GENERAL HEALTH AND SAFETY RISK ASSESSMENT FORM

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| Site | **Edgbaston Campus** | **Department** | **External Relations** | | **Version / Ref No.** | **8** |
| **Activity Location** | **Cedar House** | **Activity Description** | **COVID-19: Building Risk Assessment**  Teams using Cedar House:  Ground floor: the office is being used along with Beech House as an agile working space for all External Relations teams.  First floor: the office is being used by the CSOT team on Mondays and Tuesdays every week.  Second floor is not in use | | | |
| **Assessor** | **Hilary Brown/Tom Stanasiuk** | **Assessment Date** | **18/8/2021** | **Date of Assessment Review** | **20/9/2021** | |
| **Academic / Manager Name** | **Alaric Rae** | **Academic / Manager Signature** | **Alaric Rae's signature** | | | |

| Hazard Assessment | | | | Control Assessment | | | | | | | | | Actions | | |
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| 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 | Anxiety and stress caused by concerns around returning to work and studies on Campus | Regular communication is in place (individual and group) via ER all staff communications, ER Remote Working Forum, ER Line Manager Network, ER Operations Group, team meetings, one to one meetings and ER Teams channel; via CSOT daily scrums, team meetings and email briefings to ensure staff are not ill-informed about returning to work safely.  Advice is shared with staff members and they 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 ER all staff communications, ER Town Hall sessions, team meetings, one to one meetings; via CSOT daily scrums, team meetings and email briefings and the University’s Coronavirus FAQs [click here](https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx).  Risk assessment shared and an electronic copy is available on the University intranet and External Relations/CSOT Microsoft Teams sites  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, ER/CSOT all staff communications and team meetings. These include:   * ***Local induction materials*** * ***Return to Campus COVID-19: Building Risk Assessment* (This completed Risk Assessment)**   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 and individuals have been made aware via ER communications (cascaded via ER Remote Working Forum, ER Line Manager Network, ER Mental Health First Aiders) and team meetings; CSOT team meetings and email briefingsof guidance available in relation to this:  <https://www.hse.gov.uk/stress/>  <https://intranet.birmingham.ac.uk/staff/coronavirus/Coronavirus-wellbeing-support.aspx>  <http://www.selfhelpguides.ntw.nhs.uk/birmingham/leaflets/selfhelp/Stress.pdf>  <https://intranet.birmingham.ac.uk/hr/wellbeing/workhealth/stress-management-guidance.aspx> | 3 | 3 | 9 | No | We recognise that anxiety levels will be high for a large number of staff, and therefore we have a robust communications schedule in place for External Relations (including cascade of information via team reps at the Remote Working Forum) and CSOT.  All line managers are required to discuss the current guidance with their direct reports including wellbeing considerations. | 3 | 2 | 6 | Tom Stanasiuk/Bryoney Johnson | Ongoing comms schedule in place |  |
| Organisational | Psychological well being | Staff | Anxiety and stress caused by concerns around returning to work on Campus | Managers hold regular informal discussions via 1-1 meetings with their team and look at ways to reduce causes of stress.  Concerns on workload issues or support needs are escalated to line manager via 1-1 meetings and the External Relations Mental Health First Aider network promotes the support available  Information on the full range of Coronavirus – Covid-19 support available for staff including those who were previously advised by Occupational Health or a medical professional (including a midwife in respect of pregnancy) ***not***to work on campus and staff who are in the [clinically extremely vulnerable group](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-will-change-from-1-august) (i.e. those previously advised to shield) is available [here](https://intranet.birmingham.ac.uk/hr/wellbeing/index.aspx).  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.  Employees who have concerns about either working on Campus or working from home/remotely have discussed these with their line manager or supervisor and concerns have been formally recorded and where necessary they have been signposted to the [EAP](https://intranet.birmingham.ac.uk/hr/wellbeing/workhealth/employee-assistance-programme-eap.aspx) for support and / or a referral to occupational health  has been made using a standard Management Referral available via the HR Portal.  Employees are made aware of support 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>  This link is for students:  <https://intranet.birmingham.ac.uk/student/coronavirus/Wellbeing.aspx> | 2 | 3 | 6 | Yes | Existing ER team risk assessments and rotas will be reviewed. |  |  |  | For ER Hilary Brown; for CSOT Tom Stanasiuk |  |  |
