

Risk Assessment

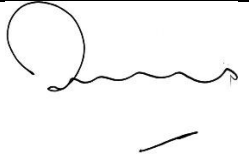


NOTE: Please see guidance notes towards the end of the document.

Date:	30 November 2021
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Revised version upon Government guidance
from 30 Nov 2021

Assessors Name:	Simon Daykin	Reference Number:	MAIN V5.0	Review Date:	January 2022 or upon update from HMGov
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Endorsed By:	Simon Daykin	Signature:		Position:	Director	Date:	30 November 2021
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Description of assessment	Coronavirus (COVID-19) - OMICRON VARIANT RESPONSE - CAFÉ, VISITOR INFORMATION, HERITAGE CENTRE, GALLERY
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Location Details	Wells Maltings - front of house, visitor information and hospitality areas
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Identified Hazards	Identified risks and who may be affected	Risk Level before control measures S x L = R				Existing control measures (prior to lockdown)	Additional Control measures required (upon reopening and ongoing)	Action owner	Final Risk level S x L = R			
		S	L	R	R				S	L	R	R
Infection control, cleaning and safety measures												
As the business reopens, spreading Coronavirus and contracting COVID19 from contact with each other and members of the public	There is a direct threat to staff and public health and wellbeing from transmission of the COVID-19 coronavirus while at work. <i>People can catch the virus from others who are</i>	5	3	15	H	<ul style="list-style-type: none"> Sanitiser available for staff and in public areas Employees will be asked to wash hands with soap regularly and thoroughly, for at least 20 seconds. Contact with personnel suspected of having caught COVID-19 will be avoided. 	<ul style="list-style-type: none"> Sanitiser stations to be installed in foyer/atrium area. These are touch free, foot operated with branded signage Face coverings are mandatory for all staff and visitors in public areas, unless exemptions apply. Café visitors can remove when seated only. Signage will reflect this. Right to refuse entry of public not wearing face coverings and not claiming exemptions will be supported 	SS SD	5	1	5	M

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	<p><i>infected in the following ways:</i></p> <ol style="list-style-type: none"> <i>1. virus moves from person-to-person in droplets from the nose or mouth spread when a person with the virus coughs or exhales</i> <i>2. the virus can survive for up to 72 hours out of the body on surfaces which people have coughed on, etc</i> <i>3. people can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes or mouth</i> 				<ul style="list-style-type: none"> • Increased cleaning regimes and sanitising on public and staff toilet areas • Employees are reminded to not touch their eyes, nose or mouth if their hands are not clean. • Employees told to self-isolate for 14 days should they find they have a new, persistent cough and/or a high temperature and/or changes to taste and smell. • Regular wipe down and sanitising of tables in the café • Removal of open sugar canisters and condiments and replacement with portioned sealed sachets • Lifts sanitised as part of cleaning regimes 	<ul style="list-style-type: none"> • All toilets will be cleaned and sanitised regularly by cleaning staff. Surfaces, door handles, taps etc. will all be thoroughly cleaned with recommended sanitising substance. • SSP arrangements adjusted to cater for staff showing symptoms and isolating/ quarantining or if someone in their household is showing symptoms - regardless of vaccination status • Should employees disclose that personnel living with them are self-isolating, they should be encouraged to do the same for 14 days as per Government guidance. • Staff/volunteers to be encouraged to take Lateral Flow Tests (LFTs) at 48-72 hour intervals and follow guidance if positive • Sneeze screens to remain in place at VIC only for the time being. These to be cleaned and thoroughly sanitised regularly • Fluid resistant masks (FRMs) provided for all staff • Tables, chairs to be sanitised between every customer (see café customer flow plan) • Sanitising station to be provided at Sackhouse entrance for tenants • Hard surfaces in heritage centre sanitised as part of regular cleaning regimes • Touch screens to be left running; only digital photoframes and TV films to be shut down at close 	<p>SS</p> <p>KF</p> <p>SD</p> <p>SD</p> <p>KF</p> <p>IG</p> <p>SS/IG</p> <p>SS</p> <p>SS</p> <p>DMS</p>				
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		S	L	R	R				S	L	R	R
Social distancing												
Close contact with those with COVID19 increases transmission, so advice to maintain distances over 2m to be followed	<p>Social distancing refers to people being required to maintain a distance from each other of 2m, wherever possible.</p> <p><i>Social distancing effectively puts people at a safe range from anyone coughing. The main route of virus transmission is through droplets exhaled or coughed by an infected person.</i></p>	5	3	15	H	<ul style="list-style-type: none"> Social distancing measures in place, and visitor management protocols to inform and encourage adherence to 2m policy. 	<ul style="list-style-type: none"> Encourage social distancing within the public areas and in office and other spaces Reduced café capacity to account for social distancing of 2m between tables Signage to encourage and promote social distancing Office spaces supports social distancing 	SD SS BL All	5	2	10	H

