DRAFT RISK ASSESSMENT GUIDANCE to help plan a return to the workplace using a risk assessment systems approach. The final document will be available as part of a Society of Occupational Medicine toolkit in association with CIPD from Monday 18 May at https://www.som.org.uk

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This annex utilises a risk assessment (RA) systems approach to planning both the return to work and how work processes can be maintained following the initial return following easing of lockdown. Organisations must remain mindful that the return to work is just the start of the process and that (They should be mindful that) there will be long term effects on both the physical and psychological well-being of their workforce following easing of lockdown.

A number of suggestions are included and for many organisations, there could be a significant cost implication. Employers have a duty of care to their employees and workplace visitors, including contractors, under the Health and Safety at Work Act 1974. It is left to them to decide which of the suggestions within this document they consider to be reasonably practicable.

This annex is divided into 6 sections

Section 1 Introduction
- Provides a brief overview of how the virus spreads
- Refers to the Health and Safety Executive five-step approach to risk assessment. It considers the workplace, the people who work there the work processes they carry out and the equipment they use to do this.

Section 2 Risk assessment approach
- Highlights higher and lower risk working environments
- Advice for occupational health professionals
- An example of a Covid-19 Safety Plan

Section 3 Risk management
- Risk management strategies

Section 4 Resources for use by Occupational Health Professionals
- Resources for occupational health professionals

Section 5 Control of Substances Hazardous to Health Regulations (1998) and Covid-19
- Control of Substances Hazardous to Health Regulations (1998) (COSHH) considerations in relation to Covid-19

Section 6 COVID-19 Safety Plan
- An example of a Covid-19 Safety Plan

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Section 1 Introduction

The Covid- 19 virus is easily transmitted by two routes:

Airborne: The virus is expelled by coughing or sneezing. Larger droplets generally drop to the floor within 2m of the infected person.

Contact: This may result **directly** from person to person or **indirectly** via person to surface to another person.

Transmission can be blocked by an awareness of contamination routes, undertaking risk assessments and innovative ways of blocking transmission routes. The Health and Safety Executive five-step approach is a straightforward approach to the risk assessment process and involves:

- Identifying the hazards – these could include biohazards and psychological components.
- Deciding who may be harmed and how seriously
- Evaluating the risks and decide on precautions
- Recording findings and implement remedial strategies
- Reviewing the risk assessment and update as circumstances change

Please find a direct link to the HSE approach to risk assessments at

https://www.hse.gov.uk/pubns/indg163.pdf

Consideration should be made of the impact associated with the premises, people, processes, equipment, policies and associated procedures

Premises	The building/buildings in which people work, how they get to work and reducing congestion in break out/rest areas and welfare facilities.
People	People within the building – including: employees, visitors, contractors, cleaners
Process	Consider work tasks performed in the workplace including clocking in procedures, any shift patterns and adjusted hours and break times aiming to reduce exposure on public transport at building entrances.
Plant	Identify the equipment that is used.
Policies	The policies required to ensure that all employees and visitors are protected.
Procedures	The procedures associated with the work processes and how employees carry out their work.

Section 2 Risk assessment approach

2.1 The workplace

In relation to Covid-19, a number of elements influence the possible adverse effects on the physical or psychological well-being of the workforce. Some workplaces pose a higher risk than others and this is an important consideration when planning a return to work following easing of lockdown.

A1 Higher risk	B1. Lower risk
A1.1 **Location** – workplaces in major cities which are Covid-19 hot-spots. This results from population density and the need to use public transport systems where social distancing is more difficult	B1.1 **Location** – workplaces located in lower population density towns. Travelling to work by private transport, walking or cycling reduces the potential for close contact with others.
A1.2 **Increased potential for person to person contact** where social distancing is not easily achieved including: • Workplaces with a high density of people • Hospitals and health care facilities particularly where care is delivered to people with special needs including older people; those with physical and/or learning disabilities • The military, emergency and prison services • Schools, nurseries and child care facilities • Hairdressing and beauty therapy • (Some) manufacturing production lines • Large retail outlets • Restaurants • Toilets where social distancing may be difficult when using facilities such as those for hand washing	B1.2 **Reduced potential for person to person contact** where social distancing is easily achievable including: • Small to medium-sized businesses and local shops • Banks and Post Offices • Delivery services • Outdoor work such as landscape gardeners
A1.3 Poor management and ineffective supervision in areas of low compliance	B1.3 Excellent management and areas of high compliance
1.4 Poor regard/understanding of measures which promote infection control.	B1.4 Well planned and managed infection control measures.
1.5 Poor housekeeping including cleaning and the management and disposal of potentially Covid-19 infected waste. The latest advice is that Covid-19- remains active on plastic for 72 hours, cardboard 24 hours and copper 4 hours.	B1.5 High standards of housekeeping including regular cleaning and the management and disposal of potentially Covid-19 infected waste.
1.6 Specific areas where maintaining social distancing will be difficult such as lifts, staircases and more crowded public areas.	B1.6 Areas where it is less challenging to maintain social distance as the building is single story and with expansive public areas.
1.7 Temperature checks prior to entering the workplace. There is currently no evidence that this is a useful strategy as there are a myriad of reasons which could underpin a raised temperature, none of which relate to Covid-19 infection. For those organisations which have instigated this already, then they will need appropriate policies regarding how such measurements are taken, recorded and how these records are kept in accordance with legislative requirements including the General Data Protection Regulation 2018. Such policies are not within the scope of this document as they are currently not recommended by PHE.	

