**COVID-19 GETTING WORKPLACES READY**

**Assessment Checklist**

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| **Campus:**   |
| **Building Name / work area being assessed:**  |
| **College/Service:**  |
| **Risk Assessment completed by:**  |
| **Risk Assessment signed off by:**  |
| **Guidance**This document is designed to help you assess key measures for controlling the spread of COVID-19 have been considered for all local work areas including laboratories and other specialist spaces. Read the “getting your workplace ready” guidance to identify areas that need to be considered in your assessment. Explain the hazard and describe the plan you are going to implement to reduce the risk. Information for managers on how to complete this assessment is available [here](http://www.exeter.ac.uk/staff/wellbeing/safety/safetyguidance/covid-19-safe-working/#tab2).Please note, the requirements for the building including all common areas are being managed by a Building Management Team. Actions must be placed into the Action Plan (part 2) and a floorplan attached showing the new COVID19 controls where needed (part 3)The product catalogue and signage catalogue can be found here - order your posters / products **The Health and Safety Executive may take action to improve control of workplace risks if needed, e.g. through the issue of enforcement notices to help secure improvements.** |
| University guidance is those that can work from home should remain to, anyone who has any underlying condition, self-isolating, shielding, have childcare issues or any other reason that increases the risk to them or their wised family should not return to work. Please ensure all your staff are considered safe to re-start work. |  |
| 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 |  |
| Have you considered the people you will need to have working in the area for it to function safely and effectively. Are any key people unable to attend work I.e. shielding, childcare, health etc? Does this impact on the tasks or safe delivery of any tasks?  |  |
| Have you considered environmental impacts of any changes or modifications? |  |

**Use the COVID-19 Getting Workplaces Ready Guidance to complete your assessment and document your plan, working arrangements and any actions required.**

