



Chartered Institute
of Ergonomics
& Human Factors

www.covid19.ergonomics.org.uk

↘ Creating a safe workplace during COVID-19

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Introduction

The purpose of this guide is to help leaders and managers in businesses and organisations make their office workspaces safe for staff returning to work and reduce the transmission of the COVID-19 virus. This process begins with putting together a competent team and undertaking a risk assessment and staff survey to inform decision-making.

Businesses are encouraged to consider the workplace as a whole system so that in mitigating a risk in one part of the work system, unintended consequences are not created in another. For example, new ways of work lead to increased workload/stress and reduced collaborative working.

The guide outlines important steps to identify and reduce risks whilst maintaining performance and productivity. The Chartered Institute of Ergonomics and Human Factors (CIEHF) has worked with an expert panel of Human Factors consultants, scientists and clinicians to prepare this guide with contributions from *The British Occupational Hygiene Society*, *Society of Occupational Medicine*, *Institute of Occupational Medicine*, *International Institute of Risk and Safety Management*, *Chartered Society of Designers*, *Chartered Institute of Personnel and Development* and *the Royal Academy of Engineering*.

Dr Noorzaman Rashid

Chief Executive
The Chartered Institute of Ergonomics and Human Factors

We recommend seven key steps:



1. Establish a COVID-19 response team



2. Understand how the virus is transmitted



3. Carry out a risk assessment



4. Engage staff



5. Encourage behavioural change



6. Implement risk control measures



7. Monitor, review and learn

For advice and guidance on other types of workspaces or public areas, businesses can make a request for help by visiting: www.covid19.ergonomics.org.uk or emailing: noorzaman.rashid@ergonomics.org.uk Our human factors and ergonomics experts work across all industries and, along with the BOHS, can provide seamless bespoke advice.

Caveat: The guidance in this document should be read alongside advice from the Health and Safety Executive and the UK Government. As the pandemic evolves, so will the guidance and actions necessary to stay safe. Go to: <https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-covid-19-offices-contact-centres-110520.pdf>

Ergonomics and Human Factors

Ergonomics and Human Factors has been a scientific discipline since the late 1940s and has evolved to become an activity embedded in many organisations throughout the UK. It has impacted changes in, and improvements to, workplaces, technologies and systems.

At the CIEHF, we understand the need to identify clear messages to influence industry, policy makers, research funders and educators, on why ergonomics and human factors is important, how it adds value, and what the priorities should be when considering how ergonomics and human factors should be implemented.

Applying ergonomics and human factors ensures that systems, products and services are designed to make them easier, safer and more effective for people to use.

We focus on integrated human-centred design to improve life, wellbeing, performance and safety. This involves the disciplines of physiology, engineering, psychology and technology. E&HF experts are formally trained to design and improve work systems to maximise individual and team performance.

Benefits to industry and business include:

- ✔ Working with a Chartered Ergonomist and Human Factors Specialist early in the design process will lead to higher quality outputs, improved brand reputation and cost savings.
- ✔ Ergonomists and human factors specialists partner with colleagues from different specialisms and together they create better solutions.
- ✔ Ergonomics and human factors methods help design more effective workplaces, enable more efficient work, and create a safer and healthier working environments for all.
- ✔ Applying ergonomics and human factors can be very cost-effective and can deliver a good return on investment.'

To read more than 20 case studies on how ergonomics and human factors have made a positive difference to business, visit: <https://bit.ly/HumanConnectionII>

For advice and guidance on other types of workspaces or public areas, businesses can make a request for help by emailing: noorzaman.rashid@ergonomics.org.uk



1. Establish a COVID-19 response team

A collective mind set and effective, open communication with the workforce will be essential to facilitate a return to full productivity over time.

A senior leader within a business or organisation should head the COVID-19 return to work team. They must have authority to make changes. They must understand what the risks are and how to reduce and mitigate them. Where possible, they should be supported and work with staff from the following areas of expertise:

- ▶ Human Resources
- ▶ Occupational Health
- ▶ Facilities / buildings design
- ▶ Health and Safety
- ▶ Communications
- ▶ Staff representative groups.

Where this expertise is not available 'in-house', organisations should consider whether they need to seek external assistance.

Where customer groups exist, it is important to involve them, where appropriate. For example, where contractors or customers either work on, or use, a site, or are likely to be affected by any actions that are taken, then representatives should be contacted.





2. Understand how the virus is transmitted

There are two main ways the COVID-19 virus can be transmitted:

Contaminated surfaces

When someone touches the surface with their hands and then touches their eyes, nose or mouth.

Contaminated respiratory droplets

These are released by individuals who are infectious. This mainly happens when someone coughs, sneezes or blows their nose but can also occur during normal speech and respiration. Respiratory droplets are not airborne for long but do travel. This is the key reason for emphasising social distancing.

Key considerations:

- ▶ The risk of infection is minimised by protecting the eyes, mouth and nose, and through social distancing, good personal hygiene practices and cleaning regimes.
- ▶ The 2m rule means that people avoid physical contact with each other and therefore cannot spread infection by direct touching. It also allows space for exhaled droplets to dissipate, reducing the likelihood of an uninfected person inhaling them.





3. Carry out a risk assessment

3.1 Risk assessment should address how to restrict the transmission of the COVID-19 virus in the workplace by planning how to conduct work whilst following Government guidance. Like most health risks, reducing the risk from COVID-19 involves the use of a hierarchy of controls.

3.2 Elimination or avoidance of hazards should come first where possible. This step is outside control at present as wherever there are people, the potential exists for the virus to be present. However, there is a range of possible control measures that should be integrated to be most effective. These are outlined in this document.

3.3 The risk assessment does not need to follow a set format. However, it is essential to identify and record the following:

- ✔ Those at risk, including any individuals who are particularly vulnerable.
- ✔ Hazard/hazardous situations, e.g. close contact situations or contact with frequently shared/highly used surfaces.
- ✔ How virus transmission could occur amongst staff in the workplace/activities.
- ✔ What is being done to manage the risks of transmission (control measures).
- ✔ What more needs to be done to manage the risks.
- ✔ Who is responsible for implementing any actions or changes and by when.

3.4 The results of the risk assessment should be shared with the workforce. Consider publishing it on the company or organisation's website. Businesses with over 50 employees are expected to do so.

3.5 The Government guidance also encourages employers to display the following sign: <https://assets.publishing.service.gov.uk/media/5eb97d30d3bf7f5d364bfbb6/staying-covid-19-secure.pdf>



The British Occupational Hygiene Society (BOHS), works closely with Human Factors experts. Appendix 5 provides a copy of their detailed risk assessment framework. If in doubt about how to complete this, seek external help.



