should be retained Given the nature of COVID-19 and the developing state of knowledge employers must be prepared to review and adopt procedures in light of new information and guidance in a timely manner
Regulation 11	Health Surveillance	Regular monitoring of employees identified as potentially exposed to COVID-19 should be undertaken where practicable and where resources exist. In the absence of formal diagnostic tests a system of self-reporting of symptoms could be implemented prior to commencement of work. Where staff or learners are using sanitiser on a regular basis be aware of potential for dermatitis and dry skin.
Regulation 12	Information, Training and Instruction	Employees identified as potentially exposed to COVID-19 should be provided with appropriate information, training and instruction to enable them to identify and deal with the risks involved in that work and what they should be doing to control that risk.

Given the nature of COVID-19 it is unlikely, if not impossible, that the risk will be eliminated at source and therefore employers need to consider the processes in place (i.e. social distancing, limiting contact time) and/or physical control measures (i.e. provision of PPE). It is worth noting that the provision of PPE is the last in the hierarchy and therefore should only be used where no other method of controlling the risk will be sufficient.

It is not appropriate simply to provide face masks and not introduce (or consider introducing) any other control measures. **Duties Under PPE Regulations**:

Regulation 4	Provision of PPE	Where risk of harm cannot be controlled by other means an employer must provide employees with suitable PPE
Regulation 6	Assessment of PPE	Before providing PPE an employer must assess: • Whether the risk can be controlled by other means, • Whether the PPE will be effective • Review the appropriateness of the PPE at regular intervals
Regulation 7	Maintenance of PPE	PPE must be appropriately maintained, replaced or cleaned to ensure that it is in good working order
Regulation 9	Information, instruction and training	Employees must be told: • what risk(s) controlled by the PPE, • how the PPE is to be used, • what should be done to maintain the PPE in an effective working state
Regulation 10	Use of PPE	An employer must ensure that any PPE provided is used appropriately and in accordance with instruction

Note: face coverings are not classified as PPE

Where PPE (to include RPE) is provided as the control measure the following factors have to be considered to ensure that the PPE is appropriate and effective:

Permeation	Can COVID-19 pass through the PPE provided i.e. is the material thick enough? Is the filter sufficient to block the passage of COVID-19?
Penetration	Can COVID-19 pass through imperfections in the PPE i.e. at the seams? Is there an effective seal around the face? Men should be clean shaven to ensure as close a seal as possible.
Degradation	Will the PPE remain effective over time? Can the PPE be cleaned or re-used? Can any filter be changed and if so how regularly? Is it designed to be disposable or reusable? Does the PPE have a specified usage time?

The UK government's advice (as at 1st May 2020) is that social distancing and regular handwashing is sufficient to control the risk of infection.

Reg. 21 of the Workplace Health Safety and Welfare (WHSW) Regulations require the provision of "suitable and sufficient" washing facilities. It would not be unreasonable for the College to be expected to provide hand sanitiser as **an additional** control measure under Reg. 7(3) of COSHH and as additional measure under Reg. 21. Indeed, if activities are off-site or mobile, the rebuttable presumption should be that hand sanitiser would have to be provided (though presently not easy to source).

Use of PPE

The use of PPE is only as effective as the procedure for its use. If the correct procedure is not followed, then there is a significant risk that the PPE will be rendered ineffective and, in some cases, could increase the risk of infection.

Masks	• Before putting a mask on clean your hands with soap and water or hand sanitiser • Ensure that the mask covers the mouth and nose and there are no gaps between the face and the mask • Men should be clean shaven to ensure a clean seal between the face and the mask • The mask should be adjustable i.e. around the nose, to ensure a good seal • Avoid touching the mask whilst wearing it and if you do wash your hands afterwards • Do not reuse disposable masks • Clean filters in reusable masks in line with the manufacturer's instructions • When removing the mask do so from the back don't touch the front of the mask • Dispose (or clean) the mask as soon as it is removed The WHO have provided guidance on the use of facemasks which can be found by clicking here. The HSE have produced guidance on the use of facemasks which can be found by clicking here.

Disposable Gloves	• Wash your hands with soap and water or hand sanitiser if soap and water is not available before putting the gloves on
	• Do not touch your face whilst wearing the gloves,
	• Replace the gloves immediately if they become torn or damaged,
	• When removing the gloves follow the steps below:
	    1. Grip the outside of one glove at the wrist (do not touch the skin),
	    2. Pull the glove inside out away from the body,
	    3. Hold the removed glove in the gloved hand,
	    4. Insert your un-gloved hand into the wrist of the other,
	    5. Turn the glove inside out and pull away from the body,
	    6. Fold the gloves together and dispose of immediately.
	• Wash your hands immediately following removal of the gloves.
	