| Biological | Virus transmission in the workplace | Staff | Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking. | Staff continue to work using the mixed model of site and home based (hybrid working) as agreed with line manager, in line with Government and University guidance.  Managers/supervisors ensure staff with any form of illness do not attend work/campus until the illness has been verified as not being Covid-19.  Managers/supervisors keep track of when staff can return to work/campus after the self-isolation period.  Regular access to the Lateral Flow Device tests and kits are available to staff and students who are coming onto campus. Staff and students are strongly encouraged to test twice a week and to record their results on the Government’s reporting website site:  <https://www.gov.uk/report-covid19-result>    The University’s [***On-linematerials for returning to campus***](https://intranet.birmingham.ac.uk/staff/coronavirus/essential-resources-and-checklist.aspx) combination of the guidance and videos have been provided and completed for all staff working in University buildings*.*  Schedules for essential services and contractor visits revised to reduce interaction and overlap between people and building managers and occupants informed of when the visits will take place and which services are being maintained.  e.g., Maintenance Officer to inform Buildings Manager on [csot@contacts.bham.ac.uk](mailto:csot@contacts.bham.ac.uk) (cc in Tom Stanasiuk) of any planned contractor visits to Cedar House.  Un-essential trips within buildings and sites discouraged and reduced, use of Teams rather than face to face meetings encouraged where appropriate. | 3 | 3 | 9 | No | External Relations: Hybrid working rotas in place.  CSOT: Hybrid working with Mondays and Tuesdays every week in the office. | 3 | 2 | 6 | Directors to brief teams |  |  |
| Environmental | Virus transmission in the workplace due to contact with other people | Staff | 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:   * Changes to core working hours*.* Reviewed on a case by case basis and in line with HR guidance/policy * Desks are arranged with employees facing in opposite directions or working side by side. Display Screen Equipment (DSE) assessments reviewed and revised. * Back-to-back or side-to-side working (rather than face-to-face) used whenever possible. * Smaller kitchens continue to be used at reduced capacities. All users are encouraged to wash or sanitise their hands prior to using equipment (kettle, drinking water fountains, microwaves etc.) and to wash or sanitise their hands after use. Additional signage for the correct method for handwashing displayed. Cleaning materials are available to clean equipment before and after use and signs displayed with information about cleaning and also a contact to replenish the any cleaning materials. Signage also asks users to avoid touching the water cooler/fountain spout with their bottles or hands.   Staff provided with guidance via team meetings and ER Teams site encouraging them to wash items immediately after use and wipe down kitchen services using the antiseptic wipes provided. All shared kitchen utensils have been removed and staff use individual items with a ‘clear surface’ policy in all kitchen areas. * Welfare facilities (toilets etc.) have signage to remind people to wash their hands prior to and after use and also of any other measures required to ensure safe use of the facilities including building users being reminded to leave the facilities in a respectable condition.     To help contain clusters and outbreaks and assist the University with any requests for data by the NHS Test and Trace service a temporary record of shift patterns and teams and attendance in the building is kept for 21 days. NHS Test and Trace QR code is displayed in the building for visitors and staff to scan using the NHS Covid-19 app.  Work has been arranged so that staff are able to maintain the government guidelines for workplaces.  The latest Guidelines on these measures can be found by clicking the following link [Workplace Guidelines.](https://www.gov.uk/guidance/working-safely-during-covid-19)  Wherever one-way systems assist the flow of people and avoid crowding or congestion they should be maintained, with appropriate signage and other visual aids in place. Floor signs in place outlining two-way directions of travel    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 and contractor arrangements have been revised to ensure:   * Clear guidance on how to reduce the risk of spreading COVID-19 to people is given to them, for example, by phone, on the website or by email or with on-site signage and visual aids and the particular needs of those with protected characteristics, such as those who are hearing or visually impaired have been considered. * Entry and exit routes for visitors and contractors have been reviewed to minimise contact with other people. * In shared facilities e.g. with other employers COVID-19 related arrangements have been co-ordinated and there is co-operation by all occupiers. This includes landlords and other tenants. * Visitors are told they should be prepared to remove face coverings if asked to do so by police officers and staff for identification. * Information provided to visitors does not compromise their safety.   These measures are monitored – for ER by the ER Operations Network and the Manager hosting the visitor; for CSOT the Operations Manager, Tom Stanasiuk and the Manager hosting the visitor and where necessary concerns fed back to the third-party manager.    Information provided and signs displayed informing people to use the stairwells rather than lifts unless they have difficulty using the stairs.  Social gatherings amongst employees have been discouraged whilst at work including meetings where alternative arrangements have been provided e.g. virtual meetings.  Managers perform frequent evaluation against social distances controls. ER Business Team regularly review rotas and occupancy levels. Staff are reminded – via ER Teams site, team meetings, and 1-1s of the importance of reducing social contacts both in the workplace and outside of it.  Near-miss reporting is encouraged to identify where controls cannot be followed or people are not doing what they should.  