4. Engage staff

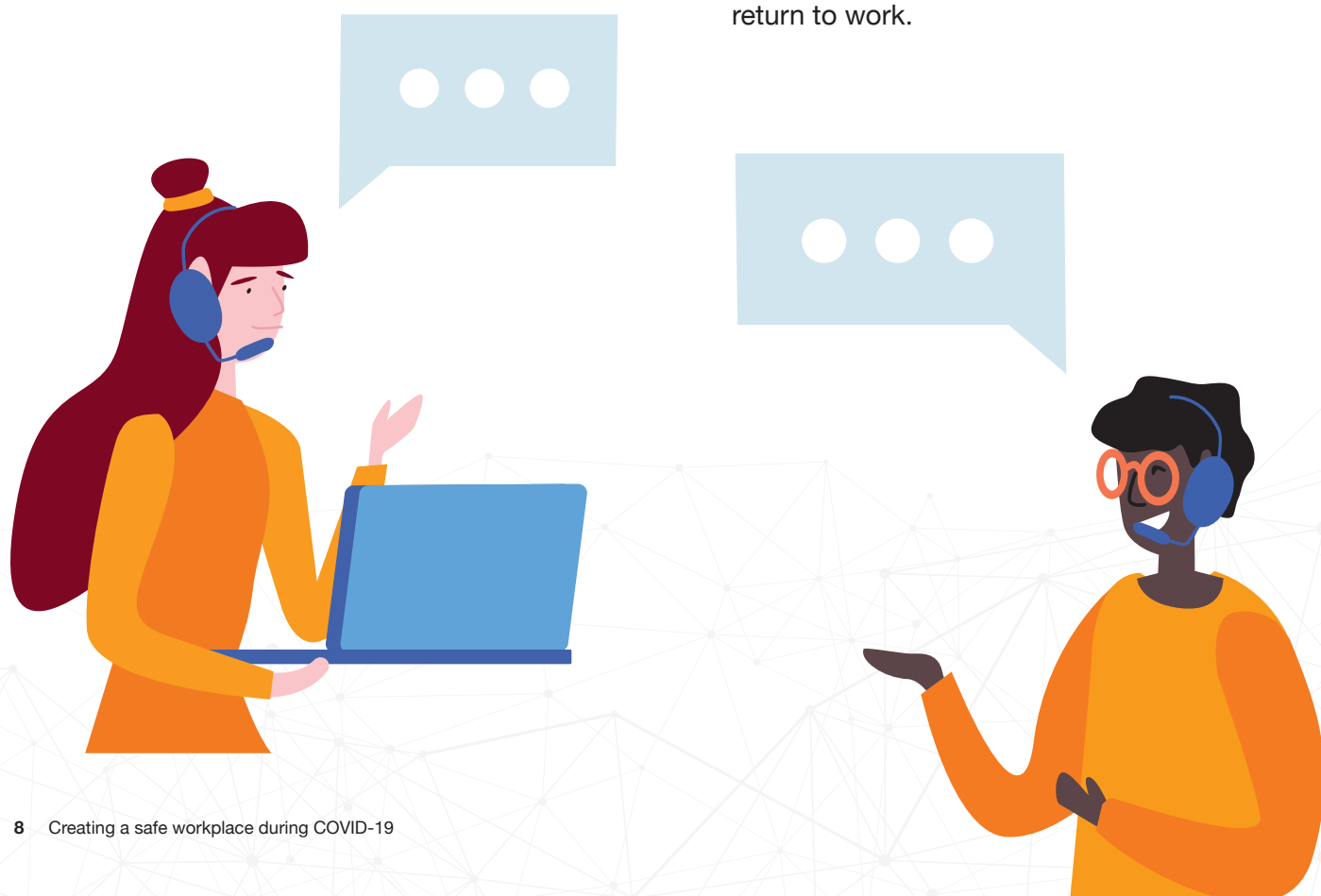


4.1 Involving staff will help employers understand the issues that need to be addressed from an employee perspective. This may include anxiety, possible exclusion, childcare and travel to work issues. A survey should help management make informed decisions on how, when and who to safely return. Demonstrating effective planning should also help employees feel safe and confident to return to the workplace.

4.2 A sample pre-return to work survey is included in [Appendix 1](#). This includes a short set of questions aimed at helping organisations and managers decide who is best placed to return to the workplace, who needs additional shielding, and who needs further support for comfortable working at home.

It should be noted that:

- ✓ Staff who are able to work effectively and safely at home will reduce the risk of the virus spreading amongst the workforce. They should continue to work from home until the Government guidance changes.
- ✓ Expert occupational health assistance should be used where employees intending to return to the workplace may be suffering from underlying health issues, may be pregnant, or living in a household where people are shielding or who have already contracted the COVID-19 virus. This should inform decision making on any appropriate additional steps that need to be taken to keep these individuals safe.
- ✓ A staff induction/briefing pack should be compiled as early as possible and updated with information employees need before they return to work.





5. Encourage behavioural change



5.1 It is essential to help staff adapt to new ways of working. Minimising the spread of COVID-19 in the workplace is strongly dependent on the behaviour of all employees. When planning return to the office it is useful to think of correct behaviours as barriers to transmission. Incorrect or failure to follow correct behaviours should be thought of as vehicles for transmission.

5.2 The key examples of behaviours to be encouraged are hand washing, cleaning any shared equipment before and/or after use and maintaining social distancing. Some of these are behaviours that people have started to become used to. However, there is a risk that returning to the workplace could trigger a return to habitual behaviours that do not follow these safe rules.

5.3 Behaviours are driven by underlying motivators or drivers. In human factors, these are known as performance influencing factors (PIFs). These may lead to COVID-19 hygiene or social distancing rules being ignored or broken and include:

- ▶ Uncertainty over how to do things correctly; lack of rules or guidance.
- ▶ Experience to date leading to an underestimation of risk (if someone has not contracted the virus, does not know anyone who has, or has had a mild case of it).
- ▶ Pressures that counteract safe behaviours, e.g. time pressures and feeling there is no time to do things 'the right way'.

- ▶ Lack of physical infrastructure or material to actually support or allow correct behaviours.
- ▶ Absence of any supervisory elements; feeling that even if rules are not followed, no repercussions are likely.
- ▶ Group norms; these push-back effects become even greater if there is a group tendency to agree to ignore any new rules.

5.4 Organisations should take the following steps in anticipation of these issues:

- ✔ Communicate clear behavioural rules or protocols. Support them with visual aids, e.g. floor markings and pictorial signs, avoiding text where possible.
- ✔ Factor in/allow people any extra time needed to comply with expected rules.
- ✔ Ensure that work expectations/work practices do not conflict with any expected risk control behaviours.
- ✔ Monitor behaviours and challenge rule breaking early on. Have a clear and transparent policy and process for doing this.
- ✔ Repeat messages and keep them live to avoid a slide back to old routines.
- ✔ Establish rapid response teams or request HR to check and discuss suitable protocols for new situations that may not have been anticipated.

Behavioural rules and instructions should be reviewed regularly to make sure they are effective and realistically reflect the work environment and the work that staff are doing.



6. Implement risk control measures

As a business, consider both proactive and reactive measures when bringing people back to the workplace. This guidance also includes a range of control measures that work best in combination with each other. Some may be more appropriate or achievable depending on features of individual workplaces and work practices.

