



Managing PPE (Personal Protective Equipment) & RPE (Respiratory Personal Equipment) for COVID-19

Risk Assessment ID: (Include revision number, e.g. 1.1, .. B, C..... v2?)	H&S COVID19 RA005 v0.2
RA conducted by: (List all involved in conducting the risk assessment)	G. Howard
Signature of the person approving the assessment (incl. name and position)	 H&S Compliance Manager
Date RA conducted:	15/12/20
Planned review date:	On-going – As required

Task and/or work activities covered by the assessment

Objective: To reduce risk to the lowest reasonably practicable level by taking preventative measures, in order of priority.

Description: To aid assess management of safe practices for protecting against transmission/spread of COVID-19 virus between persons in and around UCB Properties and Work Areas.

In every workplace, maintain 2meter distancing and increasing the frequency of hand washing and surface cleaning.

Reference:
Working safely during coronavirus (COVID-19) 14-12-20
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/updates>
Safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE) 14-12-20
<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>
Gov.uk Guidance - Further and higher education: coronavirus (COVID-19) – Updated -14-12-20
<https://www.gov.uk/government/collections/further-and-higher-education-coronavirus-covid-19>

Hazards present which create potential Health & Safety risks: (Tick as applicable)

- Machinery and Equipment
- Lifting operations (incl. FLT)
- Flammable gases/liquids
- Electricity
- Machinery and equipment

Workplaces

- Slips, trips and falls
- Fall from heights
- Transport (incl. loading)
- Workstations and seating

Occupational Health

- Noise exposure >80dB(A)_{LEP,d}
- Hand-arm vibration
- Hazardous substances
- Musculoskeletal Injury/ diseases

Other Hazards

- Lone working
- Display screen equipment
- Manual handling of loads

Other Hazards (Specify):

Viral: Infection/cross transmission of COVID-19 virus:
Spread through close contact with transmission between persons by respiratory aerosols and/or touching of contaminated surfaces with self-transfer for possible eye, nose or oral ingestion.

Any specific references for COSHH/Products/Manufacturer safety requirements/training etc. should be noted as control measures for further review and noted comments made in section ‘observations/comments’ as required for further action. Copy of the completed assessment to be retained for review by the assessor/department competent person.

		Likelihood					Consequences		
		Unlikely	Possible	Likely	Very Likely	Certain	People	Assets	Reputation
Severity	5	5	10	15	20	25	Death	Severe Damage	Severe Impact
	4	4	8	12	16	20	Major Injury/Reportable Disease	Major Damage	Major Impact
	3	3	6	9	12	15	Reportable Injury (Over 7 day lost)	Moderate Damage	Moderate Impact
	2	2	4	6	8	10	Lost Time Injury (Under 7 days lost)	Slight Damage	Slight Impact
	1	1	2	3	4	5	Minor Injury (No lost time)	No Damage	No Impact
		1	2	3	4	5			

Risk Score	Priority	Action
1 to 4	Low	Low risk identified - Control measures to be adopted and monitored
5 to 10	Medium	Medium risk identified - Ensure that the risk assessment is reviewed, further controls may be necessary
12 to 25	High	High risk identified - Re-evaluate risk assessment and develop/determine greater controls or re-address the process requirements

The ‘Likelihood’ & ‘Severity’ value is to be scored 1 – 5 taking guidance from the above matrix - the total overall ‘Risk’ value ‘R’ is: ‘L’ * ‘S’ entered into the ‘R’ column
Dependant on the overall score; this will dictate if further actions/control measures should be highlighted or the process reviewed

Responsibility for completing risk assessments is the function and responsibility of Line Management, however the task may be delegated to a competent person or persons
(The Assessor should be competent in his/her knowledge of the activity or process and be competent in risk assessment techniques)

