**Appendix A**

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**RISK ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Department:*** | *Insert* | ***Service Team:*** | *Insert* |
| ***Manager:*** | *Insert* | ***Persons undertaking the assessment:*** | *Insert* |
| ***Work Activity being assessed:*** | Working in or from a vehicle at work during Covid-19 | ***Risk Assessment Number:*** | *Insert* |
| ***Date of assessment:*** | *Insert* | ***Date of next review:*** | *1 Month or sooner if Government advice changes* |

|  |  |
| --- | --- |
| **SCOPE OF OPERATION, LOCATION AND TIME** | **ASSOCIATED GUIDANCE** |
| **SCOPE OF OPERATION (description of tasks being undertaken):**  *Insert* | NHS 111  <https://111.nhs.uk/covid-19>  Government guidance: <https://www.gov.uk/coronavirus>  <https://www.gov.uk/government/organisations/public-health-england>  **Links to national guidance:**  [**Working safely during Covid-19 in or from a vehicle**](https://assets.publishing.service.gov.uk/media/5eb96cd6d3bf7f5d3a907e58/working-safely-during-covid-19-vehicles-110520.pdf) |
| **LOCATION:**  **Use of vehicles at work** |
| **WHEN DOES THE ACTIVITY TAKE PLACE** *(early hours, during normal hours, after 6pm or at weekends)*  *Insert* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Council Risk Assessment Sheet** | | | | | |
| **Activity:** |  | **No. of pages:** |  | **Page number:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who is at risk and How would they be harmed?**  (e.g. staff, public, contractors – trip, slip, fall, assault) | **What is currently done to reduce / control the risk?** | **Risk level scoring**  **(H,M,L)** | **What more can be done to reduce risk?** | **Action by whom, by when?** |
| ***Staff who are clinically vulnerable, extremely clinically vulnerable (shielding) or live with a household member who is vulnerable or extremely vulnerable*** |  | Where staff can deliver their service remotely/from home they will until/unless advised otherwise by their manager.  Staff with vulnerabilities will undertake their usual work remotely/from home if possible or redeployed to other work that can be undertaken remotely.  If the nature of the work is that clinically vulnerable persons cannot work remotely, the manager will considerif the control measures in the risk assessment are sufficient to protect the staff member or what other alternative options are available (eg working in lower risk areas) for the staff member and consult with HR as needed.  **Clinically Vulnerable:**  Staff who are clinically vulnerable (see section 8 [here](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing)) can attend the workplace if required but are advised to minimise contact with others outside their household as much as possible. Staff who are concerned should speak to their manager. Managers to take HR advice if needed.  **Extremely clinically vulnerable (shielded):**  Staff who are extremely clinically vulnerable (shielding) (see [here](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)) are advised to stay at home and avoid all contact with others, except for essential medical treatment or support. You will have received a NHS letter if identified as needing shielding. Please discuss with your manager. Managers to take HR advice if needed.  **Staff living with a household member wo is Clinically Vulnerable or Extremely clinically vulnerable (shielded):**  Staff who are living with or caring for a vulnerable or shielding household member are advised to follow the guidance [here](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). Please speak to your manager if you have any concerns. Managers to take HR advice if needed. |  |  | Manager and Staff |
| ***Staff with COVID-19 symptoms or tested positive and potentially spreading to staff and others*** | **WHO**  Staff and those who they come into close contact with.  **HOW**  The virus is spread by droplets from coughs and sneezes and droplets picked up from surfaces | Staff that show symptoms of COVID-19 or tested positive to report condition to manager immediately.  **Do not attend the workplace.**  Staff should access NHS 111 online which is an online interactive and personal checklist:  <https://111.nhs.uk/covid-19>  **Staff who become symptomatic should self-isolate for 7 days.**  **If a staff member is a household contact of someone who becomes symptomatic (the case) the staff member should self-isolate for 14 days. If the staff member starts symptoms they need to self-isolate for 7 days from that date.**  Staff to seek a swab test (see [here](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)) which if negative means they can return from sickness absence.  If well enough, return to normal duties. If this involves working from home, please complete a health & safety self-assessment of your home working environment, see [here](https://enfield365.sharepoint.com/:w:/r/sites/intranethealth/_layouts/15/Doc.aspx?sourcedoc=%7B1A0B4C84-5D99-4D48-B44B-48ADCAE1280A%7D&file=H_and_S-_Remote_Working_Self_assessment__2_.doc&action=default&mobileredirect=true)  If staff develop symptoms whilst at work, inform manager and leave the workplace immediately, go home and book a swab test (see [here](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)). | M | No – to stop spread from symptomatic staff, staff with symptoms must not attend work | All staff - ongoing |