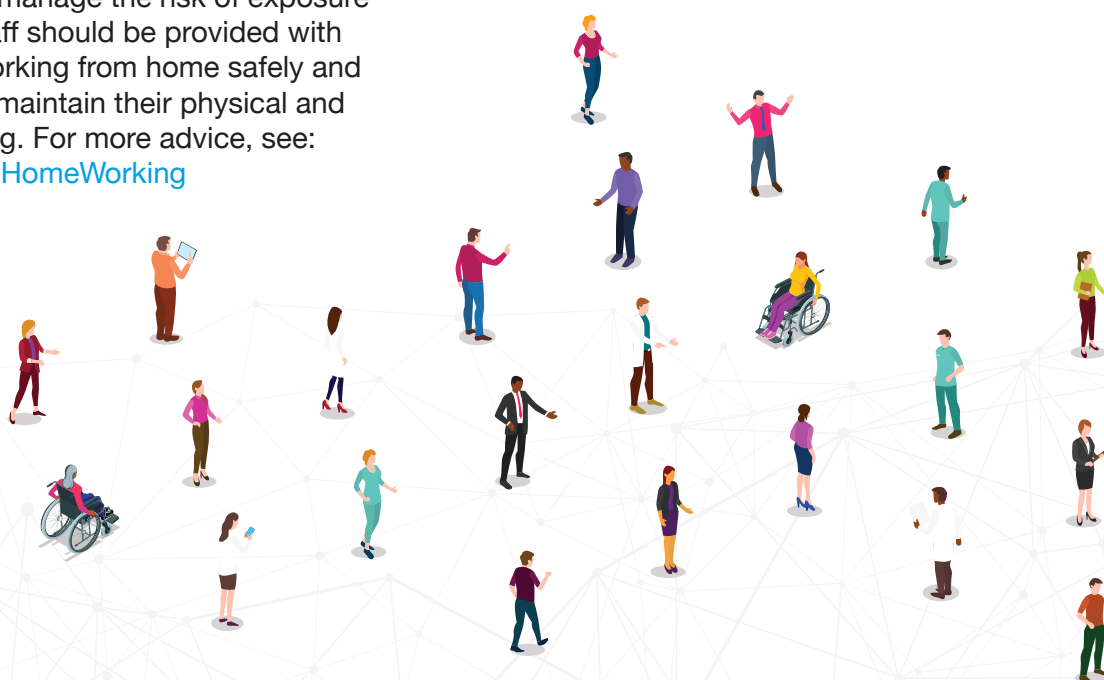
6.1 Eliminate

There is at present no vaccine to prevent COVID-19. The best way to avoid transmission is to maintain social distancing, observe meticulous hand hygiene, and avoid all unnecessary interpersonal contact. Keeping people away from the workplace effectively eliminates the risk of transmission directly between staff/visitors, etc.

Organisations should:

- ✓ Encourage staff to cooperate with Government guidance and plans for testing, contact tracing, and what to do if they develop symptoms.
- ✓ Where possible ask employees to continue working from home to reduce numbers in the workplace and manage the risk of exposure to the virus. Staff should be provided with guidance on working from home safely and comfortably to maintain their physical and mental wellbeing. For more advice, see: <https://bit.ly/HFHomeWorking>

- ✓ Use technology to allow meetings from a distance, even in the same building, not just from home.
- ✓ Identify individuals who may need more stringent exposure control measures; who is most at risk? Involve OH or HR to carry out individual risk assessments.
- ✓ The British Occupational Hygiene Society (BOHS), provides expert advice on a range of risk management measures, which includes a range of exposure control measures using isolation and reduction techniques, procedural options, deep cleaning offices, the maintenance and cleaning of equipment to prepare for restart, PPE options for all workplaces and the occupational hygiene issues, risks and mitigations. (See Appendix 5)





6. Implement risk control measures

Clinically vulnerable staff: Individuals in this group should be advised to stay at home as much as possible and are likely to need additional safeguarding if their return to the workplace cannot be avoided. At present, those at increased risk include:

- ✓ Aged 70 or older (regardless of medical conditions).
- ✓ Under 70 with any underlying health condition listed below; that is, anyone instructed to get a flu jab as an adult each year on medical grounds:
 - Chronic (long-term) or mild to moderate respiratory diseases, such as asthma.
 - Chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.
 - Chronic heart disease, such as heart failure, kidney or liver diseases.
 - Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy.
 - Diabetes.
 - A weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets.
 - Being seriously overweight; a body mass index (BMI) of 40 or above.
 - Pregnant women.

Occupational health guidance for pregnant women who work in a public-facing role can be found at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/COVID-19-virus-infection-and-pregnancy/#occupational>

The NHS website has information on vulnerability to COVID-19 at: <https://www.nhs.uk/conditions/coronavirus-COVID-19/people-at-higher-risk-from-coronavirus/>





6. Implement risk control measures

6.2 Reduce exposure

Staff should only come into the office when it is unavoidable or until such time as the Government guidance on this changes.

It is essential to take action to avoid creating unnecessary risks, for example musculoskeletal or mental health issues, consequently through reducing the potential for virus transmission. As noted under 6.1 it is essential that staff working at home are given advice, support and equipment to allow them to work comfortably.

Where employees need to return to the workplace, implement measures to reduce risk of viral exposure and transmission. In broad terms these are:

- ✓ Following social distancing guidelines.
- ✓ Modifying office design and layouts to improve circulation space and distance between staff when working (see section 6.5 for more details and advice)
- ✓ Staggering arrival, break and lunch times.
- ✓ Encouraging outdoor and web meetings.

More details on these and other key COVID-19 risk reduction strategies are covered in the remainder of this guidance.

An important general risk control will be to ensure that staff understand and follow the Government's COVID-19 Track and Trace process. We recommend that the details of this process are included in return to work briefings.

6.3 Hygiene

Workplace hygiene: It may be appropriate to conduct a deep clean before any employees or visitors access the building or workspace. If an office space has been unoccupied for a prolonged period, a deep clean may not be necessary. This decision should be taken as early as possible.

Organisations should:

- ✓ Introduce regular cleaning regimes for common touch points, e.g. doors, buttons handles and equipment like photocopiers. Methods and cleaning materials should be clearly set out. Anyone with cleaning responsibilities should have it made absolutely clear what is expected of them once they return to the workplace.
- ✓ Ensure cleaning products used are effective against COVID-19 and instructions are correctly followed.
- ✓ Where possible, ensure toilets and bathrooms are cleaned regularly throughout the day.
- ✓ Provide dispensers of hand sanitisers as widely as possible throughout the site, particularly in entrance and exit locations and near doors or lifts that are frequently used.
- ✓ Consider how hand drying facilities could act as virus transmission surfaces, and take steps to reduce the risks, e.g. by using non-contact towel dispensers and/or air-dryers.



