ITM

GENERAL HEALTH AND SAFETY RISK ASSESSMENT FORM

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| Site | | **Institute for Translational Medicine (ITM)** | | | | **Department** | | | | **Shared building with University of Birmingham and NHS Trust, part of the Birmingham Health Partnership** | | | **Version / Ref No.** | | | **3.1** | | | |
| **Activity Location** | | **The ITM adjoins the Heritage Building (Trust Building)** | | | | **Activity Description** | | | | **Return to Campus COVID-19: Building Risk Assessment.**  **The ITM is a shared site under the Birmingham Health Partners. It contains a mix of offices and research laboratories. UHB NHS trust have continued to use the offices during lockdown at approx. 25% capacity for NHS work.**  **During phase 1 of the campus re-opening the intent is to only return UoB activity to the laboratory sites. 18-20 people (technicians, research fellows and PGR students); There are two areas of laboratory space on the 5th and 3rd floors used by UOB Colleges Medical and Dental Sciences and Engineering and Physical Sciences respectively ;**  **A pathway for re-opening office space and returning these staff to site is under development. This RA will be reviewed in light of the office return plan once that is finalised.** | | | | | | | | | |
| **Assessor** | | **Wendy Thomas/Kate Fletcher** | | | | **Assessment Date** | | | | **30/06/2020**  **Rev 02/07/20** | | **Date of Assessment Review** | **30/09/2020** | | | | | | |
| **Academic / Manager Name** | | **Kate Fetcher, Operations Manager** | | | | **Academic / Manager Signature** | | | |  | | | | | | | | | |
| 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 team meeting, one to one meetings, forums and regular newsletters to ensure staff and students are not ill-informed about returning to work safely. ITM specific instructions will be disseminated by the ITM Operations Team.  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 meetings, one to one meetings, health and safety committees, newsletters and the University’s Coronavirus FAQs [click here](https://intranet.birmingham.ac.uk/staff/coronavirus/faqs-for-staff.aspx):  This risk assessment will be shared with UOB staff via the University dedicated web page.  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, Technical Managers and intranet pages. These include:   * Social distancing: General guidance for staff and students * Local institute guidance for staff and students * Social distancing: Buildings adaptations guidance * Social distancing: Building checklist * On-line induction materials for returning to campus: combination of the guidance and videos.   https://intranet.birmingham.ac.uk/staff/coronavirus/essential-resources-and-checklist.aspx   * Return to Campus COVID-19: Building 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. | | 3 | 2 | 6 | | Yes | To be added to a new ITM H&S shared drive or ITM website so NHS staff also have sight. | |  |  |  |  |  |  |
| Organisational | Psychological well being | | Staff/Student | Anxiety and stress caused by concerns around returning to work on Campus | 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, or PI and extra support via Workplace Wellbeing will be offered on a case-by-case basis.  Staff who are in vulnerable groups themselves or caring for others are encouraged to contact their line manager to discuss their support needs in line with University guidance for those in vulnerable groups.  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 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 | | Staff / Students | Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking. | Specific individual worker risk assessment undertaken for those who have a self-declared health condition which could increase their risk profile. See College guidance on returning to work.  Social distancing: Building checklisthas been completed to identify the control measures to consider reducing the risk of workplace infections including maximum room occupancy displayed on all doors. This has been completed for 5th and 3rd floors of the building which are UOB spaces.  Reduced number of staff and students in all lab, with areas marked with maximum capacity limits in those areas controlled by UOB. Where possible shift working will be undertaken. Once experimental work completed vacate the area.  All office-based staff, should continue to work remotely. Those requiring access to clinic data / patient records for non-lab based research should only be on site when accessing this data. Analysis of lab based and non-lab data should be completed remotely where possible. Use of specialist analysis to be pre booked.  Managers ensure staff with any form of illness do not attend work and actions to be taken if this situation arises.  Posters are displayed in lab areas and corridors within UOB space in line with the University signage scheme reminding them of the requirement to social distance, wash hands frequently and to manage sneezing and coughing in line with PHE/government guidance.  Managers keep track of when staff can return to work after the symptom free period.  The University’s on-line induction materials 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 returning to work in University buildings*.*  To help with consistency and adherence to building specific measures such as access routes, occupancy limits etc. staff from other departments accessing the building (such as service users delivering samples for the Cytof) have received a building specific induction.  Schedules for essential services and contractor visits revised to reduce interaction and overlap between people  Un-essential trips within buildings and sites discouraged and reduced. Use of telephones/email encouraged for communication purposes ensuring cleaning of phones between users or use of own dedicated phone. | | 3 | 2 | 6 | | Yes |  | |  |  |  |  |  |  |
