# COVID-19 Building Ready Assessment Checklist

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| **Campus:** | | |
| **Building Name:** | | |
| **College/Service:** | | |
| **Completed by:** | | |
| For all Y/N/NA- Justification/Actions must be completed. Actions must be placed into the Action Plan (part 2) and a floorplan attached showing the new Covid controls (part 3) | | |
| Have you considered the high-level implications on the following protected characteristics of the staff expected to return to work that may be at a greater risk? (Complete Part 4)  Age, Disability, Gender Reassignment, Race, Religion and Belief, Sex, Sexual Orientation, Pregnancy and Maternity, Marriage and civil partnership.  \*If any staff are at a greater risk they must continue to work from home and not come onto campus | Yes | No |
| Have you considered environmental impacts of any building changes or modifications | Yes | No |

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| 1. **Building** | | | | | |
| **No** | | **Issues** | | **Y/N/**  **NA** | **Justification/Actions required** |
|  | | Are all fire safety/emergency lighting systems inspected and in date? | |  |  |
|  | | Are all ventilation / humidity / lighting & heating suitable and sufficient following new COVID-19 controls | |  |  |
|  | | Are all gas installations inspected and in date? | |  |  |
|  | | Have legionella controls been implemented and the building safe to use? | |  |  |
|  | | Have all routine inspections e.g. Local Exhaust Ventilation, Lifting Equipment and Pressure Systems been completed for this building? | |  |  |
|  | | Have all maintenance activities been completed for the equipment that will be used? | |  |  |
|  | | Have all lift statutory inspections been completed? | |  |  |
| 1. **Social Distancing** | | | | | |
| **No** | | **Issues** | | **Y/N/**  **NA** | **Justification/Actions required** |
|  | | Can the 2m social distancing requirement be maintained at all times? | |  |  |
|  | | Can the change of layouts of the building to create more space in a workspace be completed? | |  |  |
|  | | If social distancing cannot be achieved, consider if the activity is essential | |  |  |
| 1. **Ventilation requirements** | | | | | |
| **No** | | | **Issues** | **Y/N/**  **NA** | **Justification/Actions required** |
|  | | | Ensure assessment of ventilation requirements are assessed and actions carried out as required |  |  |
|  | | | Ensure rooms without ventilation are closed off |  |  |
| 1. **Access to and egress from buildings** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. | Can the building be set up to allow separate access and egress? | | |  |  |
| 2. | Can overcrowding be prevented at access/egress points? | | |  |  |
| 3. | Can all surfaces be cleaned to prevent cross contamination? | | |  |  |
| 4. | Is there enough signage in the building to guide staff to correct access/egress points? | | |  |  |
| 5. | Are all fire doors operational? | | |  |  |
| 6. | Are there a suitable amount of hand washing/hand sanitiser locations available in the building? | | |  |  |
| 1. **Hand sanitising points/Temperature Check Stations** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
|  | Can alternatives to touch-based security devices and turnstiles be installed? | | |  |  |
|  | Are hand sanitisers available at all access, egress points and at reasonable locations within buildings including signage for hand washing techniques and hand care? | | |  |  |
|  | If temperature checks stations are present (guidance to be added) | | |  |  |
| 1. **Corridors/Staircases** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | Are all fire escape routes and doors operational? | | |  |  |
| 1. 2 | Can social distancing be maintained by creating lanes and one-way systems etc. in the corridors of buildings? | | |  |  |
| 1. 3 | Can large items, equipment etc. be moved during quiet times or out-of-hours? | | |  |  |
|  | Can you ensure that areas e.g. outside kitchen areas, toilets, student hubs, shops, where queueing are not in one-way systems? | | |  |  |
|  | Can lifts only be used by disabled persons, or for the transport of large/heavy/hazardous materials where transport on stairways would not be possible or safe? | | |  |  |
|  | Can stairways be designated as an ‘up route’ or a ‘down route’ to prevent face-to-face interaction of persons? | | |  |  |
|  | Where there is only one stairway which is wide enough, can central marking and keep left signage for up and down routes to maintain social distancing be installed? | | |  |  |
|  | If there is only one narrow staircase can a verbal alert procedure be implemented? | | |  |  |
|  | What additional cleaning arrangements are required? | | |  |  |
| 1. **Lifts** | | | | | |
| **No** | | | **Issues** | **Y/N/**  **NA** | **Justification/Actions required** |
|  | | | How will you ensure that if a lift has been switched off electrically a Lift Contractor should be called-in to return it to service? |  |  |
|  | | | Ensure that the LOLER (Lifting Operations and Lifting Equipment Regulations) certificate is up to date. If not, the lift cannot be run. |  |  |
|  | | | Any hydraulic lifts should has a routine maintenance visit before starting up again. |  |  |
|  | | | A calculation will need to be undertaken to determine the number of persons a lift can carry whilst maintaining the 2m social distance. Few lifts at University other than goods lift will be able to carry more than a single person. |  |  |
|  | | | How will surfaces, including push buttons in lifts, be cleaned regularly? |  |  |
| 1. **Service Desks/Hubs/Reception** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | Can customer numbers be limited to prevent overcrowding allowing social distancing to be maintained in shops, library etc. Use additional signage to ask customers not to enter the premises until asked? | | |  |  |
| 1. 2 | Can socially distanced queuing arrangements be clearly laid out using suitable railings or tape? | | |  |  |
| 1. 3 | How can you ensure physical barriers do not have dead ends or block designated fire escapes / create accessibility issues | | |  |  |
|  | Can temporary barriers be installed across desks or fixed Perspex screens to prevent staff and students coming too close and also ensure social distancing between service desk staff? | | |  |  |
|  | Have you considered the type, size and shape of free-standing, semi-permanent or fixed screens according to the risks? | | |  |  |
|  | Will screen sizes be a minimum width of no less than 1m across per user sitting behind the screen, and the top of the screen must be no less than 2m from the ground? | | |  |  |
