<table>
<thead>
<tr>
<th>Site</th>
<th>Queen Elizabeth Hospital, University of Birmingham Research Labs (UBRL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Inflammation and Ageing, College of medical and Dental Sciences</td>
</tr>
<tr>
<td>Version / Ref No.</td>
<td>PN – RTW V7</td>
</tr>
<tr>
<td>Activity Location</td>
<td>Centre for Translational Inflammation Research (CTIR), 1st Floor</td>
</tr>
<tr>
<td>Activity Description</td>
<td>Return to Campus COVID-19: Building Risk Assessment</td>
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<tr>
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<td>CTIR is a University tenancy within the Queen Elizabeth hospital undertaking laboratory research and clinical trial related activity.</td>
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<td></td>
<td>Approximately 170 people usually access the CTIR. For research areas access will be limited to 60 staff or post graduate students at a time (48 wet lab based and 12 for clinical record access)</td>
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<tr>
<td></td>
<td>Staff and students who are not lab based or require clinical record access should work from home.</td>
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<td>Overall numbers on site will be &lt;50%</td>
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</tbody>
</table>
| Assessor | Paul Newby  
Dee McLoughlin |
| Assessment Date | 11/06/2020  
This Revision:  
07/01/2021  
This revision records the changes and additional controls made to ensure the building remains COVID secure during the national lockdown announced on Monday 4th January 2021. |
| Academic / Manager Name | Karen Willis |
| Academic / Manager Signature |  
Willis |
<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Hazards Identified</th>
<th>Who might be harmed?</th>
<th>How might people be harmed?</th>
<th>Existing Control Measures</th>
<th>Initial Risk Rating</th>
<th>Are these adequate?</th>
<th>Changes to / Additional Controls</th>
<th>Residual Risk Rating</th>
<th>Owner</th>
<th>Due Date</th>
<th>Action Complete</th>
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<tbody>
<tr>
<td>Organisational</td>
<td>Psychological well being</td>
<td>Staff / Students</td>
<td>Anxiety and stress caused by concerns around returning to work and studies on Campus</td>
<td>Regular communication is in place (individual and group) via team meetings, one to one meetings, health and safety committees, College Comms and Institute Comms to ensure staff and students are not ill-informed about returning to work/study safely and are fully briefed regarding the latest Coronavirus advice via the University’s Coronavirus FAQs. <a href="#">click here</a>. Risk assessment shared to all users of the CTIR and an electronic copy is available on the College web pages. 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, Lab Manager and Technical Manager. These include:</td>
<td>3</td>
<td>2</td>
<td>Yes</td>
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- Social distancing: General guidance for staff and students
- Local institute guidance for staff and students
- Social distancing: Buildings adaptations guidance
- Social distancing: Building checklist

- 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 team meeting, one to one meetings, health and safety committees of guidance available in relation to this: [https://www.hse.gov.uk/stress/](https://www.hse.gov.uk/stress/)

[https://intranet.birmingham.ac.uk/staff/coronavirus/Coronavirus-wellbeing-support.aspx](https://intranet.birmingham.ac.uk/staff/coronavirus/Coronavirus-wellbeing-support.aspx)

Organisational Psychological well being Staff and students Anxiety and stress caused by concerns around returning to work on Campus

Managers hold regular informal discussions via virtual team meetings, virtual one to one meetings or socially distanced walking 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 and extra support via Workplace Wellbeing will be offered on a case-by-case basis via a new EAP service which will enable staff to arrange up to 6 sessions of counselling directly with the EAP (providing that this is an appropriate intervention).

Staff/students who should not under any circumstance work on campus have been identified and managers/supervisors have discussed alternative arrangements with them to ensure they do not return to work on campus. Staff who should not under any circumstance work on campus include:

- Any member of staff who has been through a return to work on campus assessment and has been advised by Occupational Health or a medical professional (including a midwife in respect of pregnancy) not to travel to work on campus.
- Staff in the clinically extremely vulnerable category (those shielding) for whom current guidance is that they should not travel to work, even where their work cannot be undertaken remotely.