| Environmental | Virus transmission in the workplace due to lack of social distancing | | Staff / Students | 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:   * Change to peak staff entry and exit times. * Changes to core working hours and introduction of shift working. * Amended shift routines, staff handovers and team briefings.     Procedure in place for dealing with instance of unexpected employee (identified through not being included on the College approved list and UoB staff not wearing the authorised lanyard) / 3rd party arrival. All areas of work have access control points at entrance doors to allow the control of access. It is standard ITM policy not to allow tailgating.  Work has been arranged so that staff are able to maintain the government guidelines for social distancing. The latest Guidance on measures for labs and research facilities can be found by clicking the following link <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities>  One-way flow systems implemented where practicable and visual aids/reminders, such as floor strips, signage are used for maintaining two metres distance throughout the building/workplace.  Where the one-way system cannot be used a verbal alert procedure will be used  Arrival and departure times at work have been staggered to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.  Staff activities are segregated to promote 2 metres distance including:   * The use of office workstations discouraged. * Laboratory workstations have been assessed for capacity. To ensure that staff can maintain socials distancing. In areas on the 5th floor where access to the fume cupboard is required a booking system, but if the Cytof and fume cupboard are in use at the same time both parties must wear a surgical mask * Visual management aids in place to remind people of the need for social distancing, * Headcount capacity to ensure social distance standards have been set are displayed on all laboratory and UOB office doors. * Capacity limits have been set for common facility areas (e.g. toilets, welfare areas etc.) with signage to knock and call before entering. Building users are reminded to leave the facilities in a respectable, sanitised condition. Additional signage has been placed on facilities doors to ensure hands are washed via correct method for handwashing prior to and after use. * Where available socially distant safe outside areas used for break. * When not possible to take a break outside, office and write up rooms may be used as the café area remains closed. View room before to avoid large groups congregating. Only use this area when necessary. * 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, * Staff encouraged to remain on-site including bringing their own lunch and, when not possible, maintaining social distancing while off-site. * 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. * Social distancing is marked on the corridor floor prior to entry to the WCs (toilets). Smaller facilities have a one out one in policy. 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. * All users are encouraged to wash their hands prior to using equipment (hot water boiler, fridges, coffee machines, microwaves) and to wash their hand after use. Additional signage for the correct method for handwashing displayed.   Clear method of socially distancing of staff and visitors in reception areas defined and implemented including:   * Queuing systems or processes * 2m spacing in waiting areas   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 – Camus Services Domestic Manager.  Corridors within UOB space:   * Have a calling system in place, * Additional signage in corridors reminding staff about social distancing. * Access to UOB space is via the Trust corridors. Staff /Student and Visitor are required to wear face coverings or mask when moving through these spaces, as required by the NHS Trust. Notices are in UOB exits reminding staff to do this.   People informed to use the open stairwells rather than lifts unless they have difficulty using the stairs. There are signs on the lifts asking staff not to use them, and to give patients priority. The lifts and stairwells fall under the Trust’s remit  The maximum occupancy of the lifts throughout the QE hospital have been reduced. The capacity of each lift is displayed at the lift entrance. Lifts are to be used if the role requires people to move heavy / large / hazardous materials that cannot be transported by the stairs. Lifts are not to be shared with hospital patients regardless of occupancy rules.  