6. Implement risk control measures

Individual desk hygiene: Provide staff with information and instructions about virus transmission, hand hygiene and cleaning of equipment and furniture. Desk hygiene should include:

- ✓ Time being allowed for staff to undertake cleaning around their workspaces throughout the day.
- ✓ Staff being asked to clean their own equipment at the start and end of the day, and before use, should anyone else have used it.
- ✓ As far as possible computer equipment should not be shared and hot-desking should be avoided.
- ✓ Where use of hot desks is unavoidable, provide each member of staff with their own keyboard and mouse.
- ✓ Work surfaces, chair armrests, adjustment levers and backs should be wiped down as part of the workplace cleaning regime.
- ✓ Clear desk policies should be adopted at the end of each working day to allow effective cleaning of surfaces.
- ✓ Changing facilities, where possible, being made available.

6.4 Personal Protective Equipment (PPE)

PPE should not be used as an alternative to social distancing, except where there is no other practical solution. The evidence of the benefit of using a face covering to protect others or yourself is still limited, therefore, face coverings by themselves are not a replacement for the other ways of managing risk. Government guidance should be followed. This includes:

- ✓ If risk assessment shows that PPE is required, equipment should be provided free of charge to staff that need it. Any PPE provided must fit properly. Instructions should be provided for donning and doffing

(how to put it on and take it off) and how to dispose of used PPE.

- ✓ Gloves may be a preferred solution to hand washing or sanitising for staff that have to regularly handle items that have been touched by others.
- ✓ If you are providing gloves or any other PPE, avoid products containing latex as these may cause an allergic reaction in some individuals.
- ✓ PPE should be made available for first aiders (see Appendix 2)

6.5 Adapt workplace layout design

For those who cannot avoid being in the workplace, most organisations need to take steps to keep people further apart than was previously the case. This will present challenges for most organisations as fewer people will be able to be in one space. Initial surveys and digital analytics show that beyond 40 percent occupancy rate, revisions to desk layout design and footfalls will need to be designed. (<https://www.burohappold.com/articles/social-distancing-in-the-workplace/#>)

Consider the following actions:

- ✓ Repurpose communal spaces into workspaces to help separate staff and maintain social distancing. These areas may include: rest areas, foyers, waiting rooms, canteens, meeting and conference rooms.
- ✓ Where possible move desks so they are not in lines facing each other.
- ✓ Consider the use of screens around open plan desk space to create a barrier in front of and around the sides of the desk. Screen heights should be above the face; when seated around 54cms above the desk surface, and when standing around 66cms.



6. Implement risk control measures

- ✓ Screen fabric: Preferably porous rather than plastic to absorb the virus rather than letting it stay on top of the surface.
- ✓ Where people need to see each other, transparent acrylic or equivalent can be used with a cleaning regime.
- ✓ Where items have to be passed across the screen, an appropriate sized aperture can be included.
- ✓ Preferably, there will be a slight top to prevent transmission upwards.
- ✓ Avoiding banks of desks that cause people to pass close to each other; consider the paths people will need to take off any main thoroughfares through the workplace.
- ✓ Avoiding sign-in procedures where anyone has to interact with communal documents or a digital device. Arrangements can be made for reception staff or hosts to sign people in and out whilst maintaining social distancing.
- ✓ The use of temperature checks at the work entrance. Ensure anyone carrying out this type of close contact task is issued with suitable PPE. Consent must be received from staff for their temperature to be taken.
- ✓ Removal of turnstiles at entrances/exits.

6.6 Flow of people

Consider the routes people will walk when moving around the workspace and where high traffic movement needs control. Consider the following:

- ✓ Create one-way flows of people including on stairs where possible.
- ✓ Widen the movement areas by rearranging furniture where possible.
- ✓ Provide clear signs and directions for movement.
- ✓ Lay temporary floor markings.

- ✓ Avoid use of lifts if possible or limit use of lifts and the numbers using them.
- ✓ 'One in/one out' for use of toilets and washrooms.
- ✓ For washrooms with multiple urinals and sinks, block off alternate sinks and urinals. Mark clearly as blocked off if this control measure is applied.
- ✓ Removal of toilet doors (main doors not cubicles!), as long as privacy can be maintained, to eliminate door handle touching when entering and leaving the toilet.

6.7 Fire evacuation

Fire risk assessments and evacuation procedures must be reviewed and staff informed as part of their return to work induction. There has been no relaxation of the Fire Safety Regulations (The Regulatory Reform (Fire Safety) Order 2005) due to COVID-19. It is recommended that all organisations review and act on the guidance provided by the Government and the National Fire Chiefs Council. The links below provides detailed advice on this essential aspect of returning to the workplace. This will include the following:

- ✓ Normal evacuation procedures taking priority over COVID-19 restrictions and ensuring COVID-19 control measures do not hinder evacuations.
- ✓ How to ensure any additional shielding for higher vulnerability staff can be maintained during an evacuation.
- ✓ How to roll-call staff while minimising close contact between people at assembly points.
- ✓ Once the situation has been investigated, staff should be informed by text to return if they have dispersed safely to avoid close contact. For this reason, staff contact details, including mobile phones, should be kept up to date. When evacuating, staff should take their mobiles with them as long as this does not delay their exit.



6. Implement risk control measures

- ✔ Inform staff of any changes to evacuation plans.

https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/Protection%20documents/NFCC_Protection_-_COVID-19_Protection_Advice_to_Businesses_-_9_April_-_FINAL.pdf

<https://www.gov.uk/workplace-fire-safety-your-responsibilities>

6.8 Equipment solutions

There are many equipment solutions to reduce risks. These are prioritised on those that pertain to (probably) existing equipment and so should be relatively straightforward and low-cost. There are also imaginative and higher tech solutions that may be more appropriate as long-term measures. For instance, hands free non-contact or proximity sensing technology, which include proximity sensing taps, kick style door openers, exit and entrance controls, proximity beacons with RFID or NFC tags, foot pedals instead of doorbells and Smart RFID cards instead of fingerprint readers for security. This technology is evolving and may provide solutions as the situation and understanding of each organisation's requirements develops. Other design/equipment control measures include:

- ✔ Adding physical screens to separate reception staff from guests and other employees at the reception desk.
- ✔ Supplying all office staff with their own equipment such as a laptop, laptop stand, keyboard and mouse.
- ✔ Staff using their own mobile phones as opposed to desk phones or communal phones. Staff should also be advised on cleaning their mobile devices if they have been using them on public transport, etc.
- ✔ Sourcing temporary covers for existing chairs if there are concerns about the fabric not withstanding effective cleaning.
- ✔ Providing staff with anti-viral and anti-bacterial products and instructions to follow hygiene rules to clean all their equipment frequently.
- ✔ Reviewing and maintaining air conditioning and ventilation systems. Consider changing the ventilation rates where air conditioners are in operation. Artificial ventilation rates should drop to reduce air velocity. Where fresh air intake is possible this should be increased to reduce the recirculation of any virus particles. In the longer term, look to whether HEPA or ULPA air filters could be fitted either in current A/C systems or in replacement systems (desk fans should ideally taken out of use).
- ✔ Checking water systems as water may have remained static for a long period and may require draining to replace with fresh water.



