

☰ General Details

Assessor	Nick Blake
Assessment Date	16/11/2020

Associated with specific area

Assessment Title	Working in peoples homes/Community Work/Site Visits - COVID-19 Risk Assessment
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Assessment Description

Applies to those working in, visiting or delivering to home environments. These include, but are not limited to, people working in the areas such as repair services, fitters, meter readers, plumbers, cleaners, housing officers, and surveyors (this is not an exhaustive list)

☰ Overall Current Risk

Medium

☰ Average Number of Persons Affected

75 Employees

☰ Hazards

Hazard Details	Likelihood	Severity	Risk Rating	Measures Currently in place to prevent risk of injury
Covid-19 Thinking about the risk	Possible	Significant	Medium	No work carried out in a household which is isolating unless it is to remedy a direct risk to the safety of the household. When working in a household where somebody is clinically vulnerable, prior arrangements are made with vulnerable people to avoid any face-to-face contact. Visit should be pre-arranged (unless this negates the reason for the inspection) for a



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				<p>period when the site/ location is less occupied and the maintenance of social distancing will be easier</p> <p>Request can be made prior to visits that household members present wear a face covering if they are able to do so</p> <p>Staying updated with the latest guidance</p> <p>Washing hands more often than usual for 20 seconds using soap and hot water or use hand sanitizers, particularly after coughing, sneezing and blowing your nose.</p> <p>Cleaning regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people</p> <p>Visits planned beforehand, the duration & number of attendees should be minimised where possible e.g. through the prior use of skype / conference calls for meetings etc. and the distribution of virtual information (photographs/videos) beforehand</p> <p>Maintaining social distancing guidelines (2m, or 1m with risk mitigation where 2m is not viable) as far as possible.</p> <p>Request that household member maintain social distancing guidelines (2m, or 1m with risk mitigation where 2m is not viable)</p>
<p> Covid-19 Who should go to work</p>	Possible	Significant	<p>Medium </p>	<p>Work from home whenever able to do so</p> <p>Video consultations where possible</p> <p>Discuss working environment and practices with residents in advance to confirm how the work will be carried out or if a physical visit is needed.</p> <p>No one due to attend the Community Work/Site Visits if showing symptoms of COVID-19, diagnosed with COVID-19 or has been advised to self isolate or quarantine, Under no circumstances must anyone in these scenarios be allowed to attend the inspection.</p> <p>Managers keep in regular contact with staff especially staff of higher risk that may be clinically vulnerable or extremely clinically vulnerable</p> <p>Support and mental health and wellbeing</p> <p>Discuss the safest possible roles for clinically extremely vulnerable workers.</p> <p>Enabling workers to work from home while self-isolating if appropriate.</p> <p>Enabling staff with symptoms to self isolate</p> <p>Consider staff from the BAME community</p> <p>Communicating with staff from protected characteristics to discuss the different degree of risk</p> <p>Reasonable adjustments in place to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.</p>
<p> Covid-19 Social Distancing</p>	Possible	Significant	<p>Medium </p>	<p>Travel to sites alone using your own transport, where insurance allows. Prefer mode of transport bicycles or by foot where possible.</p>





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				<p>Where public transport has to be used maintain 2m, wear a face covering for the duration of the travel</p> <p>Avoid public transport travel during peak times</p> <p>Good ventilation maintained, keeping windows open and passengers facing away from one another to reduce risk of transmission</p> <p>Cleaning vehicles regularly with emphasis on handles</p> <p>Washing hands on arrival or using hand sanitizers/wipes and maintaining social distancing when entering the home</p>
<p> Covid-19 Interacting with householders/During the visit</p>	Possible	Significant	<p>Medium </p>	<p>NHG Provide staff with information about how to operate safely in people's homes. Communicating with households prior to arrival and on arrival, to ensure the household understands the social distancing and hygiene measures that should be followed once work has commenced.</p> <p>Request that doors and windows are left open to increase ventilation.</p> <p>Should a request to enter a residents property be received during the Community Work/Site Visit, staff may again determine through the dynamic risk assessment principle (ask questions) if this is safe to proceed.</p> <p>If entering a residents property determine beforehand whether anyone in the property is showing symptoms of COVID-19 or has been diagnosed with COVID-19 or has been advised to self isolate or quarantine, In these instances the entry should only take place if it is to remedy a direct risk to the safety of the household or their neighbours e.g. direct risk to life or fire risk (additional control measures are to be agreed through line management prior to proceeding).</p> <p>Where possible doors should be held open by a single person to limit contact with touch points, sanitizers to be used after</p> <p>If visiting within a residential property the person being visited/ resident should be asked to stay in a separate room for the duration of the visit.</p> <p>Keep the duration of the visit to the shortest time possible</p>
<p> Covid-19 Cleaning the work area</p>	Possible	Significant	<p>Medium </p>	<p>Frequent cleaning of objects and surfaces that are touched regularly where possible.</p> <p>Arranging methods of safely disposing waste.</p> <p>Removing all waste and belongings from the work area at the end of a job/visit..</p> <p>Using non recycling bins to dispose of single use face coverings and PPE.</p> <p>Enhanced hygiene procedures continuously observed.</p> <p>Ensuring social distancing and hygiene measures are followed when supplies or tools are used</p> <p>Collecting materials in bulk to reduce the frequency of needing to visit shops to buy or collect materials.</p>

