GENERAL HEALTH AND SAFETY RISK ASSESSMENT FORM

| Site | | **Centre for Human Brain health** | | | | **Department** | | | | | | **CoLES/CHBH** | **Version / Ref No.** | | | | | **3.1** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Location** | | **Initial Return to Campus** | | | | **Activity Description** | | | | | | **Return to Campus COVID-19: Building Risk Assessment**  **Approximately 10 people with a planned of maximum of 30**  **Ops & Tech Staff Initially then research staff** | | | | | | | |
| **Assessor** | | **J Mylchreest, N Salman & Dom Hickey** | | | | **Assessment Date** | | | | | | **10/6/2020** | **Date of Assessment Review** | | | | | **23-9-2020** | |
| **Academic / Manager Name** | | **Richard Marguerie** | | | | **Academic / Manager Signature** | | | | | | **Richard Marguerie** | | | | | | | |
| Hazard Assessment | | | | | Control Assessment | | | | | | | | | | | | Actions | | |
| Hazard Category | Hazards Identified | | Who might be harmed?  Staff  Students  Contractors  Others | How might people be harmed? | Existing Control Measures | | Initial Risk Rating | | | Are these adequate?  Yes/No | Changes to/ Additional Controls | | | Residual Risk Rating | | | Owner | Due  Date | Action Complete |
| S | L | R | S | L | R |
|  |  | |  |  |  | |  |  |  |  |  | | |  |  |  |  |  |  |
| Organisational | Psychological well being | | Staff / Students | Anxiety and stress caused by concerns around returning to work and studies on Campus | * Regular communication is in place (individual and group) via Communication from College Board and HoS * All CHBH General Users and Members have received regular update emails on the re-opening progress and the plan for the phased return to activities. * A CHBH re-opening Information and Q&A zoom meeting is scheduled for 19th June at 2.00 pm. * Weekly update emails will be sent by the Operations Manager to all General Users and Members. * Modality leads and relevant technical staff will regularly update Operators and relevant General Users via email and in person, in relation any new information or amendments. * Advice is shared with staff members and staff have been fully briefed and kept up to date with current advice on staying protected through the University’s lines of communications (i.e. line managers, Internal Comms) and shared with staff via *team meeting, one to one meetings, health and safety committees/forums* and the University’s Coronavirus FAQs [click here](https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx): * Communication prior to re-opening of Centre to all CHBH General Users in relation to secure area and modality specific guidance for covid secure working practices. * Guidance to also be accessible on CHBH Intranet. * New workplace/controls put in place to reduce risk of exposure to COVID 19 are documented in procedures and policies and disseminated to employees through Line Managers and PI’s. These include: * ***Social distancing: General guidance for staff and students*** * ***Social distancing: Buildings adaptations guidance*** * ***Social distancing***: ***Product solutions booklet*** * ***Social distancing: Building checklist*** * [***On-line induction materials for returning to campus***](https://canvas.bham.ac.uk/enroll/XA9YAJ): combination of the guidance and videos. * Line managers are aware of how big changes to working arrangements may cause additional work-related stress and affect their employees’ mental health and wellbeing. * All General Users will complete an online CHBH re-induction power point presentation covering CHBH building specific COVID Secure guidance, processes and policies. The CHBH re-opening induction will include a brief overview of MRI & MEG induction. * Risk Assessments will of course be shared with staff as part of their re-induction and made available to staff like all our risk assessments. The risk assessment will be made available on the CHBH Intranet page (accessible by all CHBH General Users) * In-person training on new policies and procedures to be provided by N. Salman & J. Winter for CHBH General Users and/or operators, prior to commencement of any modality specific activities. * See modality specific risk assessments. In-person training will be conducted with all CHBH General Users and Operators prior to re-commencing any modality specific activities.   Staff to work using the mixed model of site and home based as agreed with line manager, in line with Government and University guidance. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Organisational | Psychological well being | | Staff | Anxiety and stress caused by concerns around returning to work on Campus | * Staff who are in vulnerable groups themselves or caring for others are encouraged to contact their line manager to discuss their support needs * Existing risk assessments including those for new or expectant mothers reviewed and revised to reflect new working arrangements. * Reasonable adjustments made, including those needed for PEEPs especially in relation to who will assist with their evacuation in an emergency, to avoid staff that require them including disabled workers being put at a disadvantage. * Managers hold regular informal discussions with their team and look at ways to reduce causes of stress. * Concerns on workload issues or support needs are escalated to line manager. * Employees are made aware of supportive mechanisms available to them (e.g. counselling, occupational health, HR, etc) through line managers, internal communications and University webpages:   <https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx>  <https://intranet.birmingham.ac.uk/hr/wellbeing/index.aspx>  <https://intranet.birmingham.ac.uk/hr/wellbeing/workhealth/index.aspx> | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Biological | Virus transmission in the workplace | | All | Exposure to respiratory droplets carrying COVID-19 from an infectious Individual transmitted via sneezing, coughing or speaking. | * Schedules for essential services and contractor visits revised to reduce interaction and overlap between people e.g., carrying out services out of hours. * Specific risk assessments have been completed for each modality with detailed local instructions. * All staff will be required to complete inductions at University before return to work is permitted. Records of induction will be held centrally. * Lines of supervision will be made clear to all staff and contact details displayed prominently for people with responsibility for areas who are working off-campus. * All staff who wish to attend CHBH are welcome to help with consistency and adherence to building specific measures such as access routes, occupancy limits etc. Any staff who access the building will be asked to either complete the CHBH online re-induction prior to attending the Centre, or arrange for an in-person induction with the CHBH Operations Manager if attendance is required at short notice. It is essential Estates and HAS only send staff who have received this induction and have records of induction readily available. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Environmental  Environmental  Environmental  Environmental  Environmental | Virus transmission in the workplace due to lack of social distancing  Virus transmission in the workplace due to lack of social distancing  Virus transmission in the workplace due to lack of social distancing  Virus transmission in the workplace due to lack of social distancing  Virus transmission in the workplace due to lack of social distancing | |  | Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking.  Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking.  Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking.  Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking.  Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking. | * Workplace routines changed to ensure room/building capacity calculated to maintain social distancing is not exceeded including; * Low number of staff allowed back in the building. * Change to peak staff entry and exit times. * Changes to core working hours. * Amended shift routines, staff handovers and team briefings and consider travel arrangements when considering shift times. * Fixed teams or adjusted booking processes in use to reduce the number of people in a lab at the same time to avoid overcrowding. Rotas in place in areas * Controlled return to work by minimising the cohort of staff * Job and location rotation reduced * Access control for each building reviewed and a phased reoccupation. * Movement through Centre to be indicated via signage; one way movement where possible, give-way spots where one-way is not possible. * One-way flow systems implemented and visual aids, such as floor strips, signage are used for maintaining two metres distance throughout the building/workplace. * Staff activities are segregated to promote 2 metres distance including: * Capacity limits have been set for common facility areas (e.g. toilets, welfare areas etc.). * Staff encouraged to remain on-site including bringing their own lunch and, when not possible, maintaining social distancing while off-site. * Where available safe outside areas used for breaks. * Lifts are still to be used to move heavier / larger / hazardous goods as a planned operation ensuring the lift cannot be stopped on each floor to prevent access to lift until equipment moved. * 2m distance to be clearly marked on floor around tea points. * Social gathering amongst employees have been discouraged whilst at work including meetings where alternative arrangements have been provided including web conferencing, virtual meetings, telephone calls etc.. * Hygiene guidance given such as avoiding touching eyes, nose, mouth and unwashed hands, cover your cough or sneeze with a tissue, and throw it away in a bin and wash your hands. * Information provided and signs displayed informing people to use the stairwells rather than lifts unless they have difficulty using the stairs. The maximum occupancy of the lift has been reduced to one person and social distance marked on the floor. Once users have left the lift posters are displayed to encourage them to wash their hands and avoid touching their face. * Stairwells will be two way but with signage indicating only one person at a time on the staircase with appropriate signage. * Additional signage in corridors reminding staff about social distancing.   