6. Implement risk control measures

6.9 Work practices and systems solutions

Flexible work hours: The aim should be to reduce the amount of time any staff member spends in close proximity with other people, and to enable travel on public transport (if needed) outside busy periods. Organisations should develop a plan for how many workers can be on site given the type of work they do and the space available. Organisations should do the following:

- ✔ Stagger start and finish times including breaks.
- ✔ Advise staff to stay in the workplace only as long as is needed.
- ✔ Introduce flexible schedules to meet individuals' travel and home life needs.
- ✔ Ensure teams are always made up of the same personnel to limit the number of people any individual is exposed to.
- ✔ Adjust hot-desking practice so there is only one user per desk.

6.10 Limit face-to-face time

Minimise the number of people doing a task and keep work groups or teams the same. Keep all face-to-face/in-person meetings to a minimum.

Also consider:

- ▶ Standing rather than sitting to reduce meeting duration/discourage unnecessary social engagement.
- ▶ Holding meetings outside where possible.
- ▶ Opening windows in meeting rooms to help fresh air circulation.

6.11 Emergency service response

When planning site activities, the provision of adequate first aid resources must be agreed between the relevant parties on site. Emergency plans including staff contact details should be kept up to date. Also consider:

- ▶ Revisions to your first aid and emergency response procedures particularly regarding control of infection and the generation of aerosols, e.g. during CPR.
- ▶ Potential delays in emergency services response.
- ▶ Reviewing the numbers of first aiders and their health status or providing additional competent first aid or trauma resources.

Advice given to first aiders from the BOHS is contained in [Appendix 2](#).

6.12 Inclusive communication

Inform all staff of changes and what provision has been put in place to create a safe workplace and new working practices to reduce the transmission of COVID-19. Take the following actions:

- ✔ Inform staff ahead of returning to work to reduce anxieties and help them adapt to new ways of using the workplace. A briefing or induction is recommended.
- ✔ Explain the policy or actions being taken to comply with Government guidance to reassure all staff that the appropriate steps are being taken to create a safe workplace.
- ✔ To comply with GDPR let staff know how any personal data arising from staff surveys, questionnaires and medical information will be used, and when it will be destroyed.
- ✔ Reassure staff that confidential medical information is kept confidential.
- ✔ Seek feedback and be prepared to change interventions based on the feedback and regular reviews of the risk assessment.



6. Implement risk control measures

Provide clear instructions and signs to help staff follow risk reduction measures. Signs should be clearly visible and any use of text should be limited, and in plain language, taking into account any need for translated versions. This type of information should include:

- ✓ Directions and timings of one-way systems for moving through the building.
- ✓ Signage at the front entrance outlining social distancing rules.
- ✓ Clear marking where hand sanitisers are located or where nearby washbasins can be found.
- ✓ Providing clear instructions to staff on how they should clean their equipment.

6.13 Compliance with Equality Act

The risk of direct discrimination/harassment due to any changes in the workplace to address COVID-19 should be appropriately mitigated by carrying out screening consistently across all relevant workers. Employers should be alert to the risk of indirectly discriminating against groups or classes of their workforce by applying blanket policies to the detriment of any section of the workforce, e.g. employers must be open to making reasonable adjustments to the screening process for workers with a disability. The EHRC has produced guidance for employers to make sure the decisions they are making are not discriminatory, as well as guidance for employers on making reasonable adjustments.

This can be found at: <https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-COVID-19-guidance-employers>



7. Monitor, review and learn

The risk assessments and measures that are introduced should be continuously reviewed and effectiveness of control measures should be monitored and adjusted and developed further, if necessary.

Government guidance on social distancing is likely to change over time and this should be complied with. The Health and Safety Executive (HSE) are also likely to introduce sector specific guidance.

7.1 Daily review

In the early stages, it is advisable to conduct a daily review which examines whether:

- ✓ The changes implemented are still effective, necessary and are being complied with.
- ✓ What new guidance has been issued and whether this will have a bearing on current ways of working.
- ✓ There are any improvements that can be made.
- ✓ Any new situations or circumstances are likely during the day/week which need further planning to maintain the safety of all concerned.

7.2 Regulations and Standards

Government advice is updated very regularly. It is recommended that the COVID-19 response team reviews changes regularly, particularly those that are relevant in an operational context.

Government advice by industry:

www.gov.uk/guidance/working-safely-during-coronavirus-COVID-19

HM government guidance - Working Safely during COVID-19 in offices and contact centres:

<https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-COVID-19-offices-contact-centres-110520.pdf>

Health and Safety Executive (HSE) advice:

www.hse.gov.uk/news/coronavirus.htm

HSE simple risk assessment template and guidance:

www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm

HSE industry specific risk assessment examples:

www.hse.gov.uk/risk/casestudies/

HSE advice - Working safely with DSE:

www.hse.gov.uk/msd/dse/

HSE advice for home working:

www.hse.gov.uk/toolbox/workers/home.htm

BICS - Deep cleaning advice from the British Institute of Cleaning Science:

www.bics.org.uk/bicsc-update-to-the-outbreak-of-COVID-19-coronavirus/

British Occupational Hygiene Society:

www.bohs.org/coronavirus-hub/

CIEHF workplace sector group page:

www.ergonomics.org.uk/Public/Get_Involved/Group_Details/Workplace.aspx

The human-centred organisation – guidance for managers:

www.iso.org/standard/64241.html

Mental health resources:

www.nhs.uk/oneyou/every-mind-matters/
www.mentalhealth.org.uk/coronavirus

Occupational health guidance for pregnant women who work in a public-facing role:

www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/COVID-19-virus-infection-and-pregnancy/#occupational



8. Mental health and psychological wellbeing



8.1 Staff should have a clear channel to communicate with their line managers or supervisors if they are feeling anxious about returning to the workplace, or any other aspects of their work. This should be outlined in a document and explained to staff.

- ▶ Line managers should listen to their staff to determine how they feel and wherever possible offer practical and compassionate advice.
 - ▶ Line managers need to be prepared to make reasonable adjustments to a member of staff's work to alleviate distress and anxiety around the return to the workplace/ commuting, etc.
 - ▶ Where a member of staff is not responsive and demonstrating negative thoughts about themselves or others, they should be helped to access appropriate professional support from occupational health, their GP or similar.
 - ▶ There is strong evidence to suggest that managers and supervisors who receive training in mental health issues are able to have more helpful conversations with staff, making a positive contribution to their wellbeing.
 - ▶ Avoid unconscious bias creeping in when teams are working remotely, for example, don't just go to the people you feel comfortable with to contribute or lead on projects. Feelings of exclusion and anxiety are counterproductive to high performance and team working.
- ▶ Encourage staff to maintain regular contact with each other.
 - ▶ Provide links to counsellors to help staff manage anxiety or encourage them to speak to their GP. We recommend the following websites for advice:
<https://www.nhs.uk/oneyou/every-mind-matters/>
www.mind.org.uk
www.mentalhealth.org.uk

The CIPD has produced a guide to explain what mental health is, the role of employers and the legal issues to consider. To access it go to: <https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return>

Managers may also find this link useful for helping provide advice to staff: <https://bit.ly/2AO6i1S>

Mental health post-COVID-19 A toolkit from SOM and the Royal College of Psychiatrists <https://bit.ly/2MnzizW>





9. Working from home

9.1 Working from home is likely to be a risk control measure for many businesses for the foreseeable future. Home working presents a number of challenges to the way work is done, the distribution of tasks, and roles and responsibilities. There are also potential risks to health, wellbeing and productivity.

