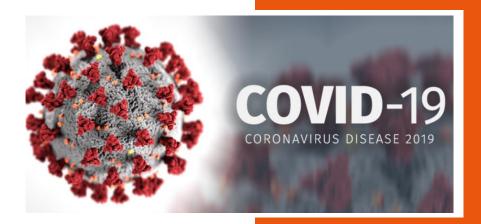


YMUK COVID-19 HSE Systems and Procedures Manual



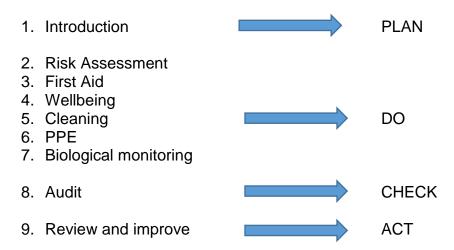
Ben Thomas

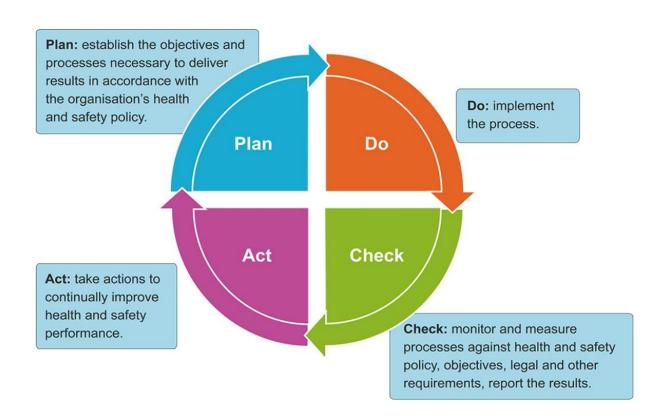
Health, Safety, Environmental & Energy Manger Yamazaki Mazak UK Ltd 5/13/2020



Yamazaki Mazak UK Ltd COVID-19 Systems and Procedures Manual

Contents -







1. Introduction

There are currently some legal requirements for employers regarding employees returning to work. The purpose of this manual is to try and explain what Yamazaki Mazak UK Ltd need to do and how and when we should implement measures that will protect our staff and enable our business to return to more normal and therefore profitable activity. HM Government did not identify manufacturing premises as places that should close during the COVID-19 crisis.

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in an ongoing pandemic. As of 6 May 2020, more than 3.66 million cases have been reported across 187 countries and territories, resulting in more than 257,000 deaths. More than 1.19 million people have recovered. Total deaths in UK recorded on 10th May 32,065 shows an average rate of increase over five days of 1.28% yesterday the rate of increase was 0.7%. We have not yet managed to significantly reduce the daily death toll in the UK since early April.

On 11th May 2020 the HM Government named 5 key points that should be implemented as soon as practical, these included:

- 1. Work from home if you can.
- 2. Carry out a COVID-19 Risk Assessment.
- 3. Maintain 2 metres social distancing, whenever possible.
- 4. Where people cannot be 2 metres apart, manage transmission risk.
- 5. Reinforcing cleaning processes.

Last month the HSE issued a warning to employers that it would hand out enforcement notices to those who do not comply with the two-metre social distancing rule in workplaces that remain open during the outbreak. The workplace safety regulator said it was now working through the reports, received since March, with a 'range of actions'.

To ensure everyone's safety we have followed the guidance of the UK Government and implemented a number of new social distancing and hygiene measures, including:

- A 'one way' system around the factory to minimise contact
- Splitting the factory into six zones, each featuring solo working bays with no inter-movement of staff
- The hire of temporary buildings to allow changing and restroom facilities to keep staff in each segregated zone
- A cap on the number of machining, sheet metal, sub-assembly, assembly, and office staff on site at any one time
- The sourcing and supply of higher volumes of gloves and hand sanitiser
- The implementation of an increased and strictly-maintained cleaning regime across the business



2. What should we include in our Risk Assessment?

Working during the COVID-19 outbreak will require a three-pronged approach to achieving a safe and healthy working environment:

- 1. Carrying out a risk assessment for COVID 19
- 2. Considering the risks from processes and ensure protocols are in place
- 3. Review existing risk assessments where; social distancing measures are required, a change in working patterns is needed and/or PPE supply shortage has been Identified.

We will be introducing new working practices which will mean that our existing risk assessments need to be revisited. We will also have to carry out regular reviews of our risk assessment and plans as this is important as the workplace changes as a result of the COVID-19 outbreak.