Arrival and departure times at work will be staggered to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.  People who arrive unexpectedly to work will be unable to access to the building which is locked down on swipe access.  Staff activities are segregated to promote 2 metres distance including:   * Work stations moved or staff relocated. Provision of additional screens where needed to segregate people. Desks are arranged with employees facing in opposite directions. Display Screen Equipment (DSE) assessments reviewed and revised. * Areas of work marked out with floor tape to ensure adequate social distancing is in place. Visual management aids in place to remind people of the need for social distancing, * Headcount capacity to ensure social distances standards have been achieved have been set and displayed in shared rooms e.g. open plan offices, meeting rooms, seminar rooms and laboratories. * Welfare areas for serving hot food or drinks have been assessed in accordance with government guidance and tables/seating from welfare areas moved to create 2m separation and avoid large groups congregating. Smaller kitchens use a one out one in policy. Larger kitchens have floor marking to ensure social distancing. All users are encouraged to wash their hands prior to using equipment (kettle) and to wash their hand after use. Additional signage for the correct method for handwashing displayed. All drinking water fountains have been taken out of use. * Additional signage has been placed on facilities doors to announce people’s presence and to ensure hands are washed via correct method for handwashing prior to and after use. Building users are reminded to leave the facilities in a respectable condition. * Visits from people outside of the building are managed via remote connection/working where this is an option. Where this is not an option visitor arrangements have been revised to ensure social distancing and hygiene at all times. These measures are monitored by the local supervising staff member and where necessary concerns fed back to the third party manager e.g. LEV inspections and test – Estates Manager, Cleaner – Campus Services Domestic Manager. * In the event of an attendance by either an engineer, technician or repair person, the responsible technical or operations staff member will ensure a local building induction is undertaken, and that signage is erected to ensure that other people in the vicinity are aware of the visitor’s presence and do not enter the area to ensure social distancing. * The responsible technical or operations staff member will ensure that 2m distance is maintained between them and the visitor at all times. * The responsible technical or operations staff member will ensure that the area accessed by the visitor is cleaned in line with any modality or general cleaning protocols. * Wash hand / use hand sanitiser on exit from stairwell. * Managers perform frequent evaluation against social distances controls. Staff are reminded on a daily basis of the importance of social distancing both in the workplace and outside of it. * Large gatherings have been cancelled or postponed or alternative IT solutions provided. (Critical Training courses may still be performed but only following the Covid-19 guidance.)   Where the social distancing guidelines cannot be followed in full in relation to a particular activity, consideration has been given to whether that activity needs to continue, and, if so, all the mitigating actions possible to reduce the risk of transmission between staff have been included in a task specific risk assessment and are being taken.  Mitigating actions that will take place in the centre include and will appear in specific task risk assessments as well.:   * Further increasing the frequency of hand washing and provision of hand sanitiser and surface cleaning. * Keeping the activity time involved as short as possible. * Using screens or barriers to separate people from each other. * Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. * Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ (so each person works with only a few others). * Re-engineering the technical activity. * Improving ventilation by re-organising the indoor space to optimise the ventilation available. * Re-organising pedestrian flows * PPE consisting of face masks and/or a clear visor that covers the face, and provides a barrier between the wearer and others, provided for staff working in close proximity to people and in particular a person’s face, mouth and nose, for an extended period of time (the majority of the working day). Re-usable visors are cleaned and sanitised regularly using normal cleaning products. * Individuals (including staff, students, visitors and contractors), unless exempt, are required to wear face coverings, inside University buildings where 2m social distancing isn’t possible and can not be maintained. Information provided in the University and local communications and local inductions and signs displayed informing people of the mandatory requirement to wear a face covering within the building. * Individuals (including staff, students, visitors and contractors), unless exempt, are legally required to wear face coverings, in enclosed public spaces where 2m social distancing isn’t possible or where people come into contact with others they would not normally meet. Information provided in the University and local communications and local inductions and signs displayed informing people of the mandatory requirement to wear a face covering in specific areas within the building.     