9.2 A clear and simple home working policy should be drawn up to help staff with this change in how they work, and to guide managers who will be addressing staff needs.

9.3 Some businesses are undertaking surveys to identify staff struggling to work comfortably at home and who may need additional equipment or support. This is recommended. Carry out a staff survey to identify equipment needs, and individuals who need additional help to work comfortably and effectively.

9.4 Staff will need guidance, and in many cases equipment, to ensure they can **work at home** comfortably. This should include:

- ▶ Taking into account the practicability of providing the equipment, what individuals' needs are and their ability to accommodate it within their home.
- ▶ Providing IT and equipment support and training to maintain/re-establish effective communication with colleagues and clients.

9.5 The HSE advises that during temporary homeworking there is no requirement for a full home workstation assessment of each member of staff. However, HSE advises that employees can be given guidance to allow them to assess their own working arrangements. For more information, go to: <https://www.hse.gov.uk/toolbox/workers/home.htm>

This self-assessment can be usefully combined with the survey approach outlined in section 7.2.

9.6 For many people working from home there may be an increased risk of musculoskeletal disorders due to reduced movement and poor arrangement of work equipment. Altered or sub-optimal ways of working may also lead to feelings of stress/anxiety, which is also a musculoskeletal risk factor.

A full detailed home workstation assessment may be needed for individuals who report difficulties, are diagnosed with musculoskeletal conditions, or where there are more complex challenges in setting up comfortably. A competent workstation ergonomics assessor can do these remotely, either by phone or video link.

Send the CIEHF infographic to staff alongside any guidance that has already been provided. <https://bit.ly/HFHomeWorking>

9.7 If businesses take a decision to go to planned and permanent home working arrangements, then full workstation assessments are needed. These can be self-assessments providing that staff are given the information and support required to do them effectively.

9.8 The CIPD has produced a guide with tips for remote working. This can be found at: <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/remote-working-top-tips>



10. Video etiquette



10.1 Video conferencing etiquette: Increased working from home and social distancing measures have led to an increased reliance on remote meetings. Following some basic rules/etiquette that can be adapted depending on the setting can assist businesses in achieving their desired goals and maintain creativity and collaboration.

10.2 Before setting up a virtual meeting or call, it is important to identify if this will add value to all parties. Creating a clear pathway for people to communicate will keep work streamlined and employees less at risk of video conferencing fatigue.

10.3 Ask these questions:

- ▶ What is the purpose of the call/meeting?
- ▶ Can it be a phone call? Can it be an email or text message?
- ▶ Who really needs to be involved?
- ▶ When should people use video calling to check-in? Once a day, once a week? And how long for?
- ▶ On timings, consider participants' care duties that may make it more difficult to join a call during particular hours.

10.4 If a video call is necessary, before the meeting:

- ▶ Ensure that everyone invited to the meeting has clear joining instructions, understands the purpose of the meeting and why they are there.
- ▶ Plan a clear agenda, aiming for the meeting to last no more than 50 minutes, if possible.
- ▶ Circulate a list of attendees (including roles and affiliations) in advance to avoid having to introduce everyone at the beginning of the meeting.
- ▶ Ask participants to prepare short slides to accompany their items on the agenda and aim to keep presentations to a maximum of five minutes.
- ▶ Be aware of participants who may be uncomfortable speaking up on screen. Talking to them beforehand, or making active use of the chat function, will help to engage and ensure that there is a full contribution from the team.



10. Video etiquette



10.5 At the start of the meeting:

- ▶ Encourage people to join the meeting five minutes early to allow some informal conversation.
- ▶ Clarify whether the meeting is to be recorded.
- ▶ Improve feelings of connectivity by allowing time for some open, relaxed discussion both pre and post-meetings.
- ▶ Clarify and agree whether the video will be on for speakers or not; either always on, on only when speaking, only on for chairperson, or no video.
- ▶ Explain how any talk/raised hand function should be used. Good practice for meetings of more than five people is to ask individuals to raise their hand, or note in a discussion that they would like to speak and for the chairperson to invite them to speak.
- ▶ Ask participants to mute their microphones unless they are speaking.
- ▶ If bandwidths or connections are low, video should be switched off.
- ▶ If anyone is sharing their screen, they are recommended to shut down all other files and applications, including email, to avoid unintentionally sharing confidential information.

10.6 During the meeting:

- ▶ Keep microphones on mute, and videos off/on in line with agreed protocol.
- ▶ Chairperson to manage speakers and conversation, ensuring that all are able to speak in turn.
- ▶ Avoid too much discussion taking place in a side/conversation on the chat screen. Some people may struggle cognitively to take in spoken discussion and written chat.
- ▶ Ensure that the meeting is ended on time.
- ▶ Integrate stand-up breaks into calls, at least every 20–40 minutes, to enhance wellbeing and productivity as well as breaks between meetings to allow for preparation as well as taking a movement break.
- ▶ Have procedures in place that allow everyone to speak, including those who find it difficult for their voice to be heard.

Appendix 1: Return to work survey

This survey is designed to help ...company name... decide how and when to safely allow staff to return to the workplace. Your responses are important to our planning, so please provide any details that you feel comfortable giving us. Please leave specific answers blank if you would prefer not to respond.

We understand that under normal circumstances we would not be asking you many of these things, however, it is important now so that we can manage the risks to you and others. All information you give us will be treated in total confidence by ...department/name... and in line with current GDPR regulations. You have the right to request a copy or withdraw it at any time. Decisions on allowing return to work will be partly based on your responses.

If you would like further information about the survey and how it will be used, please contact: ...[\(name / role\)](#)...

Thank you for your help

Name:		Department / team:	
Age:		Manager:	

Please complete the survey by putting an X in either the 'Yes' or 'No' column, as appropriate. Please give any brief details you think relevant.

	Yes	No	Brief details
1. Can you work comfortably at home? (e.g. no aches and pains, at a table or desk, in a supportive chair, screen raised and following guidance?).			
2. Can you work effectively from home? (e.g. information/ communication/ workflow?). Please provide details if you cannot work effectively.			
3. Is working at home making you feel anxious, stressed or depressed?			
4. Are you able to work away from home given any current care responsibilities (e.g. children not at school, elderly or disabled dependents? If n/a – respond Yes).			