To do a comprehensive review of our existing assessments and our new COVID-19 Risk Assessment we need to follow the "6 stages of risk assessment" below.

Stages	Yamazaki Mazak UK Ltd Site
Stages Eliminating the risk.	 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 HSE Manager on conducting risk assessments on individuals. Introduce self-assessments for all workers and visitors to sites. Workers who are unwell with symptoms of Coronavirus (COVID-19) should self-isolate in accordance with government guidance. They should not travel to or attend the workplace. Rearrange tasks to enable them to be done by one person, or by maintaining social distancing measures (2 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
	· ·
Reducing the risk.	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, and dwell times between tasks, cleaning regimes and frequent hand washing.



	Trans.
	Where the social distancing measures (2 metres) cannot be
	applied:
	 Each task will be risk assessed. Minimise the frequency and time workers are within 2.
	Minimise the frequency and time workers are within 2 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.
	 Consider alternative or additional engineering controls
	to reduce worker interface.
	 Regularly clean common touch points, 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 2 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.
Isolating	Keep groups of workers together in teams/shifts, e.g.
workers.	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.
Implementing	Stagger break times. Where face to face working is essential to carry out a task
Implementing the Controls.	Where face to face working is essential to carry out a task
uie Coliuois.	when working within 2 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.
	to identify an repeatable tacket



Personal	Personal Protective Equipment should not be used as
Protective	an alternative to social distancing, except where there
Equipment.	is no other practical solution.
	Where close proximity working is required for longer
	than 15 minutes, assess the need to issue employees
	with appropriate Personal Protective Equipment.
	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.
Management	Worker behaviour and cooperation will be the key to
Issues.	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.
	Tor contact tracing.



CORONAVIRUS TOP LEVEL RISK ASSESSMENT — YAMAZAKI MAZAK UK LTD

Assessor			Ben Thomas – HSE Manager		
Overall Risk Rating		15 - Tolerable			
Assessment date			11/05/2020		
Review date(s)			01/06/2020		
Business type/location			Manufacturing		
Business hazards associated with the coronavirus risk	rkers/customers	Proposed	l control measures	Risk Rating (LxC=R)	Actions required
Infection Prevention and Staff	Safety				
health and wellbeing from transmission of the coronavirus while at work People can others who following was evirus many person or mout with the evirul hours of which petc people breathing touching the staff from or people can others who following was evirus many person or mout with the evirul hours of which petc people breathing touching the staff from or people can others who following was evirus many the staff from or people can others who following was evirus many transmission of the coronavirus while at work staff from or people can others who following was evirus many transmission of the coronavirus while at work evirus many person or mout with the evirule hours of which people can others who following was evirus many transmission of the coronavirus while at work	oves from person-to- n droplets from the nose n spread when a person virus coughs or exhales can survive for up to 72 at of the body on surfaces	its duty to workplace remain wo coronaviru Circulate o procedure set out ho precaution pandemic Managers Governme staff:	at the organisation complies with provide a safe and healthy /working conditions for staff who orking in the workplace during the us pandemic coronavirus policy and safety s to all staff and managers; these w staff should behave and the as they must adopt during the to keep them safe should pass on and reinforce key ent public health messages to all the mouth and nose with a tissue eve (not hands) when coughing or ing (Catch it — Bin it — Kill it) ed tissues in the bin straight away hands regularly with soap and for at least 20 seconds; use hand	3x5=15	



- sanitiser gel if soap and water are not available
- avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- do not touch face, eyes, nose or mouth if hands are not clean

Require staff to practice effective social distancing while in and around the workplace and when travelling to and from work by:

- avoiding non-essential contact with others
- keeping a safe distance of at least 2 metres (about 3 steps) from others at all times
- avoiding physical contact (eg hugs, handshakes, etc)

In all departments, fully implement Public Health England *Guidance for Employers and Businesses on Coronavirus*, including the following key safety precautions:

- keep local/departmental risk assessments under review to ensure that a safe place of work is maintained
- make any adjustments to the workspace/rotas/work patterns/ procedures necessary to facilitate social distancing at work
- cancel face-to-face meetings and replace them with video conferencing/ phone conferencing, etc
- follow Government health and travel advice



•	provide personal protective equipment
	(PPE) as required

- increase environmental cleaning in the workplace; review and revise cleaning method statements and schedules and ensure cleaning staff have access to suitable detergents, disinfectants and PPE
- cancel non-essential training and all face-to-face training/recruitment practices
- all shared company vehicles and workplace transport must be thoroughly cleaned before and after use. In the first instance sharing of workplace transport should try to be avoided.
- cancel non-essential work related travel.
 Any travel must be approved by a Director.
- carry out any essential training/ recruitment by using email/online eLearning wherever possible rather than bringing people together face to face
- display appropriate public health posters around the workplace, such as Cleaning and Disinfection Guidance and Employers and Businesses Guidance provided by Public Health England
- Extra welfare facilities have been provided. Each zone has their own toilet block and washing facilities.
- Hand sanitizer has been placed on all entry points.
- Increased cleaning regime has been implemented.