	The HSE have produced guidance on how to remove gloves which can be viewed by clicking here

Appendix 2 Prevention Awareness

Wash hands frequently with soap and water or use a sanitiser gel

Catch coughs and sneezes with **disposable tissues**

Throw away used tissues (then wash hands)

If you don't have a tissue **use your sleeve**

Avoid touching your eyes, nose and mouth with unwashed hands

Avoid close contact with people who are unwell

Appendix 3 PPE Guidance

Recommended PPE types and rationale for use

Filtering Face Piece Class 3 (FFP3) respirators - Respirators are used to prevent inhalation of small airborne particles arising from aerosol generating procedures (AGPs). It is unlikely that any college activity would require or result in an AGP.

All respirators should:
- be well fitted, covering both nose and mouth
- not be allowed to dangle around the neck of the wearer after or between each use
- not be touched once put on
- be removed when outside the area of concern.

Respirators can be single use or single session use (disposable) and reusable and fluid resistant.

Example of single session use (disposable) respirator

Example of a reusable and fluid resistant respirator

FFP3 respirators filter at least 99% of airborne particles. The HSE states that all staff who are required to wear an FFP3 respirator must be **fit tested** for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance).

Fit checking (according to the manufacturers' guidance) is necessary when a respirator is donned to ensure an adequate seal has been achieved. Further information regarding fitting and fit checking of respirators can be found on the Health and Safety Executive website.

It is also important to ensure that facial hair does not cross the respirator sealing surface and if the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve.

Respirators should be compatible with other facial protection used (protective eyewear) so that this does not interfere with the seal of the respiratory protection.

Single use Respirators are to be discarded as general waste or if re-usable, cleaned according to manufacturer's instructions. It is important that the respirator maintains its fit, function and remains tolerable for the user.

The respirator should be discarded and replaced and NOT be subject to continued use if:
- it is damaged
- it is soiled (for example, with secretions, body fluids)
- it is damp
- the facial seal is compromised
- it is uncomfortable
- it is difficult to breathe through

The manufacturers' guidance should be followed in regard to the maximum duration of use.

The HSE has stated that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against COVID-19 and may be used if FFP3 respirators are not available.

Other respirators can be utilised by individuals if they comply with HSE recommendations. Reusable respirators should be cleaned according to the manufacturer's instructions.

Fluid resistant surgical masks

Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. FRSMs should be well fitted and subject to the same level of care in use as respirators.

Example of a fluid-resistant surgical mask

FRSMs are for single use or single session use and then must be discarded. The FRSM should be discarded and replaced and NOT be subject to continued use in any of the circumstances outlined for respirators.
There is no evidence that respirators add value over FRSMs for droplet protection when both are used with recommended wider PPE measures, except in the context of AGPs. FRSM's are not required for use outside surgical or healthcare settings. Surgical masks should:
- cover both nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be changed when they become moist or damaged
- be worn once and then discarded – hand hygiene must be performed after disposal

Eye and face protection

Eye and face protection provide protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions. Eye and face protection can be achieved by the use of any one of:
- a surgical mask with integrated visor,
- a full-face shield or visor (only required when staff may be involved in any aerosol generating procedures i.e. First Aider conducting CPR (chest compressions only),
- polycarbonate safety spectacles or equivalent regular corrective spectacles are not considered adequate eye protection,

Appendix 4 Additional Information

The below list of contact details and links is not exhaustive; however, it has been included to provide a route to gathering more information on COVID-19 including any changes in Government policy.

- Coronavirus (COVID-19): SEND risk assessment guidance - https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessmentguidance/coronavirus-covid-19-send-risk-assessment-guidance

- NHS 111 Online Service - https://www.nhs.uk/using-the-nhs/nhs-services/urgent-andemergency-care/nhs-111/

- NHS Telephone Service – 119 or 18001 119 on a textphone

- NHS Coronavirus Guidance - https://www.nhs.uk/conditions/coronavirus-covid-19/

- CIPD HR Inform - https://www.hr-inform.co.uk/news-article/advice-on-managing-thecoronavirus-outbreak

- WHO - https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-forpublic

- UK Government - https://www.gov.uk/guidance/coronavirus-covid-19-information-forthe-public

- IOSH - Institution of Occupational Safety & Health - https://www.iosh.com/more/newslisting/coronavirus-guidance-from-iosh-and-the-world-health- organization/

- DfE - Coronavirus (COVID-19) implementing protective measures in education and childcare settings https://www.gov.uk/government/publications/coronavirus-covid-19implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19implementing-protective-measures-in-education-and-childcare-settings

- DfE - Maintaining education and skills training provision: further education providers: https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-furthereducation-provision/maintaining-education-and-skills-training-provision-further-education providers

In addition to the links provided above please utilise local information relevant to your work area or college setting.