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Staff and employee welfare, working arrangements, hotdesking and home working												
<p>Staff and volunteers to feel as safe as possible in their working environment.</p> <p>Staff working together in workplace premises inevitably raises the risk of virus transmission.</p> <p>Hot desking and the sharing of equipment present hazards that raise the risk of virus transmission further</p>	<p>Homeworking reduces the risk of staff gathering in the workplace and of transmitting the virus. However, once operations are resumed, this is not possible for all staff. The physical environment of some areas (eg kitchen) makes social distancing difficult</p> <p>There is also a risk of confrontation and tension with members of the public in high stress situations (queues, delays in service, crowding, perceived non compliance and restricted toilet access).</p>	5	3	15	H	<ul style="list-style-type: none"> Enhanced remote IT facility in place to allow homeworking. Staff working patterns adjusted to reduce times attending the office Colleagues to be aware of symptoms and self isolate if they or anyone in their household shows symptoms Colleagues to inform us if they or members of their household are or plan to leave the country, and isolation practices relative to advice in that country will apply as practicable 	<ul style="list-style-type: none"> Asymptomatic lateral flow testing encouraged for all staff and volunteers, 48-72 hour intervals PPE and training into use available to all staff. Face coverings mandatory in public areas at all times Regular assessments of the mental health and wellbeing of colleagues will be undertaken and support given as appropriate and necessary Training, orientation and induction for all colleagues, with regular refreshment Evaluation sessions with colleagues to address areas of concern and monitor the efficacy of control measures, PPE use, customer responses and behaviours, staff safety etc Daily end of day reports to guide further actions and highlight issues 	SD SD SD/KF SD/KF SD DMs	5	1	5	M

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Vulnerable and high risk groups												
Some staff and volunteers may have pre-existing medical conditions which render them more vulnerable to the dangers of coronavirus infection	<p>Those who are classified by PHE as being at greater risk from COVID-19 include people in the vulnerable (moderate risk) and extremely vulnerable (high risk) categories</p> <p>Vulnerable (moderate risk) people include those who:</p> <ul style="list-style-type: none"> - are 70 or older - are pregnant - have a lung condition such as asthma, COPD, emphysema or bronchitis (not severe) - have heart disease, diabetes, chronic kidney disease or 	5	3	15	H		<ul style="list-style-type: none"> • Staff to work with management to assess their own levels of risk and act accordingly • Any volunteers in risk categories should similarly disclose such, and take an informed decision with us on their short term volunteering duties • We would not ordinarily allow those in the extremely vulnerable category to return to duties • We will aim to be non discriminatory in our decisions around resuming and continuing active work within our organisation, basing them upon disclosed information from the staff member/volunteer and our own risk assessment, the reasonable adjustments to working practice, prevailing legislation and good practice 	SD	5	2	5	H