Face coverings are not PPE and are not required to be worn in the workplace where 2m social distancing can be maintained. However where people choose to wear them managers support them.    Individuals have been reminded through inductions, reminders and signage of how to use face coverings safely including the following:   * wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and before and after removing it * when wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands * change your face covering if it becomes damp or if you’ve touched it * continue to wash your hands regularly * change and wash your face covering daily * if the material is washable, wash in line with manufacturer’s instructions. If it’s not washable, dispose of it carefully in your usual waste * practise social distancing wherever possible   PHE quick guides for correct donning and doffing of PPE for [non-AGPs.](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures) as well as for[AGPs](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures). 19 have been utilised for example in best practice for putting on and taking off (donning and doffing). | | 5 | 3 | 15 | NO | * Restrict the number of people within the building at any one time;   + Staff/PhD Students only onsite when actively involved in scanning or other agreed activities.   + Essential external visitors only (contractors/technicians), with prior arrangement/approval by Ops Manager. * Restrict number of activities being undertaken at any one time within the Centre, to manage the number of people in one specific area, the movement of people and equipment. All centre usage will be pre-booked via Calpendo Administrators only. * Social distancing to be maintained in reception area by only opening reception widow (1-2cm) to facilitate communication when absolutely necessary. Clearly marked 2m distancing line for person to stand behind in reception foyer.  No general access into reception office, Ops Administrator only. * Social distancing of occupants of dual and multi-occupancy offices to be implemented;   + 1 person in dual occupancy to be moved to currently unused office * Only office occupants will be permitted to enter an office (do not enter other people’s offices or work spaces). * Tea points and Kitchens - Cleaning spray and disposable cloths to be provided for cleaning after each use. Clearly signed with cleaning and use instructions. * Do not allow use of communal coffee machines. * See modality specific risk assessments for modality specific distancing measures.   No shift pattern yet but when staff increases, clear and strict times will be imposed and travel arrangements will be considered.  Work has been arranged so that staff are able to maintain the government guidelines for social distancing based on our industry which are included in the ***Social distancing: Building checklist***  (The latest Guidance on these measures can be found by clicking the following link [Social Distancing Guidelines](https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance#shops-running-a-pick-up-or-delivery-service)). | | | 5 | 2 | 10 | Andrew Lees  J Mylchreest (General/Building) & Co-Directors O. Jensen & A. Bagshaw. N Salman (MRI)  J Winter (MEG | From 29.06.20  From 13.07.20  From 27.07.20  From 29.06.20 |  |
| Biological  Biological | Suspected case of COVID-19  Suspected case of COVID-19 | |  | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19.  Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | * Communication protocol in place asking staff to follow national guidelines. Reporting system in place should a member of staff feel unwell. * Plan in place in the event of a confirmed or suspected case of COVID-19 and communicated and includes: * If a person becomes unwell in the workplace with suspected COVID-19, they will be sent home in accordance to the University guidance. Managers will follow the NHS Test and Trace workplace guidance: <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance> * The area will be cleaned in accordance with the specific Government [guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings) and includes:   + Cleaning an area with sanitiser after someone with suspected COVID-19 has left will reduce the risk of passing the infection on to other people   + Where possible the area will be closed and secure for 72 hours, before cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours   + Disposable gloves, masks and aprons will be worn for cleaning. These will be double bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished   + Once symptomatic, all surfaces that the person has come into contact with will be cleaned (including touchpoints) * Provision and monitoring of adequate supplies of cleaning materials are in place. * Team briefed on actions to be taken in the event of someone being suspected of having COVID-19. * Staff must tell their line manager if they develop symptoms. Absence will be managed in accordance to the University guidance provided. * Employees to follow the Government advice: <https://www.gov.uk/coronavirus> * Line managers will maintain regular contact with staff members during this time and monitor for signs of symptoms in the remaining workforce and keep Senior Managers informed of the situation whilst following the Government’s guidance for contact tracing: contact with co-workers: <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance> * If multiple cases of coronavirus appear in a workplace, an outbreak control team from either the local authority or Public Health England will, if necessary, be assigned to help the University manage the outbreak. The University will seek advice from the local authority in the first instance. * Staff will be told to isolate because they:   + have coronavirus symptoms and are awaiting a test result   + have tested positive for coronavirus   + are a member of the same household as someone who has symptoms or has tested positive for coronavirus   + have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace. * Line managers hold discussions with their staff to identify those considered in ‘at risk’ groups - which include those who are 70 or over, have a long-term condition, are pregnant or have a weakened immune system, or are living/caring for someone in these groups and will ensure additional measures are put in place to protect them including working from home. * Staff have been encouraged to download the government COVID-19 contract tracing app. * To facilitate communication (track and trace) during phases 1-3 all staff and essential visitors will record their attendance on site via either Calpendo bookings or at reception (verbally, no paper sign in). * Essential visitors (contractors/technicians) will also provide contact details.   Additional Note - Develop a contingency plan in the event that any key Operational or Technical staff become unwell, or are required to self-isolate. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Biological | Someone entering the workplace with COVID-19 | |  | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | * Other than contractors managed by the Estates Office all other companies who regularly attend or work in the building requested to provide their health and safety policy/arrangements / or RAMS (risk assessment and method statement) regarding COVID-19. * Services are working with the University’s supply chain to ensure that they’re adopting good practices to prevent the spread of COVID-19 to discuss arrangements and control measures. * Anybody visiting site will be informed that they are not to enter if they’re experiencing COVID-19 symptoms or should be self-isolating under the government Guidelines. | | 3 | 1 | 3 | Yes |  | | |  |  |  |  |  |  |
| Environmental  Environmental  Environmental  Environmental | Virus transmission in the workplace  Virus transmission in the workplace  Virus transmission in the workplace  Virus transmission in the workplace | |  | Contact with an object that has been contaminated with COVID-19 and which subsequently transmits this to another person e.g. surfaces, any inanimate objects & touch points including work surfaces, work equipment, door handles, banisters, chair arms and floors.  Contact with an object that has been contaminated with COVID-19 and which subsequently transmits this to another person e.g. surfaces, any inanimate objects & touch points including work surfaces, work equipment, door handles, banisters, chair arms and floors. | * Individuals have been instructed and are regularly reminded to clean their hands frequently with soap and water for 20 seconds and the importance of proper drying in accordance with the NHS Guidance:   <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>   * Posters are displayed around the workplace including in welfare facilities. * Soap and water and hand sanitiser are provided in the workplace and adequate supplies are maintained and are placed at the entrance to the building. Handwashing and drying facilities are provided in numerous locations in the in the Centre and staff will be made aware in their building induction, * There is limited or restricted use of high-touch items and equipment, for example, printers or whiteboards. * Objects and surfaces that are touched regularly are cleaned frequently, such as door handles and keyboards, and making sure there are adequate disposal arrangements. These should be cleaned with one of the following: * Important: not all of the disinfection agents below can be universally used to decontaminate equipment and parts thereof – some agents may prove corrosive to certain materials (e.g. metals and / or plastics) therefore please consult the equipment manufacturer’s instructions to determine the most appropriate   70% Ethanol has been shown to provide a significant decrease in viral numbers on surfaces, providing that a surface is treated for at least a minute (WHO, 2020).  