Generic Risk Assessment

Prevention of Exposure to the SARS-CoV-2 virus at the Research Complex at Harwell

Scenario: **Partial Return to Work**

Date	08/06/2020
Formal Issue	Version 1
Authors	RCaH Senior Management Team and RCaH Safety Advisor
Review and Signoff	David Payne

Introduction

This document has been written for the period 8th June 2020 to 30th September 2020 to assess the risk posed by the partial reinstatement of limited work activity at the Research Complex at Harwell (RCaH). After that date, or before if applicable, the document will be reissued.

It is expected that most RCaH facility users and Core Staff will continue working from home. Only those documented for COVID-19 or high-priority work (as specified in the return to work pro-forma) or essential activities would be present on site. All users working on site will require authorisation from their home institutions to confirm their status as eligible to allow them on site and work in the facility. This authorisation must be forwarded to the RCaH Operations Manager.

The content of this document is based on the PHE and HSE guidance for employers & employees and it incorporates the latest published scientific information. The primary control measures, prescribed at this time, are based upon Activity / Staff Control, Work Zoning, minimising contact, Personal Protective Equipment (PPE), good hygiene practices, cleaning protocols and social distancing.

It assumes that no clinically extremely vulnerable or vulnerable workers as defined by the Government or carers of clinically extremely vulnerable people, or persons with COVID-19 symptoms are permitted on-site. The latter is a critical assumption that needs to be guaranteed, otherwise no control measures render a partial return to work of sufficiently low risk to be acceptable.

Due to the national pandemic conditions, the PHE, HSE and Government recommendations may change, and if so, this assessment will be reviewed, and revised measures put in place as required.

Scope

This document, and specific measures derived from it for mitigating exposure to COVID-19, must be applied in addition to those controls already recorded for any task related Risk Assessment carried out at RCaH from 8th June 2020 to 30th September 2020.

It applies to any area within RCaH such as including, but not limited to, laboratories, staircases, corridors, foyer/cafe area, toilets and meeting rooms. It does not apply to areas outside of RCaH that are under the control of RAL Estates (STFC) and where local instructions must be followed.

This generic risk assessment (GRA) will be supported by specific checklists pertinent to the specific proposed work by the user Groups, as well as reassessment of the in-place risk assessments if required. Safe Operating Procedures (SOPs) for individual tasks and work packages will be needed if required. This document is complementary to any documents issued by STFC SHE Group or by RAL Estates to control the risk, such as site access control and usage of common RAL spaces.

This document does not cover scenarios such as tasks undertaken by or including clinically extremely vulnerable or clinically vulnerable people and a general return to work (high building/open plan office occupancy). These scenarios and tasks are not sanctioned to take place at this time.

Responsibilities

- The RCaH Director is responsible for approving Research Groups returning to work in RCaH.
- The RCaH Operations Manager will specify the space allocation and occupancy capacity for working in RCaH.
- The RCaH Operations Manager and Group Leaders' (GL), will ensure that the control measures given in this document are introduced from 8th June 2020 until further notice.
- The RCaH Director and Group Leaders will ensure the required resources to implement these control measures are available.
- The RCaH Operations Manager and Group Leaders will assign the persons needed to ensure that these controls are followed by all workers.
- RCaH Operations Manager and Group Leaders proposing the work packages must be responsible for ensuring compliance with the control measures identified, either personally or by ensuring a suitable responsible person is nominated amongst their team/people they propose, known as the "Team Supervisor".
- The RCaH operations Manager will ensure that the control measures are in place for the user Groups work before they start and the RCaH Operations Team will periodically monitor effectiveness. No work will start until these control measures are in place.
- The individuals identified to attend site have a responsibility to follow the control measures, including a declaration of non-vulnerability as per the government's definition, taking into additional account where relevant emerging risk factors have been identified.
- Group Leaders will provide all necessary training (via the RCaH Return to Work Guidance) in respect of this risk assessment before any work including verification of an individual's non-vulnerable status.
- The Core Team will provide additional guidance and training where needed and identified.
- The RCaH Operations Manager with the support of the RCaH Core Team will ensure suitable arrangements are in place for the communal areas, such as foyer, break out space, toilet facilities.

Risk Assessment

Step 0: Why are we doing this? Can this risk be avoided?

RCaH has been in lockdown and nearly all of its operations have stopped, except some very limited activities for COVID-19 research, building management and essential maintenance/safety checks. Restarting operations would be in a limited form to determine effectiveness of controls and arrangements for working in the facility and recognising that returning to a "normality" is many months away and more likely in 2021. Restarting operations would be in the form of configuring its facilities to enable some level of remote access and limiting the capacity of occupants. This reconfiguration would allow a partial restart of operations which is likely to be the new normal state for an extended period of time. To enable this, in the first instance, a series of activities are necessary to create and test this reconfiguration, including all measures needed to enable this to happen safely – both from the COVID-19 perspective and the usual hazards present, and simply to see if this mode of working will be effective in respect of our primary business

Step 1: What are the hazards?