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 with concerns about either continuing to work on Campus or working from home/Remotely have discussed these with their line manager or supervisor and where necessary an occupational health referral has been made using the Occupational Health Referral for Covid-19 Assessment Form.

https://intranet.birmingham.ac.uk/hr/wellbeing/index.aspx
https://intranet.birmingham.ac.uk/hr/documents/public/Wellbeing/Covid-19-Return-to-Campus-Discussion-Form.docx

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
| Biological Virus transmission in the workplace | Staff / Students / Contractors | Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking. | University Social distancing: QEH UBRL Building checklist has been completed in consultation with the Trust, to identify the control measures to consider reducing the risk of workplace infections.  
  
Staff to work using the mixed model of site and home based as agreed with line manager, in line with Government and University guidance.  
  
All office-based staff, those with risk factors or caring responsibilities should continue to work remotely if agreed with their line manager. 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.  
  
Reduced capacity of staff and students in all lab based areas to facilitate 2m distancing (maximum 50%) working in fixed teams. Once experimental work completed vacate the area.  
  
Managers/supervisors ensure staff and students 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 and students can return to work/ Campus after the symptom free period.  
  
Regular access to the Lateral Flow Device screening tests provided to staff and students who are coming onto campus.  
  
Within the UBRL area posters are displayed in line with the University signage scheme reminding of the requirement to social distance, wash hands frequently and to manage sneezing and coughing in line with PHE/government guidance. Outside of the UBRL area NHS Trust signage is in place including lift capacities and “keep left, keep moving” on stairs/corridors.  
  
The University’s On-line induction materials for returning to campus combination of the guidance and videos have been provided and completed for all staff 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 Chemical Engineering and Institute for Translational Medicine) have received a building specific induction including information and on site induction. | 3 | 2 | 6 | Yes |
Schedules for essential services and contractor visits revised to reduce interaction and overlap between people. Building managers and occupants informed of when the visits will take place and which services are being maintained. Any remedial work requiring Trust FM teams will be requested to be done out of normal UBRL working hours or if rooms are empty – unless it is an emergency.

Un-essential trips within buildings and sites prevented and discouraged. Use of personal mobile phones (WhatsApp)/email encouraged.

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Virus transmission in the workplace due to lack of social distancing</th>
<th>Staff / Students / Engineers / Contractors</th>
<th>Exposure to respiratory droplets carrying COVID-19 from an infectious individual transmitted via sneezing, coughing or speaking.</th>
</tr>
</thead>
</table>

Only essential work authorised and approved by the Government and University is permitted in University buildings. This includes access to laboratory space and equipment for researchers and practical teaching of medicine and healthcare students. Within the CTIR that includes ongoing use of research laboratories clinical research space. Work will be conducted in line with the relevant government guidance. [https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities)

Workplace routines changed to ensure room/building capacity calculated to maintain at least 2m social distancing is not exceeded including:

- Change to peak staff entry and exit times
- Changes to core working hours.
- Amended shift routines, staff handovers and team briefings.
- 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.
- Booking systems (including online calendars) and QR codes to reduce contact between employees and not exceed lab/room capacities
- Reducing the number of people each person has contact with by using fixed teams. Each of the four main labs is classed as a fixed team (<20). Each person scans in and out of their lab using a QR code linked to a Google Form.

Procedure in place for dealing with instance of unexpected employee (identified through not booking on the online calendar) / 3rd party arrival. Staff/students not booked in or unexpected visitors will be refused entry.

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. For labs, PI offices and write up room 3 (clinical record access) this is via a QR code and Google Form/Sheet.

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.
Face masks/coverings must be worn in all areas of the QEH unless medically exempt – signage is displayed as a reminder.

Trust sanitising stations are placed at all entrances to the QEH. Staff activities are segregated to promote 2 metres distance (1m+ social distancing in tissue culture labs) including:

- The use of office workstations discouraged.
- Laboratory workstations have been moved or staff relocated. To ensure that staff are not facing or right next to each other. On lab benches a staggered seating system has been implemented to ensure no face-to-face working. All main labs have ‘active’ benches that are free for anyone to use and can be booked using an online calendar. This system ensures no face-to-face working when lab users can change daily. All areas are sanitised with 70% ethanol before and after use.
- Limits to numbers of people per lab bay (4) in place to ensure adequate social distancing (2m) is in place.
- Visual management aids such as floor vinyl’s in place to remind people of the need for social distancing.
- Headcount capacity to ensure 2m social distance standards have been set are displayed on all laboratory and open plan 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 if it is a smaller facility (one in one out policy). 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, maintain 2m social distancing within the building using the UBRL rest room (coffee room) or own desk. Capacity displayed on the door must not be exceeded.
- The UBRL rest room (coffee room) has been assessed in accordance with government guidance and capacity displayed on the door. View room before entry to avoid large groups congregating. Only use this area when necessary. The coffee room has 8 chairs with individual tables spaced at least 2m apart. Signs are displayed on the tables asking people not to move the furniture.
• One person at a time in the kitchen area (one in one out policy). This also applies to kitchenette areas in write-up rooms.
• All users are encouraged to wash their hands prior to using equipment (hot water boiler, fridges, coffee machines) and to wash their hand after use. Additional signage for the correct method for handwashing displayed.
• 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 break
• The small kitchen area has a capacity of 1 person. Due to the cold weather a booking system consisting of 10 minute slots is in place to heat food in the microwave. All touch points must be sanitised before and after use. -- alcohol wipes will be left in this area.

All corridors:
• Have a one-way system around the building where practicable.
• Corridors that are ≥2 m wide have a two way system of use, people using the corridor must stay to their left and keep moving. This is the case for access to the labs via the back corridor through the education centre.
• Additional signage in corridors reminding staff about social distancing.

People informed to use the open stairwells rather than lifts unless they have difficulty using the stairs.

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.

Open plan stairwell to gain access to the 1st floor is marked as “Keep left, keep moving” by the trust and this system will be adhered to.

Visits from people outside of the building are managed via remote connection/working where this is an option. Where this is not an option and only if the visit is essential, including service engineers and contractors, visitor arrangements have been revised to ensure social distancing and hygiene at all times. COVID secure RAMS will be requested from engineers and contractors prior to the visit. These measures are monitored by the local Lab Manager and where necessary concerns fed back to the third party manager.

Social gathering amongst employees are not permitted at work including meetings where alternative arrangements have been provided e.g. virtual meetings. Socially distanced (2m) one to one walking meetings on campus are permitted but face coverings must be worn.
Large gatherings including University events organised in public outdoor spaces have been cancelled or postponed or alternative IT solutions provided (Critical Training courses may still be performed but only following the Government and University Covid-19 guidance.)

Managers perform frequent evaluation against social distance controls via active monitoring or acting on concerns reported by staff or students. Near-miss reporting is encouraged to identify where controls cannot be followed or people are not doing what they should. At least bi-weekly checks are made by the lab manager to ensure guidance is being adhered to and reassure people action will be taken if non-compliance is identified.

Staff are reminded by signage on a daily basis of the importance of social distancing both in the workplace and outside of it.

Only essential work authorised and approved by the Government and University is permitted in University buildings. Where the 2m social distancing guidelines cannot be followed in full in relation to a particular essential activity, for example training, 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 include:
- 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.
- 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, Phlebotomy, where there is an activity specific risk assessment and PPE is provided for individuals undertaking this work.

Individuals (including staff, students, visitors and contractors), unless exempt, are required to wear face coverings, inside all University buildings at all times except for in single occupancy rooms. 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.
Building users who have a hidden disability which prevents them from wearing a mask can wear a sunflower lanyard to identify that they should not be challenged for non-mask wearing.

Individuals should use face coverings for travel to and from work; particularly those who have no alternative to using public transport. Individuals have been reminded through the display of ‘How to wear a mask’ infographics (produced by UHB and UoB researchers) 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
• avoid wearing on your neck or forehead
• avoid touching the part of the face covering in contact with your mouth and nose, as it could be contaminated with the virus
• change the face covering if it becomes damp or if you’ve touched it
• avoid taking it off and putting it back on a lot in quick succession (for example, when leaving and entering buildings)

When removing a face covering:
• wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
• only handle the straps, ties or clips
• do not give it to someone else to use
• if single-use, dispose of it carefully in a residual waste bin and do not recycle
• if reusable, wash it in line with manufacturer’s instructions at the highest temperature appropriate for the fabric
• wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

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.