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	<p>liver disease (such as hepatitis)</p> <ul style="list-style-type: none">- are taking medicine that can affect the immune system (such as low doses of steroids)or- are very obese <p>Extremely vulnerable (high risk) people include those who:</p> <ul style="list-style-type: none">- have had an organ transplant- are having chemotherapy for cancer, including immunotherapy- are having an intense course of radiotherapy for lung cancer- have a severe lung condition (such as severe asthma or severe COPD)- are taking medicine that makes them much more likely to get infections										
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	<p>(such as high doses of steroids)</p> <ul style="list-style-type: none">- have a serious heart condition and are pregnant <p>The following PHE advice applies:</p> <ul style="list-style-type: none">- Those in the “high risk” (extremely vulnerable) category are subject to special “shielding” arrangements - they are advised to self-isolate and not leave home for any reason for at least 12 weeks- Those in the “moderate risk” (vulnerable) category are advised to stay at home as much as possible - they can go to work if they cannot work from home- People in both categories are advised by the government to be particularly										
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	<p>stringent in complying with social distancing requirements.</p> <p>Pregnant women are included in the “moderate risk” category as a precaution but are not considered by PHE to be more likely to get seriously ill from COVID-19.</p> <p>There is some evidence that those from BAME backgrounds are harder hit by COVID-19.</p>										
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Cases of suspected infection on-site												
People becoming unwell while on-site or an obviously symptomatic person using our facilities	Increased risk of infection	5	3	15	H	<p>If anyone becomes unwell in the workplace with coronavirus symptoms (a new, continuous cough, high temperature and/or changes to taste and smell senses) they should be sent home and advised to follow government advice to self-isolate.</p> <p>The following actions should be taken within the workplace:</p> <ul style="list-style-type: none"> - All surfaces that a symptomatic person has come into contact with must be cleaned and disinfected, especially objects visibly contaminated with body fluids and all potentially contaminated high contact areas such as toilets - Public areas where a symptomatic individual has passed through and spent minimal time and which are not visibly 	<ul style="list-style-type: none"> • Control measures should be extended to instances where a symptomatic member of the public is clearly observed • In this instance, the premises should be closed to allow cleaning measures to be undertaken, and must not reopen until satisfied that cleaning and sanitisation has been completed 	SD SD/SS	5	1	5	M

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					contaminated with body fluids, can be cleaned thoroughly as normal - Cleaning staff should use disposable cloths or paper roll and a combined detergent disinfectant solution at recommended sanitisation levels - Cleaning staff must wear appropriate PPE - Waste from cleaning of areas where possible cases have been (including disposable cloths and tissues) should be “double-bagged” and tied off; it should be placed in a secure holding area for 72 hours before being disposed of in general waste						
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		Information and communications										
<p>Lack of staff awareness of steps to manage and control risks</p> <p>Lack of public awareness of the protective measures in the premises</p> <p>Hazards associated with conflicting, unclear and 'fake' information in circulation</p>	<p>The pandemic has been accompanied by a large amount of official guidance, some of which needs interpretation, and also by misinformation, rumour and "fake news" and myths. If these are allowed to gain traction within the organisation they can obscure and confuse vital health and safety measures.</p> <p>Additionally, recent evidence locally suggests that lockdown rules are being stretched as they are being released. Local opposition to</p>	5	3	15	H		<ul style="list-style-type: none"> Staff to receive regular updates and details on any official announcements that affect procedures and protocols Staff to make colleagues aware formally of any know misinformation and contradictory statements Website updated with this risk assessment and our updated responses 	SD/BL SD BL	5	1	5	M

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	<p>visitors is also a factor.</p> <p>There is also a risk with over-explaining and over-signing in the premises, leading public to become 'blind' to advice.</p>											
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Guidance Notes

SEVERITY	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
	LIKELIHOOD					

LIKELIHOOD	
5	Almost Certain - Very High Risk
4	Probable - High Risk
3	50/50 - Medium Risk
2	Improbable - Low Risk
1	Almost impossible - Low Risk

SEVERITY	
5	Fatality - Very High Risk
4	Severe incapacity - High Risk
3	Absent 3 weeks - Medium Risk
2	Absent less than 1 day - Low Risk
1	Insignificant - Low Risk

1-4 LOW	5-9 MEDIUM	10-15 HIGH	16-25 VERY HIGH
Continue with existing control, however monitor for changes. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires attention to reduce the rating as well as regular ongoing monitoring. Implement any additional control measures required, within the timescales given in the risk assessment.	Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.	Stop immediately - the risk is too high. Take immediate action to reduce the risk to the lowest level possible.

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Additional comments:

1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding
2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment
3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document

Assessor 1 name:		Signature:		Date:	
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Assessor 2 name:		Signature:		Date:	
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I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level. I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.

Employee name	Job description	Date	Employee comments/recommendations	Signature

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Risk Assessment Issue Control

Version no	Date issued	Purpose	Review/re-issue	Sign off
1.0	18 June 20	First draft - internal review	23 June 20	SD
1.1	24 June 20	Consultation	29 June 20	SD
2.0	30 June 20	Final draft for sign off	Review w/c 6 July	SD
3.0	30 September	Updated version	November	SD
4.0	10 May 2021	Revised and updated on further reopening	Mid June 21 after Government update	SD
5.0	30 Nov 2021	Revision and update in response to Omicron variant	January 2022	SD