No 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) is permitted unless the work is essential such as in clinical settings, like a hospital, or other close contact roles for example, Occupational Health clinical services where there is an activity specific risk assessment and PPE is provided for individuals undertaking this work.    Face coverings are not PPE and are not normally required to be worn in the workplace but the University strongly encourages staff, students, contractors and visitors to continue to wear face coverings inside buildings and where people choose to wear them they are supported.    Where face coverings may reduce the risk of transmission from one person to another e.g. in congested areas, crowded enclosed spaces and where people may come into contact with people they do not normally meet, signs are displayed requesting individuals to wear a face covering with the expectation that individuals will wear a face covering in these areas.    Individuals have been reminded through all-staff communications channels, office signage and guidance on the ER Teams site of how to use face coverings safely including the following:  When wearing a face covering you should:   * 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 * avoid wearing on your neck or forehead * avoid touching the face covering or your face, as it could contaminate it with germs from your hands * change the face covering if it becomes damp or if you’ve touched it * continue to wash your hands regularly * change or wash your face coverings daily * if the material is washable, wash it in line with manufacturer’s instructions. If it’s not washable, dispose of it carefully in their usual waste | 3 | 3 | 9 | No | External Relations: Hybrid working rotas in place.  CSOT: Hybrid working with Mondays and Tuesdays in the office.  Social distancing and hand sanitisation guidance to be followed at all times (reinforced by visual signs, designated workstation approach and regular staff communications); all staff briefed on ventilation requirements (windows opened during working day) Staff are encouraged to wear face masks when moving around the building.  Strict maximum occupancy signage in all shared areas (toilets, meeting rooms, kitchen and break out spaces)  All staff will be asked to bring their own food, cutlery and flasks/bottles; kitchen areas will only be available for making hot drinks and heating up food in the microwave. No shared supplies of tea, coffee, milk.  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. | 3 | 2 | 6 |  | 0 |  |
| Biological | Suspected case of COVID-19 | Staff | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | Response 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: [Test, Trace and Protect Process](https://intranet.birmingham.ac.uk/staff/coronavirus/test-and-trace.aspx). * 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) * Provision and monitoring of adequate supplies of cleaning materials are in place. * Team briefed via team meetings, ER/CSOT staff communications and guidance on the UoB intranet and in all-staff briefings 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/guidance/nhs-test-and-trace-workplace-guidance> * Line managers will maintain regular contact with staff members during this time, in accordance with the University sickness absence guidance and monitor for signs of symptoms in the remaining workforce and keep Senior Managers informed of the situation. * If an individual tests positive for COVID-19 this will be managed in accordance with the University’s [Test, Trace and Protect Process](https://intranet.birmingham.ac.uk/staff/coronavirus/test-and-trace.aspx) * 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. * Individuals 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.   <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection> | 3 | 3 | 9 | Yes | Track and trace process and relevant updates shared with all line managers, ER and CSOT Local Management Groups. |  |  |  |  |  |  |
| Biological | Someone entering the workplace with COVID-19 | Estate contractors  Staff | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | 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.  The Estates Maintenance Officer to advise the Cedar Building Manager on [csot@contacts.bham.ac.uk](mailto:csot@contacts.bham.ac.uk) (cc in Tom Stanasiuk) when contractors are due in the building and all contractors are asked to report to the Building Manager on arrival in the building.  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.  If a person becomes unwell in a University workplace with suspected COVID-19, they will be sent home in accordance to their company’s and University’s guidance. University managers will follow the University’s [Test, Trace and Protect Process](https://intranet.birmingham.ac.uk/staff/coronavirus/test-and-trace.aspx) and NHS Test and Trace workplace guidance any University staff that may have come into contact with them: <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance> | 3 | 2 | 6 | Yes, provided Estates brief contractors |  |  |  |  |  |  |  |