2.2. People

A2 Moderate, high and very high risk.	B2 Lower risk
A2.1 **Extremely vulnerable people.** Those who were required to shield during lockdown and will usually have a letter from the NHS advising them of this including: • serious health conditions including lung disorders • having received solid organ transplants • being immunocompromised or receiving chemotherapy for cancer • pregnant individuals with heart conditions. A full list is available here:	B2.1 **Less vulnerable people.** Workers aged under 70 who do not have conditions defined in the Government guidance that would make them more vulnerable to Covid-19. Generally, provided they do not have any other health issues younger workers are less vulnerable than at the older end of the working age spectrum.

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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 **A2.2 Workers at high risk but not extremely vulnerable are those that have or are:** • aged over 70 years but with no long-term conditions • under 70 years with underlying health conditions as listed by the Government on the link below • more than 28 weeks pregnant • Black, Asian and minority ethnic (BAME), particularly those who are obese and/or with one or more long term conditions • Those who have learning difficulties or are neuro-diverse See https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/	
A2.3 Employees with poor respiratory hygiene etiquette in regards to how they: • protect others whilst sneezing/coughing • dispose of used handkerchiefs • regularly wash their hands or apply alcohol hand rub	**B2.3 Employees with excellent respiratory hygiene etiquette**
A2.4 Employees who have had a change in their work situation e.g. redeployment/furlough: some may return to work, others may request more flexibility/homeworking and others wish to retire. Some people whose mental health has been affected as a result of "work bereavement" due to changes in the way that their work patterns are arranged, particularly if they no longer work with people they consider to be friends.	B.2.4 No change in working environment and type of work i.e. remain home working.
A2.5 Bereavement for loss of loved ones/friends/co-workers. This includes those who may have experienced deaths of co-patients whilst being treated in hospital.	B 2.5 Businesses which have few, or any, employees who have experienced loss of loved ones/friends/co-workers.
A2.6 Numbers of absent employees due to shielding; high risk or unwell and the impact this may have on the rest of the workforce who had to cover their absence from the workplace.	B 2.6 Businesses, generally SMEs, with few, if any, employees who were shielding or became ill as a result of Covid-19.
A2.7 Potential loss of job if furlough is no longer available or not supported by the government and the business is unable to recover and faces liquidation.	B 2.7 Organisations who did not furlough staff particularly if they are financially stable.
A2.8 Potential effect on colleague relations between those having to remain in work and at risk and those who have been furloughed/home working.	B2.8 Organisations who supported home working prior to the Covid-19 crisis.
A2.9 Feelings of guilt for those who were furloughed or shielded for not being able to contribute to the organisation.	B 2.9 Organisations who had low numbers, or any staff members who were shielding or furloughed.
A2.10 Health conditions deteriorating or emerging, due to the impact of reduced access to healthcare.	B 2.10 SMEs employing a high proportion of young, fit adults are likely to be **lower risk.**
A2.11 Cognitive and/or physical decline due to not having been in the work-place for a prolonged period and particularly for those who do not adapt well to change. Some of the workforce may have forgotten how activities were undertaken and may have difficulties getting up to speed with new processes.	B 2.11 Agile organisations with workforces used to responding quickly to change are likely to better adapt to the changes resulting from Covid-19.

2.3. Work Processes and Equipment

A3 Higher Risk	B3 Lower Risk
A3.1 Processes where social distancing is difficult to maintain consistently. Consider using barrier screens, transparent screens at Reception, "clock in" area, pay station in canteen etc. Some manual handling tasks; tasks requiring 2 or more people in an enclosed space are particularly high risk	B3.1 Processes which easily allow social distancing.
A3.2 Equipment which is shared between several people.	B3.2 Equipment which is allocated to an individual.

A3.3 Equipment which cannot easily be cleaned due to its construction or the materials from which it is made.	B3.3 Equipment which can be easily cleaned.
A4.1 High-risk environment with little control; high pressure and more complex tasks which may be exacerbated by the pressure of reduced staffing; pressure of the current situation.	B4 Medium or low-risk environment with less complex processes, higher control and less demand
A4.2 Workplace changes due to the current situation leading a reduction in work specific knowledge and therefore increasing risk of performance reduction, strain and uncertainty.	B4.2 No change in workplace processes and systems.
A4.3 Increased risk of accidents due to change; staff shortage; lack of knowledge with redeployment.	B4.3 No staff shortages.
A4.4 First aider fear of treating individuals	B4.4 First aiders who feel well supported in the workplace with access to well written, easily understandable policies relate to their health safety and wellbeing.
A5. Working in poorly ventilated work areas, with a high worker population density, increases the viral load present in the environment. This, in turn, will increase the likelihood of contracting Covid-19. Work conducted by two or more people in confined space such as in construction	B5 Working in well-ventilated work areas, with a low worker population density, particularly where it is possible to open windows to increase air movement. Good ventilation and reducing the number of people in work areas decreases the likelihood of a high viral load present in the working environment. This, in turn, will decrease the likelihood of contracting Covid-19.