Social gathering amongst employees have been discouraged whilst at work including meetings where alternative arrangements have been provided e.g. virtual meetings on Zoom, Skype or Teams.  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. Staff are informed by posters, floor spots and UOB return to work inductions. On 5th floor local managers will undertake walk rounds and staff are encouraged to report any issues  Where the 2m social distancing guidelines cannot be followed in relation to a particular activity, consideration must be given to whether that activity needs to continue. For example, if the Cytof and fume cupboard has to be used at the same time then users should use masks. If it does, a task specific risk assessment must be undertaken with control measures put in place to reduce the risk of transmission between staff.  Mitigating actions include:   * Re-engineering the technical activity. * Keeping the activity time involved as short as possible. * Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. * Further increasing the frequency of hand washing and surface cleaning. * 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). * Use of face coverings * Hygiene guidance given such as: avoiding touching eyes, nose and mouth; cover your cough or sneeze with a tissue, throw it away in a bin and wash your hands or sneeze and cough into your elbow.   Much of the normal work undertaken in the building “pre COVID” requires the use of PPE (as identified following Bio/GM, and COSHH risk assessment); commonly lab coats and gloves; less frequently face masks (FFP3, face fitted) and face shields (cryogens). This requirement will continue.  If the risk assessment for any activity shows that additional PPE is required adequate training on the donning and doffing of the relevant PPE will be given.  At the time of making this assessment government and University guidance does not mandate the use of soft face coverings for “normal” activities although there is a mandatory requirement to wear them in the wider hospital. However, it is recognised that individuals may need to use masks/soft face coverings and for travel to and from work; particularly those who have no alternative to using public transport. Staff will be encouraged to follow the advice provided by government on donning and doffing, storage and disposal. As guidance changes this will be reviewed. Government guidance now states face coverings must be worn in hospitals and so this will be required by all staff when entering and leaving the site, or when moving around in the hospital for any reason. | | 2 | 2 | 4 | | Yes | Additional provision for rest spaces may be needed if staff increase. This requires review once the site is active. | |  |  |  |  |  |  |
| Biological | Suspected case of COVID-19 | | Staff / Students | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | Response plan in place in the event 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:   + Decontaminating all areas including touch points with validated disinfectants after someone with suspected COVID-19 has been sent home – this will reduce the risk of passing the infection on to other people   + Appropriate PPE will be worn for cleaning and disposed of via clinical waste route. * Provision and monitoring of adequate supplies of cleaning materials are in place. * Co-workers 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. * Their co-workers must be informed. * Trust to be informed via ITM Op’s Manager * 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 when available. | | 3 | 3 | 9 | | Yes |  | |  |  |  |  |  |  |
| Biological | Someone entering the workplace with COVID-19 | | Staff / Students / Contractors | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | Companies / engineers who 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. Local social distancing rules will be explained.  All routine maintenance (e.g. replacing lights, fixing doors/handles etc.) will be completed by the hospital FM provider (Engie) before the building reopens. Any work required will be requested out of hours (e.g. reported Friday for work to be completed Saturday). If urgent maintenance is required (e.g. leak) lab/office users will be informed and asked to vacate.  The NHS trust will notify the Operations Manager of any engineers who are due on-site so that social distancing can be maintained  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 guidance. University managers will follow the NHS Test and Trace workplace guidance for 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 |  | |  |  |  |  |  |  |