Persons at Risk = A: Employee/Agency B: Student/Young Person/Trainee C: New/Expectant Mother D: Contractor/Maintenance E: Member of the Public F: Others: Visitors/Volunteers												
Hazard Ref No.	Identify		Initial Risk Evaluation			Eliminate/Reduce/Mitigate/Action			Re-Evaluate			Review/Action
	Identified Hazards and Associated Risks	Those at risk	Risk Rating			Control Measures			Rating Revised			Further Actions / Recommendations / Observations
			L	S	R				L	S	R	
RA COVID 005.1	Eyes Risks: Spread of virus through touching of surfaces transmitting to eyes or spread of contaminated respiratory aerosols	a,b,c,d,e,f	4	5	20	Eye protection should consider the likelihood of encountering a case(s) and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a cough) during the interaction with others when less than 2meters apart. Sessional use of eye protection is to be observed if there has been suspected COVID-19 transmission. All work/practices where a breach of the 2metere safety ruling cannot be observed and there is an increased risk of contracting COVID-19 should be suitably assessed for reason and justifiable cause for the process to be completed. If the process does not need to be completed and non-essential – do not proceed with/conduct the process. The highest risk of transmission of the respiratory viruses is during AGP’s (aerosol generating procedures) of the respiratory tract, and use of enhanced safety protective equipment is to be observed. Full face shield protection should be worn for all processes where AGP’s are assessed as possible to protect against infection of the eye/s. Ensure eye protection provided for any given procedure is suitable and sufficient for the process to be performed safely whilst providing protection for a person against contracting COVID-19 Eye shielding should be provided to protect the user suitably from the chance of infection from another person’s respiratory aerosols Workers/Students should always ensure to wear the correct PPE as identified in the task risk assessment Training is to be provided with all person’s issue of PPE covering donning, doffing and safe use. PPE issued is to be the correct size/fit for the person Wash hands more frequently for 20seconds or more as government guidelines to avoid transmitting of any COVID-19 virus to the eyes, nose or mouth. PPE should always be fitted with CE labels			1	4	4	Maintain, monitor and regularly review control measures.
RA COVID 005.2	Skin Risks: Spread of virus through touching of surfaces transmitting to eyes, nose, mouth or spread from contaminated respiratory aerosols	a,b,c,d,e,f	4	5	20	COVID19 is no longer categorised as a high consequence infectious disease and therefore enhanced PPE is not required. PPE should be worn as described in this guidance. Make sure the protection chosen has the right combination and level of protection for the task and fits the user properly i.e. - Gloves, gloves with a cuff and sleeving that covers part or all of the arm as required by the task risk assessment. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each person contact followed by hand hygiene washing. Double gloving is not necessary. Ensure that gloves are a correct fit – not too tight or loose. Gloves should be sterile disposable nitrile type Training is to be provided with all person’s issue of PPE covering donning, doffing and safe use. Wash hands more frequently for 20seconds or more as government guidelines to avoid transmitting of any COVID-19 virus to the eyes, nose or mouth. PPE should always be fitted with CE labels			1	5	5	Maintain, monitor and regularly review control measures.

Persons at Risk = A: Employee/Agency B: Student/Young Person/Trainee C: New/Expectant Mother D: Contractor/Maintenance E: Member of the Public F: Others: Visitors/Volunteers													
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	Identified Hazards and Associated Risks	Those at risk	Risk Rating			Control Measures				Rating Revised			Further Actions / Recommendations / Observations
			L	S	R					L	S	R	
RA COVID 005.3	Lungs - Respiratory Risks: Spread of virus through touching of surfaces transmitting to eyes, nose, mouth or spread inhaled from contaminated respiratory aerosols	a,b,c,d,e,f	4	5	20	Make sure the protection chosen has the right combination and level of protection for the task, fits the user correctly and provides contamination protection for COVID-19 Respirators can be single use or single session use (disposable) and should be fluid-resistant. All respirators should: <ul style="list-style-type: none"> be well fitted, covering both nose and mouth not be allowed to dangle around the neck of the wearer after or between each use not be touched once put on only be removed outside the 2meter guideline safety distance Respirators should be compatible with other facial protection used (protective eyewear) so that this does not interfere with the seal of the respiratory protection. The respirator should be discarded and replaced and NOT be subject to continued use in any of the following circumstances: <ul style="list-style-type: none"> is damaged is soiled (for example, with secretions, body fluids) is damp facial seal is compromised is uncomfortable is difficult to breathe through The manufacturers' guidance should be followed in regard to the maximum duration of use. FFP3 respiratory protective equipment (RPE) The highest risk of transmission of the respiratory viruses is during AGP's (aerosol generating procedures) of the respiratory tract, and use of enhanced safety protective equipment is to be observed. FFP3 should be worn for processes where AGP's are assessed as possible to protect against infection through the nose and mouth. FFP 3 level protective masks are recommended for all close contact work such as long sessions of make-up/hair & beauty or aesthetics clinics procedures. However;- Valved, non-shrouded FFP3 respirators are not considered to be fluid resistant and therefore should be worn with a full face shield if respiratory aerosols or body fluid splashing is anticipated. Non-valved FFP2 respirators may be used where suitable FFP3 respirators are unavailable. It is also important to ensure that facial hair does not cross the respirator sealing surface and if the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve. See the Facial hair and FFP3 respirators guide. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877532/Facial_hair_and_FFP3_respirators_220320.pdf Fluid Resistant Surgical Masks Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. FRSMs should be well fitted and subject to the same level of care in use as respirators. FRSM should be used where close proximity procedures are not being conducted with/to others or a procedure with risk of AGP's is very unlikely. Respirators used for single use or single session use are to be discarded as healthcare (clinical) waste (hand hygiene must				1	5	5	Maintain, monitor and regularly review control measures.