Section 3 Risk Management Strategies

Buildings	
3.1 Reduce the number of people in the workplace at any one time	**Consider** Reviewing the necessity of being present in the workplace every day in collaboration with employees. Creative ways of working may be practicable such as facilitating home working and working on-line for a proportion of the working week.[N.B. Not all people will enjoy home working, finding it isolating or distracting particularly if there are young children at home] This will be context specific. Adjusting/staggering workplace working days and/or start and finish times. Consider dividing staff into teams. Where working in such teams it is possible to fix these splits (cohorts), so that where contact is unavoidable, this happens between the same individuals. It may also be possible for these teams to work from home for a proportion of the working week. If this is possible, a rolling programme of blended attendance pattern may be achievable e.g **Week 1** Blue Team are present in the workplace on Monday, Wednesday and Friday with Green Team present on Tuesday and Thursday. **Week 2** Green Team are present in the workplace on Monday, Wednesday and Friday with Blue Team present on Tuesday and Thursday. Staggering break times thus reducing the number of people who are likely to come into contact with others.
3.2 Office/workspaces/reception areas Design the workspace to facilitate social distance.	**Consider:** Removing/taping off alternate desks and tables in open-plan offices, rest areas and staff canteens. Marking out safe distances (1 meter or latest PHE recommendation) on the floor using high visibility tape. Installing transparent screens around reception and other desks to add as a barrier. Avoiding hot-desking, sharing of computer keyboards and telephones. If such practices are unavoidable then clean the workstation between each person.
3.3 Discourage workers from congregating in high traffic areas	**Consider:** Strategies to reduce lift use – encourage those able to use staircases do so where possible. Agreeing times for sections to use stairs or lifts at the beginning or end of the working day may also help. Identifying separate staircases for ascending or descending to other floors reducing the chance of people coming into close proximity. Ways to discourage workers from congregating around water coolers, tea/coffee machines, photocopiers etc. Encouraging employees to bring in food from home and eat at desks if feasible or use vending machines with hands-free opening devices.
3.4 Housekeeping and Hygiene	Provide hand washing facilities or alcohol hand rub at entrances and exits of all buildings. Buildings must be cleaned regularly and waste managed appropriately. When selecting new furniture, fixtures or fittings select those that are easily cleaned and resistant to cleaning materials. Select those which are hard, smooth. Particular attention should be paid to cleaning fixtures and fittings which may not previously have been high priority pre-Covid-19, including equipment which must be shared equipment (e.g. photocopiers), door handles, handrails, desks, keyboards and telephone handsets (please refer to previous comment about the life of virus on plastic -72 hours, cardboard -24 hours, brass 4 -hours). Develop ways to reduce the need to use door handles or press buttons to open doors. Fit automatic door opening devices, preferably those which are motion-sensitive.

	Designated person/people to receive stores/supplies and issue the same. To remove as much packaging as possible on delivery.
3.5 People	Occupational health (OH) services have a very important role to play in supporting organisational success and productivity. OH professionals, including physicians and nurses, can advise management and employees of the health, safety, welfare and wellbeing issues relating to returning to work. They can contribute to a strategic role in assisting the organisation to get their workforce back to work and their businesses to become productive and eventually profitable. They can advise on the impact of Covid-19 on health and safety management; the psychological impact of Covid-19; and how employees with significant health problems could best return to work.
	The lock-down precipitated by the Covid-19 crisis will have both physical and psychological implications for workers. On RTW many workers will have suffered with challenges which have impacted on their mental health. These will continue for some time lockdown and for some include social and other factors such as: • domestic abuse • increased alcohol intake possibly resulting dependency on alcohol • dependency on substances including medication whether those are prescribed or accessed in other ways • problem gambling which can be accessed in the home including ways these can be undertaken online • Financial hardship/debt • Obesity • Reduced exercise impacting on physical fitness More information on identifying and supporting psychological issues are addressed elsewhere in the document. For workers who undertake physically demanding work, particularly those whose tasks are physically demanding involving moving and handling loads, there will be specific considerations to be made as there will be elements of the demands of their work tasks which could significantly impact adversely on their musculo-skeletal health. They will have to build up their physical resilience in order that they do not become injured and/or find adjustments to the way work is done to reduce the risk of injury. Occupational health staff should refer to Section 5 --Musculo-skeletal risks, Section 6 Job Demand Analysis and Section 7 Physical activity for further information.
	Some employees may be reluctant to use public transport and may decide to travel to work on foot or bicycle and provision should be considered in relation to this travel choice. Some people have little choice other than using public transport for their commute. For these people facilitate strategies which will assist them to work from home as it is essential that they reduce the risks associated with rush hour travel on public transport. This is essential when health conditions make them extremely vulnerable For workers whose health status make them highly vulnerable, consider ways that they can avoid using public transport at peak travel times. There should be special arrangements made for anyone who is extremely vulnerable and unable to work from home with no option but to travel on what may be very crowded public transport. It may be appropriate, for a time-limited period, to consider whether it is possible to make a contribution to private transport costs. People are likely to avoid using public transport and either walk or cycle to work. Consider the arrangements that can be made for storing bicycles and washing facilities for people who travel to work in this way. Organisations operating a cycle to work scheme could raise awareness of this.
	Reduce people density within buildings- see section 4.1.
	Provide alcohol hand rubs (60% alcohol minimum) at building entrances, exits and in work areas. Supplement these with hand moisturisers in welfare facilities. Instruct workers to clean their hands frequently with soap and water for at least 20 seconds or use an alcohol hand rub. Provide tissues for employees and encourage them to use them when coughing or sneezing then throw them