| Environmental | Virus transmission in the workplace | Staff | 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 via local signage and all staff communications 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/>  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 and in other areas with hand sanitiser and wipes available at desks, kitchen areas and outside toilets on every floor where they will be seen.  Individuals have been informed to check their skin for dryness and cracking and to inform their line manager or supervisor if there is a problem. Manager advice would be to seek a medical opinion  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 via UoB and ER/CSOT all staff communications and local signage 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 has been undertaken, cleaning products and disposable cloths have been made available to all occupants and everyone has been briefed via UoB intranet, ER staff communication channels, team meetings and guidance on the ER Teams site; via CSOT team meetings and email briefings on the importance of keeping surfaces and work equipment clean.  Clear use and cleaning guidance for toilets, showers, lockers and changing rooms are in place to ensure they’re kept clean and clear of personal items. This includes enhanced cleaning of all facilities regularly during the day and at the end of the day using normal cleaning products. Disposable cloths or paper roll is provided to clean all hard surfaces especially frequently hand touched surfaces, in showers and changing rooms and hand sanitiser is available on entry and exit to the room.    Facilities are kept well ventilated. For example, by ensuring any mechanical ventilation work effectively and opening windows and vents where possible.    Cleaning for busy areas in the building has been enhanced.  Sharing of equipment is restricted where possible and cleaned / disinfected before and after use.  Cleaning process for all equipment, tools and vehicles, for example, pallet trucks and forklift trucks including expensive equipment that cannot be washed down has been determined and where necessary protection around machines and equipment has been designed.    Objects and surfaces that are touched regularly such as door handles and keyboards, are cleaned frequently using cleaning materials provided~~and~~ whilst making sure there are adequate disposal arrangements.    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.  ER has adopted an agile working model and staff are required to clean their chosen workstation at the start and end of the day.  CSOT has a fixed desk allocation with at least 2 meters between working desks. Staff are still encouraged to clean their workstation at the start and end of each day.  There is clear desk policy in place to reduce the amount of personal items on desks and work benches to be practiced when the space is in use or not in use. Work areas and equipment are cleaned between use using usual cleaning products.    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.    Everyone is encouraged via guidance on the ER T~~e~~ams site, and regular updates in ER staff communicationsto keep personal items clean including washing spectacles with soap and water, clean phones, keyboards and shared machinery handles etc. before after and during work.    More storage for workers provided for clothes and bags e.g. personal lockers have been provided for all ER staff (in Beech House) and staff encouraged via guidance on ER T~~e~~ams site, and regular updates in ER staff communicationsto use them.    Monitoring and supervision arrangementsvia regular review of rotas and health and safety measures by team Directors, ER Remote Working Forum and H & S Committee representatives have been put in place to ensure people are following controls e.g. implementing the new cleaning regime, following hygiene procedures etc.  CSOT’s monitoring arrangements include regular review of controls put in place as outlined in this document via the weekly Leadership Team meeting and staff are encouraged to raise any worries or concerns with their direct Line Manager.    All university staff are encouraged to avoid direct personal contact with others i.e. shaking hands etc | 3 | 3 | 9 | No | External Relations: Hybrid working rotas in place.  CSOT: Hybrid working with Mondays and Tuesdays in the office  Social distancing and hand sanitisation guidance to be followed at all times (reinforced by visual signs, regular staff communications); all staff briefed on ventilation requirements (windows opened during working day)  Strict maximum occupancy signage in all shared areas (toilets, meeting rooms, kitchen and break out spaces)  All staff will be asked to bring their own food, cutlery and flasks/bottles; kitchen areas will only be available for making hot drinks and heating up food. No shared supplies of tea, coffee, milk. | 3 | 2 | 6 | All staff to complete social distancing mandatory training by end 1/4/21 |  |  |
| Organisational | Exposure to Existing Hazards | Staff | 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.  Emergency Procedures reviewed and revised including:   * **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 the impact of any Local or National Government requirements and 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. * **Hygiene:** Washing facilities with soap/gel available. People involved in the provision of assistance to others have been informed to pay particular attention to sanitation measures immediately afterwards including washing hands.   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 by the Cedar Building Manager (Tom Stanasiuk)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). Security will be available as additional support for First Aid assistance – and the Security emergency contact number provided to staff in return to campus briefings.  Security implications of changes made to operations and practices in response to COVID-19 Local or National Government requirements, have been considered and staff have been briefed on emergency procedures in the absence of trained first aiders and fire wardens.  Business continuity and disaster recovery plans updated based on COVID-19 implications including Contingency plan in place for possible switch back to national or local lockdown.  Life-saving rules, will continue to be governed, enforced and communicated during COVID-19 especially during any Local or National Government lockdowns in particular “speaking up” if they witness any unsafe behaviours, conditions or symptoms related to COVID-19. | 3 | 2 | 6 | Yes |  |  |  |  |  |  |  |