Appendix 1: Return to work survey

<p>5. Do you have any known COVID-19 increased risk factors? Please ensure you check the NHS website for conditions: https://www.nhs.uk/conditions/coronavirus-COVID-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/</p>			
<p>6. Do you use public transport to get to and from work? If Yes, please say if using bus, train, tube, etc.</p>			
<p>7. Have you had, and recovered from, COVID-19 confirmed by testing?</p>			
<p>8. Do you have any special access or support needs at the workplace? (e.g. when using lifts/stairs are not possible or when needing assistance with eating or personal hygiene, etc?).</p>			
<p>9. If you are asked to wear a face mask or gloves, could you wear them comfortably? (e.g. without them causing/making worse any conditions like dermatitis, etc?)</p>			
<p>10. Do you have your own desk at work (respond Yes), or do you use a hotdesk (respond No)?</p>			
<p>11. Do you have any concerns about returning to the office? (e.g. any underlying health conditions or concerns including pregnancy? If yes – please let us know what)</p>			
<p>12. Do you consent to having your temperature measured at work as part of our day-to-day screening? (If no – please briefly outline any concerns)</p>			
<p>13. Are you familiar with the Government's Track and Trace process, and are you able / willing to use a phone app to support this where possible? (If no – please briefly outline any concerns)</p>			

Appendix 2: COVID-19 Guidance for first aiders

This guidance has been issued to first aid responders to reduce the risk of exposure to COVID-19 during the pandemic. It is based on guidance from Public Health England and recognises that as a first responder, a first aider may come into contact with people of unknown medical history/symptoms and, therefore, there is a possible risk of cross-infection when administering first aid, including that of COVID-19, unless precautions are taken.

It does not replace the requirement for first aiders to conduct a dynamic risk assessment of any given first aid situation that may arise, in accordance with standard first aid training.

COVID-19 and route of transmission

The most common symptoms of COVID-19 are:

- Recent onset of a new, continuous cough and /or
- High temperature and shortness of breath.

Other symptoms are less common, e.g. headache, flu-like symptoms, sore throat, but may still arise.

Transmission is through respiratory droplets via two routes:

- Direct transfer of droplets via inhalation, to mouth, nose or eyes.
- Touching a surface, person or object that is contaminated and then transferring the secretions to own mouth, nose, eyes when touching your face.

General Precautions

Precautionary measures require everyone to avoid becoming infected via these transmission routes through handwashing, not touching your face and social distancing.

First aiders should identify at-risk situations and in any non-emergency situation, the potential for symptoms should be assessed prior to giving advice/administering first aid and where possible, should be delivered while maintaining a distance of more than 2m.

Where distancing of more than 2m is not possible, personal protective equipment (PPE), should be worn.

PPE

PPE should be kept close to the point of access/use, ideally in a 'grab bag' with a copy of this guidance.

It is for single use only and must be changed after each first aid intervention and not used between patients.

It needs to be put on and taken off ('donned' and 'doffed') in the correct order. (See below)

It also needs to be disposed of as clinical waste.

If distancing of more than 2m cannot be maintained whilst providing first aid, the following PPE must be provided and worn as a minimum:

- Disposable gloves
- Face mask Type FFP2
- Disposable plastic apron or disposable coveralls
- Eye protection. It also needs to be disposed of as clinical waste in a clinical waste bag.

Provision of alcohol hand rub and masks for patients are also advised.

Appendix 2: COVID-19 Guidance for first aiders

Donning and Doffing PPE	
<p>Put on PPE every time when administering first aid and breaking the 2m rule. It is important to keep own hands away from touching your face when donning and doffing PPE to avoid self-contamination during the process.</p>	
<p>Donning Wash or sanitise own hands and put on PPE in the following order:</p> <ul style="list-style-type: none">• Apron or coverall• Mask• Eye protection• Gloves.	<p>Doffing Take off PPE in the following order:</p> <ul style="list-style-type: none">• Gloves• Apron or coverall• Eye protection• Mask.
Resuscitation	
<p>Actions:</p> <ul style="list-style-type: none">• Call for help immediately/defib. if required• Do not place your face close to the patient's face to check for breathing• Do not give mouth-to-mouth• Place a mask over patient's mouth/nose, if one is available• Start chest compressions and continue until help arrives• The defib. can be deployed without increased risk of infection.	
Individuals with symptoms of COVID-19	
<p>Actions:</p> <ul style="list-style-type: none">• If someone shows the signs of COVID-19, keep person 2m away unless wearing PPE• Provide them with a mask and keep others away• Line manager to make arrangements for them to go home and keep them isolated in the agreed site isolation area until they leave site. <p>If the patient is significantly unwell, e.g. extremely short of breath, contact the site emergency response team and/or 999 and advise them of the potential of COVID-19.</p>	

This Appendix is taken from the BOHS Return to Work Guide <https://bohs.link/return-to-work-guide>

Appendix 3: Frequently asked questions

Q. I have an employee with asthma. Do they need to self-isolate for 12 weeks?

A. Not usually. An area that has caused difficulty is to define what is meant by ‘severe asthma’. The Faculty of Occupational Medicine (FOM) advises:

- ▶ Members of staff with severe hospital diagnosed asthma, including those requiring biologic treatments, maintenance oral corticosteroids or other immunosuppressants, are recommended to self-isolate at home in line with current PHE guidance.
- ▶ For members of staff taking high-dose inhaled steroids alongside additional controller treatments for their asthma who have suffered two or more asthma exacerbations requiring oral steroids over the past year and continue to experience frequent asthma symptoms requiring use of their reliever medication, line managers should strongly consider reallocation away from front-line duties.
- ▶ Members of staff with mild asthma that is well controlled are not at high risk.

Q. Is an employee with a disability as defined in the Equality Act 2010 more vulnerable to COVID-19, and should they be off work at home for 12 weeks?

A. Not specifically as a result of having an impairment that meets the disability provisions of the Act. An employee may have a condition causing an impairment and not be at an increased risk, whereas others who do not have a disability may still be at increased risk, e.g. those who are pregnant, and people over 70 years of age without a disability.

Only if a person has a condition as defined in the Government’s guidance making them extremely vulnerable to COVID-19, should they be shielded (for 12 weeks at least).

Q. What do we do for an employee who is not in the ‘extremely vulnerable’ group but is worried about being at work?

A. We have spoken with a small number of people who are not in the extremely vulnerable group but are worried about coming into work, either due to their own health, or because they live with someone who is vulnerable. Whereas Government guidance is that employees should work from home wherever possible, for many employers this is not feasible for most of their staff.

ACAS provide guidance for employers at:
<https://www.acas.org.uk/coronavirus>

ACAS also advise at: <https://www.acas.org.uk/coronavirus/vulnerable-people-and-high-risk> that employers must be especially careful and take extra steps for anyone in their workforce who is in a vulnerable group.

The Government has also published guidance for unpaid carers, usually family members:
<https://www.gov.uk/government/publications/coronavirus-COVID-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family>

This Appendix is taken from the Tool Kit produced by the Society of Occupational Medicine (SOM) available on their website at <https://bit.ly/2ArLwop>. SOM acknowledges the contribution of Cordell Health in the development of the toolkits.

Appendix 4: Advice for employees with a positive COVID-19 test

Q. Can I get re-infected with COVID-19?

A. If you develop further symptoms of COVID-19, please self-isolate and re-present for testing. The evidence at present on the risk of re-infection is unclear.