PPE is provided for individuals working in clinical settings, like a hospital, or other close contact roles for example, Occupational Health clinical services and for first aiders. The taking of PPE home is not permitted.
Adequate training has been provided on what PPE is required i.e. gloves, masks, aprons, Filtering Face Pieces (P3), goggles, the correct donning/doffing of PPE and face fit testing. Government advice is followed:
PHE quick guides for correct donning and doffing of PPE for non-AGPs, as well as for AGPs has been utilised for examples in best practice for putting on and taking off (donning and doffing).

<table>
<thead>
<tr>
<th>Biological Case</th>
<th>Suspected case of COVID-19</th>
<th>Staff / Students / Engineers / Contractors</th>
<th>Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19.</th>
<th>Response plan in place in the event of a confirmed or suspected case of COVID-19 and communicated and includes:</th>
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- If a person becomes unwell in the workplace with suspected COVID-19, they will be sent home in accordance to the University guidance. If any students appear unwell or make comment or complain to staff members that they are feeling unwell they will be asked to leave the building with immediate effect and to follow the University and Government advice. 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
- Provision and monitoring of adequate supplies of cleaning materials are in place.
- Team briefed via email and WhatsApp group 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.
- Anyone who has had close contact with them in the 48h prior to symptoms developing must be informed.
- UHB trust will be informed via the Deputy Director of Research Development and Innovation.
- Employees to follow the Government advice:  
https://www.gov.uk/coronavirus

- 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 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 an individual tests positive for COVID-19 this will be managed in accordance with the University’s Test, Trace and Protect Process.
- 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.


| Biological | Someone entering the workplace with COVID-19 | Staff / Student / Engineer / Contractor | 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. Local social distancing rules will be explained.

All routine maintenance (e.g. replacing lights, fixing doors/handles etc.) will be completed by the hospital facilities management provider (Engie) and 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 maintain 2m social distance.

The NHS trust will notify the lab manager of any engineers who are due on-site (e.g. microbiological safety cabinet servicing) 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 and University'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 |
| Environmental | Virus transmission in the workplace | Staff / Students / Engineers / Contractors | Contact with an object that has been contaminated with COVID-19 and which subsequently transmits this to another person e.g. Entry and exits to the QEH UBRL is via the main QE entrance (hand sanitiser available) up the open plan stairs to the left of the atrium to the first floor and via the rear corridor. The main patient corridor (Hospital Street) is avoided on this route. Security access control devices along the rear corridor are touch free (in both directions during working hours).

Individuals have been instructed, via induction, University and College Comms and are regularly reminded by signage to clean their hands frequently with soap and water for 20 seconds and the importance of proper drying in accordance with the NHS Guidance: |

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surfaces, any inanimate objects & touch points including work surfaces, work equipment, door handles, banisters, chair arms and floors.

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 strategic areas 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.

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.

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.

To help reduce the spread of coronavirus (COVID-19) individuals are reminded of the public health advice:


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).

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 paper towels have been made available to all occupants and everyone has been briefed during their return to work induction on the importance of keeping surfaces and work equipment clean.

Objects and surfaces that are touched regularly are cleaned and disinfected frequently (such as door handles and keyboards) with validated chemicals or wipes, making sure there are adequate disposal arrangements for waste tissues/wipes.

There are cleaning procedures for goods and merchandise entering IBR stores. 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.
Revised procedures for the management and use of the IBR stores are in place. Delivery drivers are not allowed beyond the lower deck. Pre-arranged collection slots will be available for those ordering goods from stores. Deliveries (from external suppliers) for the CTIR will be brought over once per day via the approved route by the same member for the stores team. 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.

Use of hot desks and spaces avoided and, where not possible (e.g. training facilities, study spaces, Phlebotomy rooms) workstations are cleaned by the user, before and after use.

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.

Areas where people directly pass things to each other, for example office supplies, have been identified and ways to remove direct contact, such as using drop-off points or transfer zones have been introduced. Sharing of equipment is reduced where possible and cleaned / disinfected before and after use.

There is limited or restricted use of high-touch items and equipment, for example, printers or whiteboards.

Monitoring and supervision arrangements including spot checks by the laboratory manager have been put in place to ensure people are following controls e.g. cleaning logs for shared equipment are being completed and that these match the online booking calendar.