	away immediately into receptacles which are emptied regularly and the contents treated as infectious waste.
	Any member of staff who develops symptoms of Covid-19, such as a new, continuous cough and/or a high temperature, should be sent home and stay at home for 7 days from onset of symptoms. If the member of staff lives in a household where someone else is unwell with symptoms of Covid-19 then they must stay at home in line with the stay at home guidance and available on this link: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection
	Consider how people interact with each other whilst at work. It may be possible for team and other meetings to be undertaken using technology such as conference calls, *Zoom* or *Microsoft Team*.
	Ensure, where possible, that managers and supervisors support new ways of working taking account of social distancing. This will require policy development to support any changes to working practices. Managers, supervisors and workers are likely to benefit from additional training in this regard.
	Encourage managers to monitor the physical and psychological wellbeing of their employees. They should check in with staff daily if possible. Ensure that managers and supervisors are made aware of both the physical and psychological impact the crisis may have on the staff they manage. Occupational health professionals can have an important role in advising and supporting both managers and their staff members Managers may need additional training in recognising the psychological impact and how they can best support their staff. It may be useful to consider specific experiences of their workforce such as those who are returning to work from furlough; those from home working; those who have been ill from Covid-19; those who have been ill with a primary concern made worse due to current Covid-19 situation. It is also worth identifying the needs of those who have, or need to be, redeployed due to Covid-19 and the impact this may have on the physical and mental wellbeing. For staff working from home, managers/supervisors should check in (keep in regular contact) with the people they manage regularly. Training for line managers on how to support those returning from furlough and those who have been in work continuously. Encouraging conversations between these 2 groups is essential in ensuring there is no antagonism between the two groups. Provide opportunities for these groups of workers to talk openly about their feelings. They must be aware of, and understand the support that can be put in place for those returning from Covid-19 illness. A stepped care approach to support depending on the severity of disease. Specific support for employees who have had a relative with extreme illness or who have passed away, especially considering the difficulty around funerals and physical distancing.
	Be aware of the effects of the Covid-19 pandemic on both the physical and psychological health of your workers (see mental health section). This may be reflected in changes in their pattern of sickness absence/non-attendance, how they interact with others they work with including their, colleagues, supervisors and or customers. Employees who have already contracted Covid-19 may well experience a range of health ill-effects which could last a considerable time after they seem to have recovered from that initial viral infection. This could impact on their physical and psychological wellbeing and how they engage with others.
	Refer to OH to obtain advice on supporting the health of individuals returning to work and those currently in work. Especially important for those who have been at home for a lengthy period and have underlying health issues or have developed health issues. This enables a bespoke assessment of the individual matched to the role and organisation. Should they have been ill then this allows for an assessment of their capacity to work and advice on how to manage their return

	• return to work following Covid-19 illness to support advice on risk assessment • referral for support and advice for other health condition which increases risk (how to improve lifestyle/self-management) • referral for other health issue which has been impacted by reduction in NHS services • referral for shielding and high-risk advice on return to work • referral for presenteeism; possibly due to mental health impact of current situation • referral for a musculoskeletal assessment if returning to a physical role following a period of illness (See also S5) • referral for mediation should there be any concerns between colleagues • psychological support • physiotherapy support (control & restraint) • DSE support/ergonomics when rearranging workspaces • Possible lack of physical activity or exercise during lockdown.
	Face covering: There is currently little evidence of widespread benefit from the use of face masks outside of the clinical or care settings, where they play a very important role. The UK does not currently advise the use of clinical grade face masks as a component of personal protective equipment (PPE) outside of care settings, in line with PPE guidance. There is a concern that widespread use by the public will deplete supplies available for health care staff. Public Health England (PHE) does not currently advise wearing masks in public places or for those working in supermarkets, waste collection, schools and similar settings. PHE will continually review guidance in line with emerging evidence and World Health Organization (WHO) recommendations, and update their guidance whenever new evidence suggests this is needed. The advice of government agencies should be followed. Their current advice (11 May 2020) is the use of a scarf or similar to cover the mouth and nose when social distancing is difficult such as when using public transport. When the use of face covering is necessary, to be effective it must be worn correctly, changed frequently, removed properly, disposed of/laundered safely and used in combination with good universal hygiene behaviour.
	Management and other support mechanisms **Consider:** Initiating weekly check-ins by line management to assess wellbeing when employees first return to work. Managers should collaborate with employees to investigate the sources of stress, undertake stress risk assessments and reduce as far as possible specific to their context. If advice on specific employees is required, they should contact OH. Consider the provision of an employee assistance programme (EAP) as an employee benefit. EAPs are complementary to an occupational health (OH) service but should not replace it. They are an ideal point of contact for employees to gain psychological support and advice in addition to or after managerial and peer support is insufficient An early referral to OH for staff members who are experiencing physical ill-health or psychological difficulties. A wellness recovery action plan (WRAP) may be required for those with significant underlying health issues which may be exacerbated by the current situation A referral to psychological support or the worker's GP may be necessary if concerns are ongoing. Signpost other support mechanisms including a point of contact if employees are struggling to return to work. Consider appointing appropriately trained mental health champions and mental health first aiders. Raise awareness of points of contact, and a range of tools and apps including self-assessment tools https://www.nhs.uk/oneyou/every-mind-matters/ to