| Environmental | Virus transmission in the workplace | | Staff / Students / Contractors | 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 and in other areas where they will be seen. For example at the 5th and 3rd floor entrances hand sanitisers will be available for staff to use.  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 paper towels have been made available to all occupants and everyone has been briefed on the importance of keeping surfaces and work equipment clean.  Entry/exits points in place for personnel working in wet labs. This route will be via the main Heritage Building entrance (hand sanitiser available) via the ground floor corridor and up the stairs. Security devices along the corridor are touch free.  All staff should use the Main Heritage Building Entrance , off Mindelsohn Drive, all other entrances are closed.  Sharing of equipment is reduced where possible and cleaned / disinfected before and after use.  Objects and surfaces that are touched regularly are cleaned and disinfected frequently (such as door handles and keyboards) making sure there are adequate disposal arrangements for waste tissues/wipes.  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.  Use of hot desks and spaces avoided unless absolutely necessary. If used (e.g. Specialist Analysis Computers) they will be sanitised before and after use.  Lab work benches will be left cleaned and disinfected after use.  Deliveries to the 5th and 3rd floor of the ITM are via IBR stores. At present there is no open reception area in the ITM for parcels and therefore no central point for deliveries Collection from IBR stores is the best way to ensure the parcels are delivered to a central site, and can be handled in a safe and secure manner. Revised procedures for the management and use of the IBR stores are in place and these will be followed.  Everyone is encouraged to keep personal items clean including washing spectacles with soap and water, clean phones, keyboards and shared equipment etc. before, after and during work. Mobile phones and earphones cannot be used in laboratories.  Staff have been encouraged to bring their own food and kitchen utensils including mugs/cups, cutlery etc.  Laboratory coat laundry will be undertaken in accordance with new guidelines and not removed from site by individuals. Lab coats will be stored in plastic bags, which can be regularly disinfected rather than straight on hooks where cross contamination is possible. Users to label bag with their name and follow new guidance.  Equipment such as goggles washed on-site rather than by individual staff members at home.  COVID-19 cleaning products used must be validated and have a current chemical risk assessment in place. They must be used in accordance with all prescribed risk controls and monitoring requirements. Cleaning chemicals must be stored according to their risk assessment, be 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).  All university staff are encouraged to avoid direct personal contact with others i.e. shaking hands etc. | | 3 | 2 | 6 | | Yes |  | |  |  |  |  |  |  |
| Organisational | Exposure to Existing Hazards | | Staff / Students | 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 consider the impacts of social distancing and other COVID counter measures.  All work-related risk assessments have been reviewed and where PPE has been identified as a control measure then it should be used. The usage of PPE will be monitored to ensure suitable level of stock The taking of PPE home is not permitted.  Individuals maintain their own PPE equipment in a sterile condition. Storage has been reviewed to provide individual storage arrangements where needed.  Life-saving rules, will continue to be governed, enforced and communicated during COVID-19 in particular “speaking up” if colleagues witness any unsafe behaviours, conditions or symptoms related to COVID-19.  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 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 (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.   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).  Business continuity and disaster recovery plans updated based on COVID-19 implications including contingency plan in place for possible switch back to lockdown. | | 1 | 1 | 1 | | Yes |  | |  |  |  |  |  |  |
| Environmental | Inbound & Outbound Goods including Post | | Staff / Students / Contractors | Exposure to contact with an object that has been contaminated with COVID-19. | Logistics for the deliveries to the ITM will be via IBR stores on the most part, with items collected by addresses so that social distancing can be maintained at all times has been considered and include:   * Unnecessary contact at delivery bay has been minimised e.g. non-contact deliveries where the nature of the product allows for use of electronic pre-booking. * 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 unload items on the lower loading bay deck into a trolley with no contact with core services staff. * 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. * Where possible deliveries to remain isolated and untouched for a minimum of 48 hours. * If larger items of equipment are to be delivered directly to the ITM a separate risk assessment will need to be carried our as part of the delivery review. * Parcels for UHB residents are delivered by logistics to the actual floor of the ITM, if the full address is on it. If not they are left in that logistics office and staff can collect. * Parcels for UoB residents go to a sorting room and eventually get put on the van to logistics and they deliver it to the Uni but that can take some time | | 3 | 2 | 6 | | Yes | Local risk assessments in place | |  |  |  |  |  |  |