Potential infection with SARS-CoV-2 coronavirus due to spread from an infected person and then

spread on to others with the risk of developing COVID-19 disease. Two major difficulties in evaluating the risk of the hazard are the fact that the disease affects individuals in very different ways, and those individuals that are infectious, quite often do not have any visible symptoms, even to themselves, especially in the early stage.

Step 2: Who might be harmed and how?

An individual infected with COVID-19 can be infectious yet pre-symptomatic or asymptomatic, either for the duration of the infection or at the start. Thus, seemingly well people can unknowingly be infectious, and anyone interacting with that individual places themselves at significant risk of infection themselves. This is the primary hazard, in that staff returning to work may be interacting with other staff who are infectious without anyone being aware. Additionally, if an individual tested positive for COVID-19 the nature and duration of any immunity after recovery is unknown. Until further information comes to light about reinfection rates and immunity, and antibody testing becomes widely available, this assessment will assume that any person can be infected or re-infected by any other person.

There are two main routes by which people can spread SARS-CoV-2 coronavirus:

- **Through the air.** Infection can be spread to people who are nearby through droplets which could be released and inhaled into the lungs, predominantly (but not exclusively) through sneezing and coughing.

- **Through contaminated surfaces.** It is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door handle or shaking hands, then touching own face). Note that sweat is not contagious.

Step 3: Control Measures

In addition to the below control measures, please also refer to the "RCaH Back to Work" document.

1. **Work authorisation**

- All site personnel, unless involved in essential work (COVID-19 research and work deemed to be of high priority), have been told to work at home.
- All declared clinically extremely vulnerable and clinically vulnerable staff, and those declared as living with or caring for clinically extremely vulnerable people are excluded from site.
- All proposed work in RCaH must be authorised by the RCaH Director.
- The Group Leaders will have to complete a "Group Leader Checklist". This must be sent to the RCaH Operations Manager for review and authorization.
- Group Leaders will need to nominate "Team Supervisors" who will be required to complete a "Team Supervisor Checklist". This must be sent to the RCaH Operations Manager.
- It is assumed that a "normal" task / work Risk Assessment, other than that related to COVID-19 above, will be in place covering all the task risks involved.
- RCaH out-of-hours and lone working procedures must be followed.

- All persons involved in working at RCaH will have read this Risk Assessment and understood the Control Measures therein, the specific CVRA, any relevant RA's and SOPs/ MSs and have received basic RAL site CV19 training (either through STFC or Diamond).
- The RCaH Core Team to periodically monitor and observe authorised work and the control measures, evaluating how well these measures are working.
- Facility users should report to their line manager and RCaH Operations Manager in case of any real or perceived unsafe condition related to the COVID-19 risk.
- If a control measure is not workable work should stop and a reassessment should be done.

2. <u>Personal Protective Equipment, Distance and Cleanliness</u>

- In line with government advice, social distancing (a greater than 2m separation) must be observed at all times. The duration of interactions at 2-metre should be limited to the shortest time wherever possible.
- Restrictions are in place limiting both laboratory and office capacity. This will be kept under review by the Director.
- Only those authorized to work on site have been given access to the building.
- Users are requested to only work in the facility for the laboratory work planned for that day – any write up or office-based work should be completed at home.
- Touch point hygiene measures have been introduced throughout Research Complex.
- We advise not to wear gloves in the communal areas, and purple nitrile (laboratory gloves) are strictly not permitted outside of the laboratory.
- Users are encouraged to wash hands regularly, if somebody insists on wearing gloves, they must be different from the laboratory gloves, e.g. transparent vinyl type.
- Face coverings / masks are required to be worn whilst working in RCaH.
- In exceptional cases where <2 m is not possible for a short period of time (5 mins), e.g. preparing a biological sample, or providing temporary help, appropriate face masks and face shields must be worn, and a risk assessment should be prepared.
- Only for very specific tasks where the 2-metre separation and time limited rules are not enough and it is not possible to use another solution, face filtering particulate masks of minimum standard should be used, along with a face shield or goggles. In these circumstances the correct type of mask face fit testing and training in its use is needed to minimise the likelihood of the infection. Again this must be included in your specific risk assessment.
- The use of common equipment (e.g. tools) is discouraged, but if necessary, should be cleaned before and after use.
- Good personal hygiene and frequent hand washing continues to be the most effective control measure:
    i. Hands should be washed often with soap and water, for at least 20 seconds, following hand washing instructions posted in washrooms;
    ii. Hands should be washed on entry and departure from the workplace, before eating and drinking, or smoking/vaping, and between tasks. Frequency will also depend on the items that have been handled and/or there has been personal interaction;
    iii. Use hand sanitiser gel if soap and water are not readily available, but wash hands with soap and water at the earliest opportunity;
    iv. Cover the mouth and nose with a tissue (not hands) or the inside of your elbow (not your hands) when you cough or sneeze.;
    v. Place used tissues in the bin immediately after use, and wash hands;

      vi. Avoid touching your face with hands, but only with a clean tissue;

     vii. All bins should be lined to avoid contact with bin contents during disposal.