	monitor mental health. These could be included on notice boards or on the organisation's intranet.
	How organisational change is managed is an important consideration. Prepare employees to commence a gradual return to work with welcome back procedures by managers. Communicate any changes resulting from Covid-19 Retraining or refresher training on changes may be necessary. Include time for people to catch up with changes if applicable.
	Encourage physical activity to improve general and mental health / COVID risks – access to physiotherapy support/advice due to increase in musculoskeletal issues resulting from work process adjustments (see section 5,6 and 7 for more details).
3.6 Processes	Review ways of work. Consider increasing home working or a combination of working from home and in their normal workplace.
	Encourage paperless systems and a clear desk policy in offices. Encourage employees to wipe down their desks with a 60% alcohol-based cleanser or equivalent before and after use. Undertake appropriate risk assessments as part of a risk management strategy – if staff members could be exposed to significant droplet contamination from a person infected with the Covid-19 such as in health care facilities provide PPE which, dependant on the outcome of a risk assessment, could include scrubs, gowns, head covering, eye protection, respiratory protection, gloves.
	Plan work tasks and subtasks so as to avoid close contact. Previous government guidance was keeping 2 meters distance between people, this has now been dropped to 1 meter. Make appropriate plans for work logistics and break times.
	Many people work in settings which may expose them to hazardous materials such as cleaning products, inks, paints and solvents. These materials are covered by the Control of Substances Hazardous to Health (COSHH) Regulations (2002) and apply to both chemical and biological hazards, including exposure to germs. These regulations require risk assessments which consider: the nature of the hazard; the harm that could arise; those who could be affected; the controls already in place; the improvements that may be needed. **See Section 8** which details aspects that link specifically to Covid-19. Examples of risk assessments are available on the HSE website. DIY shop: https://www.hse.gov.uk/coshh/riskassess/diyshop.htm Office environment: https://www.hse.gov.uk/coshh/riskassess/office.htm Engineering: https://www.hse.gov.uk/coshh/riskassess/engineer.htm
3.7 Equipment	Those who work from home should try to create a space exclusively for their work tasks. This should be similar to the setup in the office. A suitable workstation should ideally consist of an adjustable office chair, desk, computer keyboard, mouse and monitor. The desk should be as clear as possible with adequate lighting. It should comply with the Display Screen Equipment Regulations and set up as recommended within this health and safety executive resource Display screen equipment (DSE) workstation checklist which can be downloaded from: https://www.hse.gov.uk/pubns/ck1.pdf .Those using display screen equipment whilst working from home should ensure that, like their colleagues working in their usual office environment, they integrate regular breaks from keyboard tasks. Stretching exercises will reduce the possible musculo-skeletal effects of intensive keyboard tasks. See this link which lasts just over 2 mins - https://niva.org/app/uploads/Niva-workout_2.mp4?_=1
	When work must be undertaken in the office avoid hot-desking where practicable. Increasing home working may reduce the pressure on desks and make this more achievable.
	Where hot desking cannot be avoided consider voice-activated software and allocate wireless keyboards/mice and hands telephone head-sets to each person which can then be used with communal PC's. Employees provided with such equipment should also be provided with at least three washable cotton

	drawstring bags in which to store this equipment during the working day. These bags should be changed daily and laundered at the end of each working day.

Section 4 Resources for use by Occupational Health Professionals

4.1 Musculo-skeletal (MSK) risks for a return to work (RTW) Post-COVID-19 – Information for Occupational Health Professionals

Categories of consideration for musculo-skeletal health for RTW:
1. Asymptomatic Working from Home
2. Asymptomatic Furloughed
3. Post Symptomatic
• Mild (symptoms managed at home)
• Severe (hospitalised, intubated, physically immobile for any period)
4. Fatigue development following remaining in work with increased shifts durations & workload

Risks:
Load
Repetition/Sustained activity/posture
Duration of task(s)
Pace of task(s)

Section 4.2 for completion by the employee's manager to provide an overview of job demands
See **Section 4.3** for comparative questionnaire for employee to complete as a screen prior to RTW to compare pre/post Covid-19 activity levels. Those with dramatically reduced physical activity & a highly active physical role may benefit from further review or a period of work hardening as a phased/gradual reintroduction to work.