| ***Staff who have higher risk factors to Covid-19 such as:***   * ***Shielding staff*** * ***Clinically vulnerable (over 70 or underlying health conditions)*** * ***Pregnant*** * ***BAME*** * ***Carer for a vulnerable person*** * ***Men over 40*** | **WHO**  Staff with protected characteristics  **HOW**  Emerging evidence suggests that alongside underlying health conditions, there are key demographic factors that can affect people’s vulnerability or is a ‘risk factor’ in relation to COVID-19. Such as:  Older people, Men (from 40 and over), and people from Black and Asian and Minority Ethnic communities (BAME) and a combination of these factors.  The causes of these increased risk factors are not yet fully understood, and further research is taking place. | *Managers will need to consider staff who have the higher risk factors. Please ask staff to complete an individual risk assessment to return and discuss with you. Once the individual risk assessment is complete, please return to HR for the employee’s file. Please see the individual risk assessment.*  *Managers should encourage conversations with staff in these risk factor groups - exploration for the risk factors and perception of the staff member. Where there is agreement that the risk factors can be mitigated with the existing control measures in the risk assessment to everyone’s satisfaction no change is needed. Where however it is clear there is increased risk for a staff member which is not mitigated by the existing control measures in the risk assessment the manager must provide support and make necessary adjustments to mitigate those risks.*  *Consider with the staff member if it is more suitable for them to in lower risk work or work remotely in the interim, and take HR advice of any other measures if needed.* |  |  | Manager and Staff |
| ***Potential spread of Covid-19 in vehicles***  ***Follow social distancing guidelines where possible*** | **WHO**  Staff | * Avoid multiple occupancy vehicles where safe/possible to do so. * Vehicles should not be shared if possible. * If it is not possible to keep a 2m distance in a vehicle, consider additional safety measures (see below).   It will not always be possible to keep a 2metre distance inside vehicles. Many in-vehicle tasks need more than one person, for example heavy deliveries or refuse collection, and changing  vehicle configurations to create more space may not be practical.  Where social distancing guidelines cannot be followed in full, consider if the activity needs to continue and if it does, what mitigating measures can be put in place to minimise transmission of virus. For example:   * Clear signage to outline social distancing measures in place * Increasing the frequency of hand washing and cleaning surfaces * Keeping the activity time involved as short as possible * Using screens or barriers to separate people from each other where possible * Well ventilated (open windows) * 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) * Single person or contactless refuelling where possible   Cleaning shared vehicles between shifts or on handover, especially between different users.  Regular cleaning of vehicles especially hand contact surfaces (eg steering wheel, gears, door handles, fuel  pumps and vehicle keys). Disposable wipes to be provided, bagged and disposed of as soon as possible into a bin and at end of shift.  Regular handwashing (or use of hand sanitiser of handwashing not available) especially before boarding the vehicle and between drops/loads. |  | Example of seating arrangments to maximise distance between staff leaving some seats out of use |  |
| ***Carrying out deliveries or collections (eg distribution or dispatch areas)*** |  | Scheduling to limit exposure to large crowds and rush hours where appropriate.  Revising pick-up and drop-off collection points and procedures with signage and marking.  Where possible and safe having single workers load or unload vehicles.  Minimising unnecessary contact at gatehouse security, yard and warehouse. For example, noncontact deliveries where the nature of the product  allows for use of electronic pre-booking.  Maximising use of electronic paperwork where possible, and reviewing procedures to enable safe  exchange of paper copies where needed, for example, required transport documents.  Enabling drivers to access welfare facilities when required and consistent with other guidance.  Encouraging drivers to stay in their vehicles where this does not compromise their safety and existing safe working practice.  Identifying areas where people have to directly pass things to each other and find ways to remove direct contact, for example, by using drop-off points or transfer zones. |  |  |  |