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| **Physical / Social Distancing**  |
| **No** | **Issues** | **Y/N/****NA** | **Justification and detail of the plan** |
|  | Have all staff health and wellbeing requirements been taken into account (e.g. shielding, vulnerable groups)  |  |  |
|  | You must keep the number of staff on campus to a minimum. How have you reduced your overall staffing requirement? |  |  |
|  | Are there any safety implications as a result of reducing staffing levels? |  |  |
|  | How will you provide suitable distances between work areas? |  |  |
|  | Are barriers needed to reduce face to face contact? |  |  |
|  | Are rotas/ shifts needed to minimise contact? |  |  |
|  | Is a booking system for rooms/ equipment in place? |  |  |
|  | If you are introducing cohorts / work groups how will this arrangement be managed?  |  |  |
|  | Is a communication system needed to alert staff of each other’s movements around the space?  |  |  |
|  | Do you have any small spaces that need to be managed, how will you do this? |  |  |
|  | Are there any “customer” queuing arrangements needed?  |  |  |
|  | Are any elements of normal safety provision compromised by social distancing? |  |  |
|  | Are there any tasks that cannot be done if physical / social distancing in place? What is your plan to eliminate these tasks or manage the task safely? Please  |  |  |
|  | Other  |  |  |
| **Higher Risk Work**  |
|  | Are there any tasks that cannot be done if physical / social distancing in place?  |  |  |
|  | Can the task be cancelled or otherwise reduced?  |  |  |
|  | What are your arrangements for extra mitigation where task requires a breach of social distancing? |  |  |
|  | Does the task include any element which increases chance of contamination? (exercise, body fluids, confinement etc) |  |  |
|  | Other  |  |  |
| **Cleaning arrangements**  |
|  | How will this work area be kept clean? |  |  |
|  | Who will be cleaning the work area and how often?  |  |  |
|  | Can lab coats or other PPE be stored so that they do not cross contaminate? (lab or other only) |  |  |
|  | Has laundering of lab coats been arranged, what is the process? (lab only) |  |  |
|  | Can any shared PPE be cleaned or sharing eliminated? |  |  |
|  | Has instructions for cleaning shared equipment been completed? |  |  |
|  | How will desk areas been cleaned (if in use)? |  |  |
|  | Do you need any provision for extra handwashing? |  |  |
|  | Do you need any hand gel dispensers? |  |  |
|  | Other  |  |  |
| **Cross contamination**  |
| **No** | **Issues** | **Y/N/****NA** | **Justification and detail of the plan** |
| 30. | Will assigned bays/ work areas being used? |  |  |
| 31. | Will any equipment redistributed to reduce walking around? |  |  |
| 32. | Will storage for individuals’ personal clothing available? |  |  |
| 33. | How will any shared equipment be managed?  |  |  |
| 34. | What cleaning arrangements are in place for shared equipment, artefacts, instruments, operating buttons etc?  |  |  |
| 35. | other |  |  |
| **Department flow**  |
| **No** | **Issues** | **Y/N/NA** | **Justification and detail of the plan**  |
| 36. | How will people walk through the area safely maintaining a safe distance?  |  |  |
| 37. | Do barriers/ closed areas/ 1 way systems increase distance to fire escape? |  |  |
| 38. | Any arrangements needed for inbound and outbound goods?  |  |  |
| 39. | Other  |  |  |
| **Reminders, signage and warnings**  |
| **No** | **Issues** | **Y/N/****NA** | **Justification and detail of the plan** |
| 40. | Posters to be used and where? |  |  |
| 41. | Posters to be displayed on hand hygiene?  |  |  |
| 42. | Any floor markings required?  |  |  |
| 43. | Any bench or desks markings required?  |  |  |
| 44 | Other  |  |  |
| **Public on campus (including human research)** |
| **No** | **Issues** | **Y/N/****NA** | **Justification and detail of the plan** |
| 45 | Can public (or research participants) distance from staff? |  |  |
| 46 | Does the research include any element which increases chance of contamination? (exercise, exhaled breath etc)? How will this be managed?  |  |  |
| 47 | Additional cleaning arrangements in place for areas used by the public?  |  |  |
| 48 | Delaying projects using public participation considered? |  |  |
| 49 | Suitable waiting area available? |  |  |
| 50 | Other  |  |  |
| **New hazards arising** |
| **No** | **Issues** | **Y/N/****NA** | **Priority** | **Justification and detail of the plan** |
| 51 | Any additional hazards created by increasing localised storage on desks / benches (e.g.Fire risk of additional flammable solvent on benches) |  |  |  |
| 52 | Staff using open flames aware of additional fire risk from flammable sanitiser use? |  |  |  |
| 53 | Are any elements of normal safety provision compromised by social distancing? |  |  |  |
| 54 | Any impact of chemical or biological contamination of face coverings considered? |  |  |  |
| 55 | If barriers are being installed, will there be any impact on ventilation systems  |  |  |  |
| 56 | Any PPE normally required is available?  |  |  |  |
| 57 | How will vehicles be managed and cleaned?  |  |  |  |
| 58 | For staff moving around campuses what measures will be in place to try and control movement? |  |  |  |
| 59 | Other  |  |  |  |
| **Supporting staff**  |
| **No** | **Issues** | **Y/N/****NA** | **Priority** | **Justification and detail of the plan** |
| 60 | Where will staff take breaks and how will hygiene, social distancing be achieved  |  |  |  |
| 61 | Any lone working or isolated working issues that need to be considered? |  |  |  |
| 62 | Plan for face coverings  |  |  |  |
| 63 | Outline the training and information that will be given to staff |  |  |  |
| 64 | How will you ensure all staff know what to do in the event of an emergency  |  |  |  |
| 65 | What arrangement is in place for cleaning after a possible COVID 19 case?  |  |  |  |
| 66 | Test & Trace: what is the process in this work area for logging names of those who have used the space?  |  |  |  |
| 67 | All staff are clear on how to report absence and ill-health?  |  |  |  |
| 68 | Other  |  |  |  |
| **Managing third parties / contractors from entering your work area**  |
| **No** | **Issues** | **Y/N/****NA** | **Priority** | **Justification and detail of the plan** |
| 69. | Detail how you will manage third parties  |  |  |  |
| 70 | Other  |  |  |  |
| **Other****List and describe any other issues you have identified and the controls you will be putting in place to control the risks** |
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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** |
|  | **Please include the list of products or signage that will be required in this area**  |  |  |  |
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**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 |  |  |

**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 locally workplace and activities within are COVID secure & complies with UoE guidance 1b**

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| **Head of Discipline, Covid Coordinator or Head of Service** | **Date** | **Comments** |
|  |  |  |
| **Pro-Vice Chancellor/Director** | **Date** | **Comments** |
|  |  |  |

**Floorplan- to show any new controls / layout**