70% Propan-2-ol (included in Medipal Alcohol Disinfectant Wipes) has proven activity against bacteria, fungi, yeasts and viruses.  1:10 – 1:20 Chemgene has bactericidal, yeasticidal and viricidal activity including Coronavirus SARS CoV-2.  1% Virkon has been shown to be effective against numerous microorganisms affecting humans and animals including viruses, Gram positive and Gram-negative bacteria, fungi (molds and yeasts) and Mycoplasma.  0.025% Presept is rapid acting and effective against bacteria, spores, fungi, algae, protozoa and viruses.  1:10 Distel has been tested against an extensive portfolio of microorganisms including fungi, viruses (including Coronavirus), bacteria and mycobacteria.  Bleach (10% Sodium Hypochlorite) is a strong disinfectant and is effective in killing bacteria, fungi, yeasts and viruses including influenza virus, providing and appropriate contact tine is used (10-60 minutes; WHO, 2014).  70% IMS has a broad range of activity against bacteria and viruses.   * A detailed list of equipment that is required to be cleaned is developed in each specific risk assessment, including the type of equipment it is, how it is to be cleaned or disinfected, and product availability including that there is a COSSH assessment in place for its use in this way. * Use of hot desks and spaces avoided and, where not possible e.g. training facilities, workstations are cleaned between different occupants including shared equipment. * Access is controlled via swipe access with users only allowed to access the building when it is re-opened. Only emergency staff can currently access the building * There are cleaning procedures for goods and merchandise entering the site. Greater handwashing and handwashing facilities have been introduced for workers handling goods and merchandise and hand sanitiser provided where this is not practical. Non-business deliveries stopped, for example, personal deliveries to workers. * Everyone is encouraged to keep personal items clean including washing spectacles with soap and water, clean phones, keyboards and shared machinery handles etc before after and during work. * Staff have been encouraged to bring their own food and kitchen utensils including mugs/cups, cutlery etc. * Lockers are provided for workers provided for clothes and bags and staff encouraged to use them. * Lab equipment such as goggles washed on-site rather than by individual staff members at home. * All university staff are encouraged to avoid direct personal contact with others i.e. shaking hands etc. * Remove and replace soft furnishings in ground floor foyer (MRI/MEG screening area). Replace with vinyl chairs that can be sanitised. * Individuals are reminded to catch coughs and sneezes in tissues – Follow: “Catch it, Bin it, Kill it” and to avoid touching face, eyes, nose or mouth with unclean hands. Posters are displayed around the workplace. * To help reduce the spread of coronavirus (COVID-19) individuals are reminded of the public health advice:   <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>   * A review of the cleaning regime for the building/area to ensure controls are in place to keep surfaces clean and free of contamination, cleaning products and disposable cloths have been made available to all occupants and everyone has been briefed on the importance of keeping surfaces and work equipment clean * Sharing of equipment is restricted where possible (additional equipment/hand tools may need to be purchased), and cleaned / disinfected before and after use. * Internal doors that **are not** signed as fire doors (unless held open with a mechanical device) kept open whilst working (last person out shuts the doors) to prevent multiple people using door handles. * COVID-19 cleaning products used have a current valid chemical risk assessment in place and are used in accordance with all prescribed risk controls and monitoring requirements. They are stored so that they are readily available to all users and are labelled according to the Globally Harmonised System of Classification and Labelling (GHS). (See location specific chemical risk assessments for cleaning products used within the area). * Modality specific cleaning protocols developed (see modality risk assessment). * Removal of non-essential equipment and lab items (to be stored securely in unused areas), to further reduce touch-surfaces and items required to be cleaned. * Detailed and agreed cleaning schedule to allow cleaning staff to gain access to secure areas; MRI corridor, control and scanner room. MEG control room and scanner room. OPM Lab (2nd Floor). * Cordon off areas with soft furnishings;   - Reception waiting area  - Second Floor tea point.   * Where possible move administrative and participant screening documents to electronic or online versions (avoid handling of paperwork). Where this is not possible, ‘hold’ documents in a holding folder for 72h before filing.   Ensure Operations Administrator follows hand washing/sanitising guidance. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Organisational  Organisational | Exposure to Existing Hazards  Exposure to Existing Hazards | |  | Increased risk of harm due to controls included in existing risk assessments & safety arrangements affected by COVID-19 measures  Increased risk of harm due to controls included in existing risk assessments & safety arrangements affected by COVID-19 measures | * All relevant pre-existing (non COVID) risk assessments including lone working assessments and procedures have been reviewed to take into account the impacts of social distancing and other COVID counter measures. * PPE related risk assessments have been reviewed to ensure that PPE is provided on an individual basis. Usage is monitored to ensure suitable level of stock of certain PPE such as face masks etc during this time due to global shortages. Individuals maintain their own equipment in a sterile condition. Storage has been reviewed to provide individual storage arrangements. The taking of PPE home is not permitted.   Emergency Procedures reviewed and revised including:   * **Communication**: people have been made aware that in an emergency, for example, an accident or chemical spill or fire, people do not have to stay 2m apart if it would be unsafe. * **Fire procedures:** number and details of nominated fire warden(s) in place, fire muster point confirmed and PEEP requirements defined including who will assist with their evacuation in an emergency. Required modifications to fire alarm practices and evacuation drills to cater for COVID-19 measures have been addressed; ensuring that the activity is still compliant with relevant building and fire codes. * **First Aid:** First aid needs assessment reviewed to take into account any new Guidelines issued by the [University](https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx) or [HSE](https://www.hse.gov.uk/), and first aid information including the location of first aid kits and first aider contact information up to date. * Fire warden and first aider given guidance and provisions for building. * **Hygiene:** Washing facilities with soap/gel available (see Cleaning below). People involved in the provision of assistance to others have been informed to pay particular attention to sanitation measures immediately afterwards including washing hands. * Business continuity and disaster recovery plans updated based on COVID-19 implications including Contingency plan in place for possible switch back to lockdown. * Life-saving rules, will continue to be governed, enforced and communicated during COVID-19 in particular “speaking up” if they witness any unsafe behaviours, conditions or symptoms related to COVID-19.Anyone who have any concerns should discuss them in the first instance with their PI or line manager, but a system using the generic email address [biosci.hs@contacts.bham.ac.uk](mailto:biosci.hs@contacts.bham.ac.uk) is in place to let any worker raise any issues in confidence. * CHBH specific health and safety concerns are able to be raised via an online form located on the CHBH Intranet - <https://www.chbh.bham.ac.uk/chbh/resources-chbh/centre-for-human-brain-health-health-and-safety-concern-form>  This form is able to be completed anonymously if desired. * Review of evac chair trained staff on site. * Safety critical roles will remain in place to aid safe operation. In the event of safety critical roles not being available then a dynamic risk assessment shall be performed to ensure measures are introduced to mitigate risk (for example, another area within the building or campus could have a critical role such as first aider that could cover as a temporary solution). | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Environmental | Inbound & Outbound Goods including Post | |  | Exposure to contact with an object that has been contaminated with COVID-19. | Logistics for the deliveries to the CHBH so that social distancing can be maintained at all times has been considered and include:   * Pick-up and drop-off collection points, procedures, signage and markings revised. * Handwashing process to control all goods in. * Unnecessary contact at delivery has been minimised e.g. non-contact deliveries where the nature of the product allows for use of electronic pre-booking. * Methods to reduce frequency of deliveries in place - ordering larger quantities less often. * Where possible and safe, single workers load or unload vehicles or if not possible the same pairs of people are used for loads where more than one is needed. * Drivers encouraged to stay in their vehicles where this does not compromise their safety and existing safe working practice, such as preventing drive-ways. * Electronic paperwork is used where possible, and procedures reviewed to enable safe exchange of paper copies where needed, for example, required transport documents. * Delivery and receipt confirmation made contactless and physical contact when handing goods over to the customer has been avoided. * Where possible all deliveries are stripped of all packaging (which is disposed of). * Strict hand washing procedure in place after handling all deliveries.   