|  | What frequency of cleaning or wipe downs of high contact surfaces be completed? | | |  |  |
| 1. **Communal kitchen/tea points** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | How will staff be made aware of the social distancing measures when using communal kitchen/tea points? i.e. employ a ‘one out, one in’ procedure with no more than one person being in the area at any time | | |  |  |
| 1. 3 | Will all large kitchen areas have sanitiser stations outside? | | |  |  |
|  | Can you ensure sanitiser stations do not disrupt the flow of people in corridors and not be in one-way systems? | | |  |  |
|  | Can, if necessary, secondary cleaning by facilities staff be conducted? | | |  |  |
|  | How will you ensure social distancing in queues for the kitchen area? e.g. with tape markings | | |  |  |
| 1. **Toilets** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | Toilets will need to be changed to a ‘one out, one in’ system with no more than one person being in the room at any time, and where users are asked to use a ‘knock and call’ system | | |  |  |
| 1. 2 | Signage will need to be installed to the outside of the door to inform staff of the ‘knock and call’ system | | |  |  |
| 1. 3 | Signage will need to be installed within the rooms to remind persons of good hand washing practice given this will be a higher risk area with contact on the doors by all users | | |  |  |
|  | How will you consider the need to lock some toilet cubicles so they can’t be used (potentially every 2nd one but care should be taken if a disabled toilet is located within the block). The same will apply to urinals | | |  |  |
|  | Hand driers will need to be taken out of service and arrange with facilities for regular towel top-ups and emptying bins | | |  |  |
|  | Ensure that this action maintains a number of gender neutral facilities so that trans/non-binary individuals aren’t negatively impacted and also female only facilities for religious purposes. | | |  |  |
|  | Low flush toilet signs will need to be installed – close the lid prior to flushing | | |  |  |
| 1. **Communal/multi-occupancy toilets** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | Can these toilets be changed to a ‘one out, one in’ system with no more than one person being in the room at any time, and where users are asked to use a ‘knock and call’ system/ | | |  |  |
| 1. 2 | Will signage be installed to the outside of the door to inform staff of the ‘knock and call’ system? | | |  |  |
| 1. 3 | Will signage within the rooms be installed to remind persons of good hand washing practice given this will be a higher risk area with contact on the doors by all users? | | |  |  |
|  | Will some toilet cubicles be locked so they can’t be used (potentially every 2nd one but care should be taken if a disabled toilet is located within the block)? The same will apply to urinals | | |  |  |
|  | How will hand driers be taken out of service and arrange with facilities for regular towel top-ups and emptying bins? | | |  |  |
| 1. **Hand cleanliness and hand health** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | Can the use of single use (including disabled) toilets be implemented and if possible, doors be left open in between uses to reduce the need to touch door handles? | | |  |  |
| 1. **Cleaning Arrangements for the building** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | How frequently will the work areas and equipment be cleaned between uses? | | |  |  |
| 1. 3 | How will the building have limited or restricted use of high-touch items and equipment, for example, printers or whiteboards? | | |  |  |
| 1. **Footpaths/cycleways** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | How will signage reminding drivers of increased number of pedestrians and cyclists be managed? | | |  |  |
| 1. 2 | How will campus occupancy levels be considered when assessing if footpath mitigation systems may be required? | | |  |  |
| 1. 3 | How will social distancing be maintained when leaving and collecting cycle? | | |  |  |
|  | Will there be a need to offer extra cycle parking spaces? | | |  |  |
| 1. **Emergencies** | | | | | |
| **No** | **Issues** | | | **Y/N/**  **NA** | **Justification/Actions required** |
| 1. 1 | How will staff understand the need to consider immediate life safety in emergency situations i.e. maintain social distancing if safe to do so? | | |  |  |
| 1. 2 | How will you ensure fire doors remain operational? | | |  |  |
| 1. 3 | How will it be ensured that signage and queuing arrangement does not obstruct means of escape? | | |  |  |
|  | How will all staff be aware of escape routes from buildings and that escape takes precedence over distancing and one-way systems etc.? | | |  |  |
|  | Have you got arrangements in place to communicate to staff who their first aiders will be on given days? E.g. A-frame at entrance with signing in and out board | | |  |  |
| **Other considerations for this building** | | | | | |
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# Action Plan (all actions must be completed before building occupied)

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| **No** | **Details of Action Required** | **Timescale** | **Responsible Person** | **Closed Out** |
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1. **Equality check list for COVID-19 restart**

**Have you considered the high level implications on the following protected characteristics?**

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| --- | --- | --- |
| **Protected characteristics** | **Yes/ No** | **Comments** |
| Age. |  |  |
| Disability. |  |  |
| Gender Reassignment. |  |  |
| Race. |  |  |
| Religion and Belief. |  |  |
| Sex. |  |  |
| Sexual Orientation. |  |  |
| Pregnancy and Maternity. |  |  |
| Marriage and civil partnership. |  |  |

1. **Your notes and actions:**

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# Drawings Schedule (list the drawings that will form part of the approval)

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| **Drawing Ref** | **Drawing Name** |
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# Sign-off confirming that the building is COVID secure & complies with UoE guidance 1a

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| **Assistant Director, Built Environment** | **Date** | **Comments** |
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| **Director, Estate Services** | **Date** | **Comments** |
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