All university staff are encouraged to avoid direct personal contact with others i.e. shaking hands etc.

| Organisational Exposure to Existing Hazards | Staff / Students | Increased risk of harm due to controls included in existing risk assessments & safety arrangements | 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 1 1 1 Yes |
affected by COVID-19 measures

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 during their return to work induction 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 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. The QEII has accident and Emergency facilities on site and many IIA staff are also clinically trained.

- **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 Lab or Technical manager 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 implications of changes made to operations and practices in response to COVID-19 Local or National Government requirements, have been considered

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.

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Inbound &amp; Outbound</th>
<th>Staff / Students / Exposure to contact with</th>
<th>Logistics for the deliveries to the unit so that social distancing can be maintained at all times has been considered and include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 3 0 Yes</td>
</tr>
<tr>
<td>Goods including Post</td>
<td>Contractors (couriers)</td>
<td>an object that has been contaminated with COVID-19.</td>
<td></td>
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<td>----------------------</td>
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<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>• Pick-up and drop-off collection points, procedures, signage and markings revised.</td>
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<tr>
<td>• 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.</td>
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<tr>
<td>• Methods to reduce frequency of deliveries in place - ordering larger quantities less often.</td>
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</tr>
<tr>
<td>• Where possible and safe, single workers load or unload vehicles or if not possible the same pairs of people, with additional mitigating measures including the wearing of face coverings, are used for loads where more than one is needed.</td>
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<tr>
<td>• Electronic paperwork is used where possible, and procedures reviewed to enable safe exchange of paper copies where needed, for example, required transport documents.</td>
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<tr>
<td>• Delivery and receipt confirmation made contactless and physical contact when handing goods over to the customer has been avoided.</td>
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<tr>
<td>• Where possible all deliveries are stripped of all packaging (which is disposed of).</td>
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<tr>
<td>• Strict hand washing procedure in place after handling all deliveries.</td>
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<tr>
<td>• Where possible deliveries to remain isolated and untouched for a minimum of 48 hours.</td>
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</tbody>
</table>

Deliveries to the QE service yard should be avoided so staff do not have to go down to the service yard for collection and porters do not have to enter the UBRL area.

Deliveries to the IBR will be brought over to the CTIR once per day by one member of the stores team. Goods will be left outside each lab.

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Virus transmission outside of the workplace</th>
<th>Staff / Students / Engineers / Contractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to respiratory droplets carrying an object that has been contaminated with COVID-19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>There is signage advising staff to wash their hands regularly and not to touch their face.</td>
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</tr>
<tr>
<td>Access at the main entrance to the QE hospital is via a revolving door. The capacity for the door is 2 people. There are two revolving doors so if one is occupied the other should be used. A third option is available in the powered disabled entrance which can be used if free.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 3 3 Yes

<table>
<thead>
<tr>
<th>Organisational</th>
<th>Travelling to work</th>
<th>Staff / Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to respiratory droplets carrying COVID-19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers encouraged to avoid public transport where applicable and use alternatives e.g. cycling, walking to work etc. Where staff are unable to avoid public transport they do so in accordance with Government and University Guidance: <a href="https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers">https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 1 1 Yes
| Organisational Driving at work | Staff / Students / Engineers / Contractors | Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19. | Non-essential travel is not permitted during the National Lockdown period and is minimised at all other times – remote options considered first. Sufficient parking restrictions to maintain social distancing measures in place and additional parking is provided. UoB staff park on campus car parks not within the hospital car parks reducing the potential contact points with NHS staff and patients. Staff roles that are required to car share have been considered and whether this could continue. Alternative solutions to two-person delivery have been put in place including delayed delivery of large items or using an alternative method, for example, mechanical / material handling equipment.
Where these are not possible the number of people travelling together in any one vehicle is minimised, using fixed travel partners, vehicles are well ventilated to increase the flow of air via open windows and occupants sit side by side or behind other people and sitting face-to-face is avoided. Seating arrangements to maximise distance between people in the vehicle has been considered and all of the occupants, unless exempt, wear face coverings inside the vehicles at all times. Job and location rotation has been reduced. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Mechanical Machinery &amp; Equipment</td>
<td>Staff / Students</td>
<td>Exposure to respiratory droplets carrying and contact with an object that has been contaminated with COVID-19.</td>
<td>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 by the user. As per the shared equipment guidelines and risk assessment.</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>Environmental Ventilation</td>
<td>Staff / Students</td>
<td>Exposure to respiratory droplets carrying COVID-19.</td>
<td>Recirculation of unfiltered air within the workplace has been avoided or reduced as far as possible. This is normal practice for OUR Containment level 2 facilities in the UBRL. All ventilation has been serviced as required. All filters have been changed as required. Ventilation systems will be maintained in line with planned and preventative maintenance schedules. The Trust FM contractors manage all ventilation PPM in line with Trust policy. 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’, REHVA guidance, other industry and HSE guidance. <a href="https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm">https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm</a></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>6</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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. CIBSE Covid-19 Ventilation Guidance [https://www.cibse.org/knowledge/knowledge-items/detail?id=a0q3Y00000HsaFtQAJ](https://www.cibse.org/knowledge/knowledge-items/detail?id=a0q3Y00000HsaFtQAJ)