- There must be no sharing of any PPE.
- All PPE should be stored in such a way to prevent contamination, such as separate, personalised containers specific to the individual concerned.
- Common touch points within an individual's working area e.g., work surfaces etc., where practicable, should be cleaned regularly (multiple times a day), with a disinfectant and before leaving at the end of the working shift.
- Lab coat cleaning and replacement arrangements are in place
- Daily cleaning of frequently used touch points is carried out by RCaH cleaners.

3. **Building access/egress control and movement**

- The level of occupancy in RCaH areas is expected to be low therefore social distancing should be achievable – if all the controls are adhered to.
- Access and egress points have been identified for those working in the building – refer to RCaH Back to Work Guidance Document.
- Before any work begins, the RCaH Core team will display standardised signage throughout the buiding to remind users of the basic controls and precautions.

4. **Individual actions**

- The users must use the Cloudbooking Information System (CIS) to allow the core team to monitor building occupancy. Where this is not operational, they must inform the Operations Manager the names of individuals and locations of work by email or through Microsoft Team Rota.
- All personnel participating in a partial return to work must not be in the clinically extremely vulnerable category (or living with/caring for someone clinically extremely vulnerable) as defined by the Government. Further, they should be aware of the evolving evidence of risk factors as it pertains to them, that may extend beyond the Government definition, such that they can make a personal judgement as to whether they wish to participate in a return to work.
- If anyone believes they are displaying *any* COVID-19 symptoms, they must leave the workplace immediately informing their Group Leader and any Team member (phone call/email – not in person), self-isolate for 7 days and follow Government advice.
- Travel to the site should be by personal transport not public transport (if possible).
- Take normal breaks observing social distancing and try to organise lunch breaks to minimise the occupancy in rest areas. Consider bringing your own food and drink, rather than using the restaurant (which will be takeaway only). Follow guidance in the RCaH Return to Work Guidance Document.
- Minimise contact time with others (preferably no more than a few minutes and ensure they maintain 2 metres or more from any person).
- Minimise the sharing of tools and equipment; wear gloves if it's not possible to avoid this. If they cannot use gloves, clean all the handhold surfaces of the tool or machine before and after they use it.
- For cleaning tools and surfaces in the workplace use disinfectant spray applying it on a cloth (unplug electrical equipment before doing this).

- Leave all the working areas used in a clean condition as they would expect to find them at the beginning of the shift.
- When you arrive home, wash their hands and face and change out of all their working clothes.

5. Interaction with the rest of the RAL Estate i.e non RCaH areas

- One of the biggest risks as more people return to site is interaction with others outside of the RCaH, especially in common areas such as the atrium or rest areas or simply corridors and toilets.
- An addendum will be issued to this Risk Assessment once information has been received from Estates and others and an agreement on how common areas on Campus should be handled.

6. Contingency Plan. What to do if…?

A fire alarm goes off:
1. Stop work and leave in a safe manner.
2. Ensure security have been called (x2222 or 01235 778888).
3. Leave the building immediately keeping the social distancing at all times.
4. Go to the building assembly point in the RCaH car park.
5. When at the assembly point individuals must observe social distancing and await the arrival of the Alarm Investigating Team (AIT) – a member of the core team, who will attend to the fire panel.
6. Only re-enter the building when you are instructed it is safe to do so by the Alarm Investigating Team. The Core Team will perform a roll call and identify who may be missing and their last known location.

A team member has COVID-19 symptoms and stays at home for self-isolation
1. Stop any work in the area that the affected person has worked in during the last 7 days.
2. Inform the Group Leader and RCaH Operations Manager.
3. Identify the other Team member(s) involved.
4. Ask those staff to self-isolate as per government advice.
5. RCaH Operations team will isolate the area that the infected person was working in (physically if possible) in quarantine for a number of days – erecting appropriate signs. Tools, materials, equipment and work areas will be disinfected after the quarantine period is over.
6. The incident must be reported on SHE Assure.

A first aider support is required
1. Stop work and help your colleague, if possible, maintaining social distancing at all times.
2. If serious injury or ill health, call Security (x2222 or 01235 778888) for first aider assistance.
3. If minor injury or ill health call security on x5545.

A control measures is not in place or cannot be followed
1. Stop any task in the area affected.
2. Inform the Group Leader and RCaH Operations Manager.
3. Wait until the control measure is back in place, or the task procedure has changed achieving the same safety level.

7. **Training sessions**

If possible, all the training sessions and briefings should be done using ZOOM or by phone, only in very specific circumstances should a face to face training be allowed.

Step 4: What is the level of risk with current controls?

- The level of risk is difficult to determine as it is dependent on a number of factors including but not limited to the level of harm if someone was to develop Covid-19 following exposure to the virus. Harm is also generally dependent on a number of factors that are primarily based on the risk profile of the infected person.
- The above control measures should reduce the likelihood of someone being exposed to SARS-CoV-2 coronavirus as "very unlikely" and in combination with the control measures in step 3 above, the potential risk of exposure should be LOW/MEDIUM.

Step 5: How must this Risk Assessment be put into action?

- The Group Leaders have to discuss the planned tasks with their staff including the information in this generic RA and implement any specific control measures, in a CVRA and SOP/MS and training.
- The protocols contained in this Risk Assessment must be followed.