Workplace Considerations

Physical Skillset – gross manual movements vs fine hand dexterity movements to be considered. **Confidence** – skilled & manual workers may require competency checking for undertaking some roles (are there professional registrations regulations related to practice knowledge, scope & training?).
Journey to work – walk, cycle, public transport, motor vehicle. Remote V's city centre. **Parking locations** – distance from building, peripatetic sites, equipment to carry between sites.
Specific location – stair/lifts, doors (fire doors V's accessibility doors. Journeys to basic amenities (kitchens, bathrooms etc.). **Ergonomics** – office DSE, production line workstations, even checkout situations. **Practice** – professional considerations in terms of actual physical capability to undertake a task or series of tasks sustained & repeatedly. **Job role change/redeployment** – due to reduced or increased demand in the workplace, task demands may change in terms of physical demands.
Manual Handling training/practice – renewal of training, reminders of common 'good' practice, maintaining up to date monitoring of those who may be deconditioned.

4.2 Record of Job Demand Analysis – to be completed by the manager and forwarded to occupational health

Job Title:	
Date:	

Key		
N	*Never*	*Task never performed*
O	*Occasional*	*1-33% of time in a day is spent performing this task*
F	*Frequent*	*34-66% of time in a day is spent performing this task*
C	*Constant*	*67-100% of time in a day is spent performing this task*

Please enter the correct options into the chart below, using the key above.
The description you provide will assist to plan the testing therefore it is essential that the information provided is accurate as it can affect the outcome of the test.

Strength Tasks

Task	Job Requirement		What is the heaviest item that may be lifted at any one time?	What is its weight?
Lifting floor to waist	Yes/No	**N/O/F/C**		
Lifting waist to eye level	Yes/No	**N/O/F/C**		
Two hand carry	Yes/No	**N/O/F/C**		
One hand carry	Yes/No	**N/O/F/C**		
Pushing	Yes/No	**N/O/F/C**		
Pulling	Yes/No	**N/O/F/C**		

Position Tolerance Tasks

Tasks	Job Requirement		What is the maximum time spent in this position at any one time?
Sitting	Yes/No	**N/O/F/C**	
Standing	Yes/No	**N/O/F/C**	
Working arms overhead-standing	Yes/No	**N/O/F/C**	
Work bent over-standing/stopping	Yes/No	**N/O/F/C**	
Work kneeling	Yes/No	**N/O/F/C**	
Work bent over-sitting	Yes/No	**N/O/F/C**	
work squatting/crouching	Yes/No	**N/O/F/C**	
work arms over head-supine	Yes/No	**N/O/F/C**	

Mobility Tasks

Tasks	Job Requirement		What is the maximum time spent performing this task at any one time?
Stair climbing	Yes/No	**N/O/F/C**	
Repetitive squatting	Yes/No	**N/O/F/C**	
Walking	Yes/No	**N/O/F/C**	
Climbing ladder	Yes/No	**N/O/F/C**	
Repetitive trunk rotation-sitting	Yes/No	**N/O/F/C**	
Repetitive trunk rotation-standing	Yes/No	**N/O/F/C**	

FORM COMPLETED BY:
Name:
Job Title:

4.3. Record of Physical Activity

Name:		Date:	
Job Title:			

Please advise, in comparison to your pre-COVID-19 event activity levels, how your inclusion in physical activities has changed (please add your own activities as relevant to your life i.e. swimming, aerobics, weight training, gym, exercise classes. Including activities which may be a physical nature within work, etc):

Planned Activities	Exercise					
Activities	Increased dramatically	Increased some	No change	Decreased some	Decreased dramatically	No. weeks change has been incurred for
1. Running						
2. Sitting						
3. Walking						
4.						
5.						
6.						
7.						

Please advise by marking on the line below, how you feel regarding your current _physical_ state of health & fitness in relation to your pre-COVID-19 event _physical_ state of health & fitness:

Pre COVID-19
Poorest physical fitness   Maximum physical fitness

0 1 2 3 4 5 6 7 8 9 10

Post COVID-19
Poorest physical fitness   Maximum physical fitness
0 1 2 3 4 5 6 7 8 9 10

People Considerations

Knowledge – Safe practices in the workplace (physical), reinduction of safe practices to avoid accidents
Expectation – rates/pace of work need to be realistic for those who have not been completing physical tasks outside of work that are relevant to the task expectation.
Clinical Governance – monitoring physical competency for physical tasks for clinical staff.

Ventilated individuals – any individual that has been ventilated or hospitalised would require a full review of their cardiovascular health prior to RTW to any physical demanding role. Additional advice is available via:
https://vrassociationuk.com/
https://www.rcot.co.uk

Significant reduction in physical activity/training – immediate, rapid & intense RTW following any period of reduced activity will result in injury/incident.
Deconditioning – as above.
Fatigue – individuals who have not received any respite due to remaining in a physically demanding role whilst receiving reduced support due to team ember furlough/absence & less ability to rotate tasks.

Manpower volumes – compensation for ongoing ill-health (non-COVID-19 related), increased demand on an already physically overworked workforce, who may be working in unfamiliar tasks/areas due to redeployment (temporary).