| ***Moving around buildings, worksites***  ***and destinations*** |  | Reducing the number of workers at base depots/distribution centres at a given time based on minimum operational safety requirements.  Scheduling times for the collection of goods to avoid overcrowding.  Picking goods ahead of collection and loading onto vehicles without interacting with the driver.  Reducing job and location rotation.  Finding alternative solutions to two-person delivery. This could include delaying delivery of large items or using an alternative method, for example, mechanical / material handling equipment. Where these are not possible maintain fixed pairing for two-person deliveries and minimise physical contact. |  |  |  |
| ***Consider if Personal Protective Equipment (PPE) is needed for the working activity*** |  | Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.  Managing the risk from Covid-19 is primarily through social distancing, hygiene measures (cleaning and handwashing) and the use of fixed teams or partnering, rather than through the use of PPE.  PPE to manage the risk from COVID-19, is only needed in limited exceptions such as clinical settings, like a hospital, care homes, GP surgeries, hospices and community care organisations or a small handful of other roles.  Unless the risk of COVID-19 transmission is very high, PPE (eg face masks) are not required.  Whilst not the government advice, if PPE is provided where the work activity is not high risk of Covid-19, this will be for reassurance purposes rather than required for safety reasons. |  | The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.  A face covering can be very simple and may be worn in enclosed spaces where social distancing isn’t possible. It just needs to cover your mouth and nose. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers.  If staff choose to wear a face covering, the following advice should be followed:  •Wash hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.  •When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.  •Change your face covering if it becomes damp or if you’ve touched it.  •Continue to wash your hands regularly.  •Change and wash your face covering daily.  •If the material is washable, wash in line with manufacturer’s instructions. If it’s not washable, dispose of it carefully in your usual waste.  •Practise social distancing wherever possible. |  |
| **Potential stress/anxiety caused by COVID-19** | **WHO**  Staff  **HOW**  eg fear of catching the virus, increased/intense workloads, redeployment to other areas, bereavement, illness, feeling isolated | Reassurance to staff of measures taken seriously to protect their safety.  Communication of message that for most people Covid 19 results in mild illness. Also, that transmission of the virus is more likely if in contact with someone with symptoms at less than 2 metres for 15 minutes or more.  Regulator communications from Chief Executive/Coronavirus email  Regular contact with managers and colleagues  One to one supervision meetings with manager  Access to the Employee Assistance Programme 24/7, and managers can refer staff to the Occupational Health Service.  Computer based training on coronavirus and stress – see portal [here](https://enfield365.sharepoint.com/sites/intranethealth/SitePages/h%26straining.aspx) and on i-learn  Staff Guide for bereavement during the coronavirus period – see [Bereavement Guidance](https://enfield365.sharepoint.com/:w:/r/sites/intranethr/_layouts/15/Doc.aspx?sourcedoc=%7BB89C538F-19B4-406F-AF2B-82DEBB572908%7D&file=COVID%2019_Bereavement_Staff%20Guide%20v6%20(002).docx&action=default&mobileredirect=true&DefaultItemOpen=1&cid=0fed1552-343e-4bb7-b369-ee80a71618f6)  Coronavirus staff updates and FAQs – see [here](https://enfield365.sharepoint.com/sites/intranethub/SitePages/Coronavirus-FAQ's.aspx) |  |  | Manager  Staff |
| **Accidents, security and other incidents** |  | In an emergency, for example, an accident, fire or break-in, people do not have to stay 2m apart if it would be unsafe.  People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands, or using hand sanitiser. |  |  |  |
| **Travelling to and from work** |  | If staff are not working remotely/from home, staff are encouraged to walk, cycle or use their car to travel to/from work.  Avoid using public transport if possible, but if not discuss possible staggered start and finish times to avoid peak travelling times. |  |  |  |