Q. Am I now immune to COVID-19?

A. This is not yet clear but, on the limited data so far, you probably have a level of protection that dwindles over time (possibly months). Whether this immunity prevents all reinfection or merely makes a second round of sickness less intense, and the period of time for which immunity lasts, depends on multiple factors, such as genetics, gender, the strength of your initial immune response, and the characteristics of the virus itself as it continues to evolve. We will update this advice as more information becomes available.

Q. I am awaiting a test result. Should I come into work?

A. For the most accurate test result, you should apply for a test as soon as you have symptoms, to be tested in the optimum testing window. You should not be coming into work whilst awaiting the results. This is because current evidence suggests infection declines very quickly within seven days of symptoms. Once you have received the test result, inform your manager. If the test is positive, please also update an absence report.

Q. I am having ongoing symptoms despite isolating for seven days, can I come into work?

A. Some symptoms, including a cough, but not continuous cough, and fatigue, can be ongoing for a time after the infection is over. However, if you are still experiencing a fever or a continuous cough do not come into work. Self-isolate until these symptoms have subsided for 48 hours as a precautionary measure. The risk of reinfection is unclear, and if you re-experience a continuous cough and high temperature, that is, after 48 hours of being symptom-free, please self-isolate and re-present for testing.

Q. Should I be retested and wait for a negative test before returning?

A. Evidence shows that tests can remain positive for over 14 days after symptoms subside. At present, it is unclear what this means, as more research is needed in this area. We do know that after seven days your infectiousness is low. Retesting and isolating, awaiting a negative test, before returning to work is therefore not advised. Those with a positive test should stay off work for seven days and return to work on day eight, providing they are well and have not had a high temperature for 48 hours.

General advice:

Q. I have symptoms of a potential COVID-19 infection, should I be tested?

A. If you fall within the Government category for testing, then yes. Please note that the optimum time to be tested is within three days of the onset of symptoms; applying for a test as soon as you get symptoms is advised. Further advice on eligibility can be found here: <https://www.gov.uk/guidance/coronavirus-COVID-19-getting-tested>

Q. How accurate is the current swab testing?

A. The current test used is an antigen test, which detects viral RNA from a nose and throat swab. Due to the speed of the outbreak and the need to develop testing, there is limited data about the accuracy of the test. During the test validation, a small sample tested gave an accuracy of 100%. It is difficult to generalise this result to a large number of real-life tests.

This Appendix is taken from the Tool Kit produced by the Society of Occupational Medicine (SOM) available on their website at <https://bit.ly/2ArLwop>. SOM acknowledges the contribution of Cordell Health in the development of the toolkits.

Appendix 5: Risk Assessment Framework

Conduct a risk assessment which addresses how to restrict the transmission of the COVID-19 virus in the workplace. This essentially involves planning how to conduct work whilst following Government guidance on social distancing. Like most health risks, reducing the risk from COVID-19 involves the use of the hierarchy of controls. Whilst the hierarchy focuses on the important aspect of elimination first, it is essential that a range of controls are adopted and that these are integrated with each other.

Eliminate

- Facilitate home working wherever possible.
- Conduct return to work telephone interviews with staff to identify vulnerable individuals who may require more stringent social distancing or shielding. Seek help from occupational health providers on how to do this. Guidance will be available from the SOM on conducting risk assessments on individuals.
- Introduce self-assessments for all workers and visitors to sites.
- Workers who are unwell with symptoms of COVID-19 should self-isolate in accordance with Government guidance. They should not travel to, or attend, the workplace.
- Facilitate testing for those workers who have symptoms and are eligible for testing.
- Rearrange tasks to enable them to be done by one person, or by maintaining social distancing measures (two metres).
- Avoid skin-to-skin and face-to-face contact at all times.
- Arrange facilities to maintain social distancing where possible.
- Stairs should be used in preference to lifts and consider one-way systems.
- Create facilities for meetings to take place whilst social distancing, e.g. electronic meeting spaces, outside discussions or large open spaces.
- Eliminate face-to face meetings where possible.

Reduce

- Minimising the time workers are in close proximity to others must also include consideration of the following: process line reconfiguration, changes to shift patterns, one-way systems for pedestrians, screens, dwell times between tasks, cleaning regimes and frequent hand washing.
- Where the social distancing measures (two metres) cannot be applied:
 - Each event should be risk assessed.
 - Minimise the frequency and time workers are within two metres of each other. Where face-to-face contact is essential, this should be kept to 15 minutes or less.
 - In circumstances when social distancing is not possible, equally effective measures must be in place to protect workers from virus infection.
 - Minimise the number of workers involved in these tasks.

Appendix 5: Risk Assessment Framework

Reduce

- Consider alternative or additional engineering controls to reduce worker interface.
- Regularly clean common touchpoints, doors, buttons, handles, vehicle cabs, tools, equipment, etc.
- Introduce pop-up hand wash stations.
- Make cleaning materials available in the workplace.
- Keep face-to-face meeting numbers to a minimum.
- Review the performance and servicing of mechanical ventilation and air conditioning systems and use fresh air in preference to recirculated air.
- Increase ventilation in enclosed spaces.
- Workers should wash their hands before and after using any shared equipment.
- Attendees should be at least two metres apart from each other.
- Rooms should be well ventilated/windows opened to allow fresh air circulation.
- Screen workers and visitors by asking them to complete a health questionnaire before visiting the workplace.
- Temperature screening may be useful but has limitations.

Isolate

- Keep groups of workers together in teams/shifts, e.g. do not change workers within teams.
- Arrange the workplace so that workers are away from others as much as possible.
- Consider changing shift patterns, e.g. longer split shifts to reduce the numbers in the workplace at any one time.
- Stagger break times.

Administrative

- Where face-to-face working is essential to carry out a task when working within two metres:
 - Keep this to 15 minutes or less where possible.
 - Consider introducing an enhanced authorisation process for these activities.
 - Provide additional supervision to monitor and manage compliance.
 - Carry out an assessment and review of these activities to identify all repeatable tasks.

Appendix 5: Risk Assessment Framework

PPE

- PPE should not be used as an alternative to social distancing, except where there is no other practical solution.
- Where close proximity working is required for longer than 15 minutes, assess the need to issue employees with appropriate PPE.
- Re-usable PPE should be thoroughly cleaned after use and not shared between workers.
- Consult with an occupational hygienist and HSE guidance about the possibility of extending the life of single use PPE. Extending the life of single use PPE should only be done in exceptional circumstances as a result of shortage of supply.

Behaviour

- Worker behaviour and cooperation will be the key to implementing all of the controls.
- Carry out inductions to inform people of the changes.
- Encourage an open and collaborative approach between workers.
- Trial interventions in places before implementing them across the board.
- Seek feedback and be prepared to change interventions based on the feedback and regular reviews of the risk assessment.
- Make changes which are sustainable in the medium term.
- Encourage staff to cooperate with Government plans for contact tracing.

This Appendix is taken from the BOHS Return to Work Guide <https://bohs.link/return-to-work-guide>

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