Work Process & Equipment

Manual handling – training, retraining, monitoring & application for relevant workforce (including supporting workforce) to mitigate incidence, injury or accident.

Appropriate/repetitive practice – sustained static activity & moderately to highly repetitive activity.

Endurance – shift duration, activity duration, rotations, and limitations to physical exertion.

Sustainability/expectation – as above.

Team reliability – tasks which require multiple individuals to work together in unison; does one person pick up another's inefficiencies, thereby increasing the physical demand on colleagues on an increased basis.

Risk Management & Strategies

Manual vs sedentary – injury following increased volumes of sedentary behaviour are equally as debilitating as others; physical activity compensations are almost impossible to achieve for those who perform highly sedentary roles.

Heavy vs light – utilisation of App 1 to identify the actual job demands of a task to relate the physical health requirements of an individual prior to imposing a return to work – is it comparative?

Strength vs cardio – are the physical demands cardiovascular demanding in nature? Has the individual engaged in cardiovascular activity during the epidemic? Can they sustain work demands without rest breaks?

Support for improvement/recovery – are employers considering support or intervention support for employees who express difficulty in any level of MSK issue, however minor? This will prevent absence following a RTW due to unforeseen MSK problems developing.

Signposting to OH - for any organisation, large or small to assist with support or guidance in any issue which a manager or senior team leadership may be uncertain of their responsibilities or how they can support may not

OH support: Who are OH? Who can companies' approach? What does this entail?

Section 5 COSHH considerations in relation to Covid-19

Step 1	Step 2	Step 3		Step 4 Action		
What is the hazard?	What is the harm? ho is affected?	What is already being done?	What improvements needed?	Who?	When?	Check?
Exposure to corona virus in the workforce	Covid infection to co-workers, visitors, and contractors	See Covid and associated policies (developed/updated May 2020) which include: -Limiting the number of people present in the workplace at any one time. -Social distancing - -Floor markings indicating 2m distance (or latest PHE advice) -Provision of screens around the reception desk. -Ensure effective ventilation (windows) -First aid policies to be updated	Policy development	Managers to implement and update the staff they manage on all Covid policies and procedures	At the point that staff return to the workplace	Within one month of return to work
First aid provision to a worker who is infected with covid-19	Infection risk to co-workers and first aiders	All first aiders to follow infection control strategies when giving first aid.	Update FA policies to reflect Covid-19 Provide written guidance to first aiders on strengthening -infection control – changes in resuscitation procedures avoiding mouth to mouth	Occupational health to update first aiders re changes to resuscitation procedures Health and Safety services to issue every first aider with a personal "Covid pack" containing hand gel, plastic aprons, gloves, surgical mask and disposal bags	Immediately	Check that all first aiders have received their Covid packs and updated guidance by the end of the first week back at work.
Handling waste which may contain Infected waste material such as used tissues, face covering	Principally contractors but other workers too Exposure to infected waste material	Waste is already well managed but there is now an increased risk of exposure to Covid infected material	Ensure that contractors have updated their operating procedures Include hazard information adjacent to waste bins	Facilities management	At the point that staff return to the workplace	Within one month of return to work

Section 6 Covid-19 Safety Plan

Use this form to document considerations about how the workers will keep safe at work during and after the COVID-19 pandemic.

Provide as much information in response to each question as possible as it will help managers, supervisors and workers, to know exactly what to do and what to expect. Review your plan regularly and if anything changes as the Covid-19 pandemic is an evolving situation, review.

Company details

Organisation Department	Worker representative consultation	Manager Approval
Date completed Date distributed	Name of worker Representative	Name of Manager
Revision date		

PLAN

Considerations	Describe what will be done	Who is responsible?
What will be done to manage risks from restarting business after lock-down?	**Consider:** **Buildings:** develop strategies to facilitate: social distancing, cleaning and hygiene, access to welfare facilities including toilets and rest facilities, maintenance of ventilation systems. *Example: consider strategies which support social distancing such as floor markings to indicate 2m distances between workers* **See section 2.1 of the annex of the Return to Work Tool**	Eg Facilities manager
	People: There will be a number of issues which have/will impact on the workforce including those changes which will directly affect workforce including worker physical and mental health. **See section 2.2 of the annex of the Return to Work Tool** *Example Identify all employees who are at increased risk should they contract Covid-19* **Work processes and equipment:** may include changes regarding	Eg managers, supervisors and HR professionals Eg managers, supervisors and HR professionals