| Environmental | Virus transmission outside of the workplace | | Staff / Students | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | On the entry to the building there is hospital provided signage to warn all prior to entering this building social distancing is in place (keep 2m apart). UOB provided signs are present at the entry to the university area.  There is signage advising staff to wash their hands regularly and not to touch their face. | | 3 | 1 | 3 | | Yes |  | |  |  |  |  |  |  |
| Organisational | Travelling to work | | Staff / Students | 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 have not been able to avoid public transport, they do so in accordance with Government and University Guidance:  <https://www.gov.uk/coronavirus> | | 3 | 1 | 3 | | Yes |  | |  |  |  |  |  |  |
| Mechanical | Machinery & Equipment | | Staff / Students | 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 paper towels are maintained in the area to clean/disinfect 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. As per the shared equipment guidelines and risk assessment. | | 3 | 1 | 3 | | Yes |  | |  |  |  |  |  |  |
| Environmental | Ventilation | | Staff / Students | Exposure to respiratory droplets carrying COVID-19. | Recirculation of unfiltered air within the workplace has been avoided or reduced as far as possible.  Building users are encouraged where possible to ensure windows are open. | | 3 | 2 | 6 | | Yes | Confirmation from Engie required that all ventilation has been serviced as required. All filters have been changed as required. | |  |  |  |  |  |  |
| Organisational | Shared space between two institutions | | Staff / Students | Exposure to respiratory droplets carrying COVID-19 due to shared space between the University and UHB trust. | The QE hospital will be a COVID-19 hotspot with all positive patients being brought to the site as all other hospitals in Birmingham become “COVID Free”. The majority of this activity will take place on the acute site however some parts of the heritage site are designated Covid “warm” and measures will be taken to limit UoB lab staff entering and crossing these areas. Where that is not possible mitigations to be put in place.   * The entrance route for staff and students will be via the Heritage Building main entrance Security devices along the corridor are touch free. This entryway is shared with NHS staff and patients. * Hand sanitiser is available immediately on entrance * Government guidance now states that face coverings must be worn in hospitals. All staff and students will be required to wear a face covering when entering and leaving the site, when moving around in the hospital for any reason (e.g. visiting nitrogen store) or visiting a communal area (e.g. food/drink outlet). * University staff from other departments accessing the ITM will be made aware of these access restrictions.   The ITM UOB area is rented space within the QE hospital (Heritage Building) occupied by two colleges within UoB EPS & MDS) There is increased risk from following two institutional sets of arrangement. Clear communication is required between the University and the NHS trust mitigate this risk. Communication channels have been established including:   * Bi-weekly management meetings to discuss any areas of concern around shared spaces between Jo Plumb (UHB Deputy Director of Research Development and Innovation), Kate Bishop (College Director of Operations, MDS) and Karen Willis (Deputy Director of Operations Infrastructure and Facilities, MDS). * Links between Wendy Thomas (MDS Technical Manager) Emma Lardner ( PA to Professor Liam Grover & Healthcare Technologies Institute Operations Officer) Kate Fletcher and Wendy Desjarlais – ITM Op Management team) any queries relating to facilities management. * The ITM Steering Group meets on a bi-monthly basis and oversees the ITM shared space. This group reports into the Birmingham Health Partners (BHP) monthly Exec meeting where issues and decisions pertaining to the ITM are discussed and ratified. Weekly meetings between Kate Fletcher (ITM Operations Manager) and John Williams (BHP Managing Director and ITM Steering Group Chair) take place, and any areas of concern are discussed and raised as appropriate. In addition, monthly meetings between Kate Fletcher and Jo Plumb (UHB Deputy Director of Research Development and Innovation) take place, where any queries around the ITM facilities are discussed. * There is a weekly meeting between EPS, MDS and LES with each Director of Operations and the head of /Deputy DoOps iof facilities and infrastructure or their deputies to discuss shared issues and process during re-opening   Initially separating the University and trust activity means only University “bubbles” would need to self-isolate for 14 days in the event of a positive case of COVID-19. Site cleaning and work stoppage would be confined to areas the bubble had been working. This would need to be reviewed as office based activity (i.e. clinical trials) is resumed. | | 3 | 3 | 9 | | Yes | As the office accommodation begins to open consideration of managing the risks  of clinically active staff moving between clinics and office spaces.. | |  |  |  |  |  |  |

**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.