Ventilation systems are monitored in most cases by building management systems that will raise a fault alarm to Estates automatically. Lab / Technical managers within the UBRL work closely with the Trust for FM provision.

Building users are encouraged where possible to ensure windows are open. Only offices with external walls have opening windows. Laboratories and internal offices are fully ventilated.

| Organisational | Shared area between UoB and UHB with high risk COVID positive patients. | Staff / students / Engineers / Contractors | Exposure to respiratory droplets carrying COVID-19 due to shared space between the University and UHB trust. | The QE hospital will have COVID hot activity which is likely to be in the same hospital tower (the location of ITU is one floor above the UBRL University of Birmingham Research Labs). Therefore, the risk to staff and students within the UBRL area will be higher than other areas of the College. Steps have been taken to reduce this risk including:

- The main QE entrance will still be required for access to the UBRL but there is a choice of revolving/disabled access allowing social distancing to be maintained. Hand sanitiser is available immediately on entrance and the open plan stairs to reach the education centre are clearly labelled “Keep left, keep moving”.
- The entrance route for staff and students will be via the education centre (rear corridor) avoiding the main patient routes such as Hospital Street. Security access devices along the corridor are touch free.
- All persons are required to wear a face covering or surgical mask at all times.
- Staff using washable face coverings will provide their own storage bag and wash them at home. Those using disposable coverings can dispose of them via the clinical waste stream.
- University staff from other departments accessing the UBRL area (such as those from Chemical Engineering and Institute for Translational Medicine) will be made aware of these access restrictions. |
|  |  |  |  | 3 3 9 Yes |
University staff who still have clinical duties will be encouraged to remain in clinical areas for the whole day.
If they do need to come into the UBRL then they will need to thoroughly decontaminate (as is standard NHS practice) before entering.
Entering communal areas such as write-up rooms and rest areas in clinical scrubs is forbidden.

The UBRL area is rented space within the QE hospital. Within the UBRL area is the Inflammation Research Facility (IRF) which is linked to the trust’s Clinical Research Facility (CRF). 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:

- 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) and Karen Willis (College Deputy Director of Operations).
- Links between Paul Newby (Lab Manager)/Dee McLoughlin (Technical Manager) and Engie (the Trust FM provider) via Laura Baron (Assistant Project Manager) and the trust via Neil Campbell (PFI Performance Manager) to address any queries relating to facilities management.
- Between Paul Newby (Lab Manager) and Jo Dasgin (Senior Research Sister) in relation to patient activity within the IRF.

Within the IRF shared space University activity and trust activity will be kept separate as far as practicable. This includes:
- Having one clinic room designated for University use only with clear signage. This will be used for Phlebotomy and, if required, clinical record access. If the PC in this area is used it will be sanitised before and after use according to the shared equipment risk assessment and guidance.
- Those doing dry projects on clinical records continuing to use their own desks in write-up room 3 (which has been dedicated to clinical record access only) with 2m social distancing, eliminating their need to access other clinic rooms for PC access.
- No access to the rest of the IRF space for University staff students including reception, 3 bedded room, procedure room and five other clinic rooms.
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 |
|---|---|---|---|---|---|
| **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 |

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

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

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

<table>
<thead>
<tr>
<th>Likelihood score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood</td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost certain</td>
</tr>
<tr>
<td>5 Catastrophic</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>4 Major</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>2 Minor</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>1 Negligible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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.