Where possible deliveries to remain isolated and untouched for a minimum of 48 hours. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Environmental | Virus transmission outside of the workplace | |  | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | * On the outside / approach to the building there is signage to warn all prior to entering this building social distancing is in place (keep 2m apart). * There is signage advising staff to wash their hands regularly and not to touch their face. * Main entrance will be used for both access and egress, one way systems are inforce in the building Controlled access and egress is monitored to ensure it is followed. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Organisational | Travelling to work | |  | Exposure to respiratory droplets carrying COVID-19. | * Sufficient parking restrictions to maintain social distancing measures in place and additional parking is provided. * Workers told to avoid public transport where applicable and using alternatives e.g. cycling, walking to work etc. Where staff are not able to avoid public transport they do so in accordance with Government and University Guidance:   <https://www.gov.uk/coronavirus>  https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Mechanical | Machinery & Equipment | |  | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | * Equipment and surfaces that are touched regularly will be frequently cleaned and disinfected.   Sterilising chemicals and cloths are provided in the area to clean machines and equipment prior to the commencement of work and upon completion. If machines and equipment are shared, sterilising will be carried out between operations. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |
| Environmental | Ventilation | |  | Exposure to respiratory droplets carrying COVID-19. | * Recirculation of unfiltered air within the workplace has been avoided or reduced as far as possible. * All ventilation has been serviced as required. All filters have been changed as required. | | 3 | 2 | 6 | Yes |  | | |  |  |  |  |  |  |

**Risk Assessment Guidance**

Risk Scoring System

The scoring system is provided as a tool to help structure thinking about assessments and to provide a framework for identifying which are the most serious risks and why.

|  | **Consequence / Severity score (severity levels) and examples of descriptors** | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **Domains** | **Negligible** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Impact on the safety of staff, students or public (physical / psychological harm)** | Minimal injury not requiring first aid or requiring no/minimal intervention or treatment.  No time off work | Minor injury or illness, first aid treatment needed or requiring minor intervention.  Requiring time off work for <3 days | Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  RIDDOR / MHRA / agency reportable incident | Major injury leading to long-term incapacity/ disability (loss of limb)  Requiring time off work for >14 days | Incident leading to death  Multiple permanent injuries or irreversible health effects |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood score** | **1** | **2** | **3** | **4** | **5** |
| **Frequency** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **Broad descriptor** | This will probably never happen/occur | Do not expect it to happen/occur but it is possible it may do so | Might happen or occur occasionally | Will probably happen/occur but it is not a persisting issue | Will undoubtedly happen/occur, possibly frequently |
| **Time-framed descriptor** | Not expected to occur  for years | Expected to occur  at least annually | Expected to occur at  least monthly | Expected to occur at least weekly | Expected to occur at least daily |
| **Probability**  Will it happen or not? | <0.1 per cent | 0.1–1 per cent | 1.1–10 per cent | 11–50 per cent | >50 per cent |

The overall ***level of risk*** is then calculated by multiplying the two scores together.

**Risk Level = Consequence / Severity x Likelihood (C x L)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Likelihood** | | | | |
| **Likelihood score** | **1** | **2** | **3** | **4** | **5** |
|  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **5 Catastrophic** | 5 | 10 | 15 | 20 | 25 |
| **4 Major** | 4 | 8 | 12 | 16 | 20 |
| **3 Moderate** | 3 | 6 | 9 | 12 | 15 |
| **2 Minor** | 2 | 4 | 6 | 8 | 10 |
| **1 Negligible** | 1 | 2 | 3 | 4 | 5 |

The Initial Risk Rating is the level of risk before control measures have been applied or with current control measures in place.

The Residual Risk is the level of risk after further control measures are put in place.