| Environmental | Inbound & Outbound Goods including Post | Staff | Exposure to contact with an object that has been contaminated with COVID-19. | Logistics for the deliveries to the unit 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. * Methods to reduce frequency of deliveries in place - ordering larger quantities less often. * 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. * Strict hand washing procedure in place after handling all deliveries. | 3 | 2 | 6 | Yes |  |  |  |  |  |  |  |
| Organisational | Travelling to work | Staff | Exposure to respiratory droplets carrying COVID-19. | Individuals travelling to University premises or on behalf of the University are encouraged to follow the [Government’s safer travel for passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#travel-safely-during-the-coronavirus-outbreak) to help them stay safe, and protect others by controlling the spread.    Where people are travelling together in any one vehicle, they are encouraged to:   * use fixed travel partners * not sit face-to-face * open windows and switch on ventilation systems that draw in fresh air. Open windows only partially if it’s cold. * frequently clean their vehicle including objects and surfaces that are touched regularly, such as door handles and vehicle keys. | 3 | 3 | 9 | Yes |  |  |  |  |  |  |  |
| Environmental | Ventilation | Staff | Exposure to respiratory droplets carrying COVID-19. | An assessment of the ventilation in the building, and where necessary individual areas/rooms, has been undertaken which included checks such as:   * Is the space naturally or mechanically ventilated * All areas within the building which are usually occupied and have poor ventilation have been identified and the use of the area re-assessed (see below). * An assessment of Fresh air (ventilation) has been undertaken for the workplace and where necessary individual workspaces. This included how fresh air is provided (natural, mechanical or combination of both), how many people occupy/use the area, how much time people spend in the areas, how large the area is, what activities take place in the areas, the equipment and machinery in the workspaces, the use of fans and Local Exhaust Ventilation.   Natural ventilation can be improved by fully or partially opening windows, air vents and doors, not signed as fire doors. This should be balanced against the need to maintain comfortable temperatures for all users of the space.  The University will be centrally monitoring carbon dioxide (CO2) as a proxy for air quality and ventilation in large teaching spaces.  Information can be provided on these spaces.    Additional control can be provided via the use of portable CO2 sensors where there are any concerns raised about the adequacy of ventilation in a given space.    Rooms can be purged (aired) when not in use by leaving the windows and doors fully open. However, it is important to plan and close windows to minimise the risk of rodent and pigeon issues.  Staff have been informed, via this risk assessment of the following steps which they can take to make sure their workplace is adequately ventilated whilst maintaining a comfortable temperature:   * opening windows and doors partially can still provide acceptable ventilation while keeping the workplace comfortable. Opening higher-level windows will probably create fewer draughts. * if the area is cold relax dress codes so people can wear extra layers and warmer clothing * use [natural ventilation](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/improve-natural-ventilation.htm) alongside heating systems to maintain a reasonable temperature in the workplace.   Ventilation Instruction signs displayed throughout the building instructing individuals to “Please ensure you open all windows on arrival and close on departure.”  Most mechanical ventilation systems are monitored by building management systems that will raise a fault alarm; but please ensure that any potential fault with mechanical or natural ventilation is raised with the Building Manager and/or the Estates Helpdesk.  General considerations reflected on during reopening of the buildings in relation to the ventilation and fresh air to occupied spaces. Core strategy based on ‘[CIBSE Covid-19 Ventilation Guidance](https://www.cibse.org/knowledge/knowledge-items/detail?id=a0q3Y00000HsaFtQAJ)’, [REHVA guidance](https://www.rehva.eu/fileadmin/user_upload/REHVA_COVID-19_guidance_document_V4_09122020.pdf), [HSE guidance](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm), [Government](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19#shops-running-a-pick-up-or-delivery-service) and other relevant industry guidance. The guidance is constantly under review by the University’s Estates, as SARS-CoV2 transmission routes become more clearly defined, and any updated recommendations assessed and implemented where relevant to University systems.  Links used above:  HSE - Ventilation and air conditioning during the coronavirus (COVID-19) pandemic 21st July 2021  <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/index.htm>  CIBSE - COVID-19: Ventilation version 5 - Updated 16th July 2021  <https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown>  DfE - Higher education COVID-19 operational guidance - Updated 19 July 2021  <https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/higher-education-covid-19-operational-guidance>  HSE - Keeping workplaces safe as coronavirus (COVID-19) restrictions are removed - Updated 19 July 2021  <https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm> | 3 | 1 | 3 | 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.