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 Covid-19 PPE/Face coverings	Possible	Significant	Medium 	<p>Removing waste in bulk if possible.</p> <p>NHG Staff continue to use PPE that they were previously using to carry out their duties. NHG staff are strongly advised to wear face covering when entering/meeting in enclosed spaces with people they normally wouldn't meet NHG staff are to ensure they have sufficient provision & supply of the above to undertake the inspection safely (replenishment should be ordered through line management/office services). In situations where staff are unable to maintain social distancing(2m, or 1m with risk mitigation where 2m is not viable) or the resident has refused to wear a face covering, NHG will provide a higher grade mask for staff (surgical fluid resistant, where supplies are available). Staff must follow enhanced hygiene procedures when changing from a face covering to a mask, ensuring that hands are sanitized before putting on or taking off face coverings/masks</p> <p>A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers. Similarly, face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. Supplies of PPE, including face masks, must continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings like those exposed to dust hazards. Face coverings are not a replacement for the other ways of managing risk, including minimising time spent in contact, using fixed teams and partnering for close-up work, and increasing hand and surface washing. These other measures remain the best ways of managing risk in the workplace and government would therefore not expect to see employers relying on face coverings as risk management for the purpose of their health and safety assessments. Coronavirus (COVID-19) usually spreads by droplets from coughs, sneezes and speaking. These droplets can also be picked up from surfaces, if you touch a surface and then your face without washing your hands first. This is why social distancing, regular hand hygiene, and covering coughs and sneezes is so important in controlling the spread of the virus.</p> <p>Foreword by the Secretary of State for Health and Social Care - Guidance Strand one is about being clear who needs PPE, what type and in what circumstances. There is enough PPE to go around, but it's a precious resource and must be used only where there is a clinical need to do so. Our guidance states that any clinician or care professional working within 2 metres of a confirmed or suspected COVID-19 patient should wear an apron, gloves, a surgical mask and eye protection. Clinicians carrying out tasks that could generate airborne droplets are</p>

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				<p>required to use an even higher standard of protection, including disposable gowns, filtering respirators and face shielding visors.</p> <p>We've also published PPE guidance for cleaners working outside the healthcare system, those involved in the care and management of the deceased, and first responders. Beyond these roles, the current clinical evidence says there is not a widespread benefit from wearing PPE. Instead, the best way to protect yourself and others is to use regularly wash your hands and to keep at least 2 metres between you and other people whenever you leave your house. All of our guidance can be easily accessed on our new online GOV.UK hub and we keep this evidence under constant review.</p>
<p> Covid-19 Workforce management</p>	Possible	Significant	<p>Medium </p>	<p>Where multiple workers are in a home, creating fixed teams of workers who carry out their duties in those teams, and minimising contact between each team.</p> <p>Identifying areas where people need to hand things to each other, using drop-off points or transfer zones.</p> <p>Assisting with the Test and Trace service by keeping a temporary records and assisting NHS Test and Trace with requests for that data if needed. This could help contain clusters or outbreaks.</p>
<p> Covid-19 Travel and Deliveries</p>	Possible	Significant	<p>Medium </p>	<p>NHG Staff should avoid the use of public transport and travel on foot or by personal means of transport where possible and practical.</p> <p>NHG Staff are to keep up to date with the travel guidance issued through UK.GOV/TFL etc. and wear mandatory face coverings as required.</p> <p>When using their own vehicle NHG Staff should adhere to the driving at work policy, procedure & guidance including the expenses policy.</p> <p>NHG staff are to minimise the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face where vehicles have to be shared.</p> <p>NHG staff to minimise contact during deliveries wherever possible.</p> <p>Where possible and safe, having single workers load or unload vehicles.</p> <p>Where possible, using the same pairs of people for loads where more than one is needed.</p> <p>Minimising the contact during delivery, by calling to inform of your arrival rather than ringing the doorbell.</p>