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	how work is carried out and the equipment needed for the work processes	
	See section 2.3 of the appendix of the Return to Work Tool Changed workforce, changed rosters, worker health including mental health	Eg occupational health services, senior managers, and HR professionals
	Example: Restart the production line - carry out restart procedure and clean all touch surfaces.	
	Policies: existing policies may need to updated and new policies such as those relating to Co-vid 19 will need to be developed	
	See section 3 (Risk management strategies) of the appendix of the Return to Work Tool	
How will the organisation ensure all workers know how to keep themselves safe from exposure to COVID-19?	**Consider:** Providing organisational guidance and hold regular meetings to discuss: how social distancing is being maintained, the operation of hygiene and health promotion strategies. These will be regularly reviewed	Occupational health professionals, facilities managers, HR professionals and the health and safety team
	Example: Ensure all our policies and procedures are up to date by a daily review of guidance published by Public Health England on this site https://www.gov.uk/coronavirus	
	Example: Ensure that line managers and supervisors are aware of the psychological impact the crisis has on the staff they manage and they are supported/have received training in how to support the teams they manage.	
	See Section 3 (Risk management strategies) point 3.5 of the annex of the Return to Work Tool	
How will information be gathered on the wellness of staff to ensure that they are safe to work?	**Consider** Daily Covid-19 health check-in which confirms no symptoms which suggest Covid-19 illness, follow-up procedures for ill workers, contact tracing information. Developing a policy on how to care for any staff member who develops symptoms of Covid-19	*Managers, supervisors and team leaders in consultation with occupational health services*
	Example: To find out if workers are well when they come to work, we will ask each worker general questions about their physical and mental health.	
	Example: Any staff member who develops symptoms of COVID-19 (a new, continuous cough and/or a high temperature) will be sent home and will be expected to stay at home for 7 days from onset of symptoms. Further information is available on this link:	
	https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection	
	See Section 3 (Risk management strategies) point 3.5 of the annex of the Return to Work Tool	
How will the business operate in a way that keeps workers and others safe from exposure to COVID-19?	**Consider**: Who needs to be in the workplace. We will consult workers with regards to different ways of working considering:	*Facilities manager to review procedures and order supplies,*
	• the other people or businesses with which we will need to interact	
	• how separation distances will be ensured	

	- how surfaces are disinfected, - how shared equipment can be used safely, - the equipment required remote workers - training requirements, - How physical separation will be ensured or if this cannot be ensured what PPE is required *Example: We will review guidance on the Public Health England website and adapt our policies and operating procedures in line with that guidance.* *Example: We will ensure that we are cleaning surfaces in the right way with the right cleaning materials. This may require the development of tool-box talks.* **See Section 3 (Risk management strategies) point 3.4 of the annex of the Return to Work Tool**	*cleaners to use the new supplies and follow new cleaning procedures*
How will an exposure, or suspected exposure to COVID-19 be managed?	**Consider**: Isolation procedures, gathering and using workplace contact tracing information, clean down procedures. *Example: Update first aiders with regards to the first aid treatment they provide. This will involve providing personal protective equipment positioned along-side first aid boxes. We will ensure that they are aware of how they can protect themselves and others when dealing with those who become unwell at work. Arrange safe transport home immediately and provide all workers with advice on contacting GP and/or Healthline.* *Example:* Occupational health professionals have an important role in assessing fitness for work **See section 3.5 of the annex of the Return to Work Tool**	*Site manager, HR, occupational health services* *Site manager, HR, occupational health services*
How will the effectiveness of risk controls for existing/changed work processes be evaluated?	**Consider**: Adapting plans as better/easier ways to do things are found, incorporate how will workers be able to raise their concerns or suggest solutions, conducting regular reviews of your plan, communicating changes. *Example: Feedback from workers will be needed and some speak little English, so workers will be teamed up with buddies who are more fluent in English at team meetings.* The effectiveness of risk controls encompassed within section 3 should be evaluated and any shortfalls addressed.	*Managers, team leaders and supervisors*
How do these changes impact on the risks of all work processes?	**Consider:** Review existing critical risks and work practice changes with workers considering the impact of these in the light of current risk management strategies. Any new critical risks resulting from changes in worker numbers, work practices or work processes will be assessed and controls evaluated. introduced will be noted. *Example: Regular check-ins with workers about how they're coping with the changes to work processes, practices or shift*	*Team leaders, supervisors and departmental managers.*

| | *patterns will be undertaken by managers.*

See Section 3 (Risk management strategies) point 3.5 of the annex of the Return to Work Tool | |

DRAFT RISK ASSESSMENT GUIDANCE to help plan a return to the workplace using a risk assessment systems approach. The final document will be available as part of a Society of Occupational Medicine toolkit in association with CIPD from Monday 18 May at https://www.som.org.uk

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Links to useful resources

Health and Safety Executive: Risk assessment A brief guide to controlling risks in the workplace
https://www.hse.gov.uk/pubns/indg163.pdf

Health and Safety Executive: Display screen equipment (DSE) workstation checklist
https://www.hse.gov.uk/pubns/ck1.pdf

NHS : One you Online Mental Health Advice
https://www.nhs.uk/oneyou/every-mind-matters/

NHS: Who's at higher risk from coronavirus?
https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/

OSHWIKI: COVID-19: Back to the workplace - Adapting workplaces and protecting workers
https://oshwiki.eu/wiki/COVID-19:_Back_to_the_workplace_-_Adapting_workplaces_and_protecting_workers

Public Health England: Stay at home: guidance for households with possible coronavirus (COVID-19) infection
https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

 Public Health England: Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19
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

Royal College of Occupational Therapists
https://www.rcot.co.uk/

World Health Organisation Document: Getting Your Workplace Ready for COVID-19
https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf

World Health Organisation Document: Getting your workplace ready for COVID-19
https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf

Vocational rehabilitation Society
https://vrassociationuk.com/

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