						<p>always be performed after disposal) - or if re-usable, cleaned accorded manufacturer's instructions. It is important that the respirator maintains its fit, function and remains tolerable for the user.</p> <p>Ensure employees always wear PPE as identified in the task risk assessment Always provide equipment with CE labels</p>				
RA COVID 005.4	<p>Aprons</p> <p>Risks: Spread of virus through touching of surfaces transmitting to eyes, nose, mouth or spread inhaled from contaminated respiratory aerosols</p>	a,b,c,d,e,f	4	5	20	<p>Disposable plastic aprons must be worn to protect uniform or clothes from contamination whenever AGP procedures are being performed or during environmental and equipment cleaning/decontamination.</p> <p>Disposable fluid repellent coveralls or long-sleeved gowns must be worn when a disposable plastic apron provides inadequate cover of uniform or clothes for the procedure or task being performed, and when there is a risk of splashing of body fluids such as during AGPs in higher risk areas or in operative procedures. If non-fluid-resistant gowns are used, a disposable plastic apron should be worn. If extensive splashing is anticipated then use of additional fluid repellent items may be appropriate.</p> <p>Disposable aprons are subject to single use and must be disposed of immediately after completion of a procedure or task. Increased hand hygiene should be practiced and extended to exposed forearms as required. Disposable fluid repellent coveralls or long-sleeved gowns are for single use or for single session use in certain circumstances but should be discarded at the end of a session or earlier if damaged or soiled.</p>	1	5	5	Maintain, monitor and regularly review control measures.
RA COVID 005.5	<p>Training</p> <p>Risks: Spread of virus through touching of surfaces transmitting to eyes, nose, mouth or spread inhaled from contaminated respiratory aerosols</p>	a,b,c,d,e,f	4	5	20	<p>The following information should be used as a guide for infection prevention and control (IPC) and donning and doffing of PPE</p> <p>https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures</p> <p>https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures</p> <p>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p>	1	5	5	Maintain, monitor and regularly review control measures.
RA COVID 005.6	<p>Employees not wearing PPE</p> <p>(All, or combination of associated risks identified above)</p>	a,b,c,d,e,f	4	5	20	<p>Always consider the following when providing PPE/RPE:</p> <ul style="list-style-type: none"> Who is exposed and to what? How long are they exposed for? How much are they exposed to? <p>When selecting and using PPE:</p> <ul style="list-style-type: none"> Choose products which are CE marked in accordance with the Personal Protective Equipment Regulations 2002 – suppliers can advise Choose equipment that suits the user – consider the size, fit and weight of the PPE. If the users help choose it, they will be more likely to use it If more than one item of PPE is worn at the same time, make sure they can be used together, eg wearing safety glasses may disturb the seal of a respirator, causing air leaks Instruct and train people how to use it, eg train people to remove gloves and other equipment without contaminating their skin. Tell them why it is needed, when to use it and what its limitations are 	1	5	5	Maintain, monitor and regularly review control measures.

Summary of any high risk (Red, 12 – 25) findings from the assessment after introduction of control measures and re-evaluation (if any?)

Proposed action plan to eliminate, or reduce identified risks where current controls require further improvement?

Gov.uk – Department of Education Guidance - Coronavirus (COVID-19): guidance for educational settings - Updated December 2020

What happens if someone becomes unwell at an educational or childcare setting?

If anyone in an education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus (COVID-19) infection guidance.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus (COVID-19) in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

What happens if there is a confirmed case of coronavirus (COVID-19) in a setting?

When a child, young person or staff member develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or a loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.

If they have tested positive whilst not experiencing symptoms, but develop symptoms during the isolation period, they should restart the 10 day isolation period from the day they develop symptoms.

This only applies to those who begin their isolation on or after 30 July 2020.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 10 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

Review Record	This risk assessment must be reviewed at periods not exceeding <u>2</u> years or when circumstances surrounding the risk have changed		
Review Date/Reference	Review Assessed By	Findings / Changes	Signed
15/12/20 - RA005 v0.2	Gary Howard	Updated self-isolation guidance for contacts of individuals who test positive for COVID-19. The self-isolation period is now 10 days instead of 14	<i>G. Howard</i>

Copy of the completed assessment must be retained for review by the assessor or the department competent person.