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	area, tools and equipment before they start work, during work and at the end of their shift.		
Cases of Possible Infection On-site			
People becoming unwell while on-site or a symptomatic person using a site High risk of transmission	If a member of staff becomes unwell in the workplace with coronavirus symptoms (a new, continuous cough or a high temperature) they should be sent home and advised to follow Government advice to self-isolate 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, such as corridors, but which are not visibly 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 a dilution of 1000 parts per million available chlorine 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	3x5=15	

Higher Risk Areas of the Workplace

Potential enhanced risk of transmission in areas such as staff toilets and restrooms Heavily used areas of the workplace are more likely to present an infection transmission risk

Essential for staff to wash hands regularly but also that toilets are kept clean and free of coronavirus contamination

A number of staff going to the toilet together may compromise their ability to comply with social distancing Increased risk of people coughing and touching door handles, taps and toilet flush handles Stress the need for staff to follow good hygiene practice at all times while at work (ie regular handwashing, using tissues and disposing of them appropriately, etc)

Each section has their own toilet facilities Managers to ensure that adequate hand cleaning resources are provided; all staff toilets to be supplied with adequate supplies of hot water, liquid soap and paper towels

Print handwashing instructions/posters and display throughout workplace, especially in toilets

Limit numbers of staff who can use toilets at any one time to ensure social distancing Place 60% alcohol hand gels at convenient places with instructions for use

Increase environmental cleaning, especially in and around toilets and restrooms and staff rooms; special attention to be paid to frequently touched surfaces such as door handles, toilet flush handles, light switches, etc.

Increase toilets/washrooms inspections to check for cleanliness/adequate stock of soap/toilet paper, etc

3x5=15

Maintaining Services During Movement Restrictions

This organisation manufactures CNC Machine Tools which can be used in the medical sector and thus will endeavor to stay open as best it can The country is currently undergoing a period of severe movement restrictions described as a "lockdown": this involves:

 people asked to remain in their homes and only leave under certain Comply fully with Government guidance on types of organisation that should remain open and those that must close during the pandemic crisis; a business or venue operating in contravention with these measures will be committing an offence Give employees clear guidance on when they should attend work and when they

2x5=10

Mazak

during the coronavirus pandemic crisis; however, there are a number of hazards to staffing related to the effects of social "lockdown" imposed by the Government in an attempt to suppress the spread of the virus

- Non-essential travel being banned
- Exceptions for essential "key workers" to get to and from work (eg NHS staff/police, food business/essential services workers, etc)
- Schools and nurseries being closed causing some staff childcare issues (eg where a spouse is also a key worker)
- Closure of places where people gather (eg pubs, restaurants, cinema, etc)
- Closure of non-essential shops

People can still travel to and from work but only where this absolutely cannot be done from home should stay away; reinforce key message when talking to staff and in all communications (eg email/text) that staff doing essential jobs can still attend for work provided they are not showing coronavirus symptoms and neither they nor any of their household are "self-isolating" and provided their job cannot be done from home

Managers should discuss working arrangements/hours/rotas with all essential staff to ascertain individual difficulties, availability and wishes

Support lockdown/social distancing measures by ensuring that all staff who have a role that can be performed from home are facilitated to do so; this may involve the provision of suitable IT equipment

Enable flexible working arrangements wherever necessary, such as non-essential staff being "furloughed" this involves the member of staff to be placed on home leave with their job left open, or staff working flexible hours to fit in with their childcare arrangements

Essential staff who are needed to come into work will be enabled to do so. Review police travel advice on a regular basis

Where the social distancing guidelines cannot be followed in full in relation to a particular activity, we will consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between staff. Mitigating actions include:

 Further increasing the frequency of hand washing and surface cleaning.

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Staffing Levels		 Keeping the activity time involved as short as possible. Using screens or barriers to separate people from each other. Using back-to-back or side-to-side working (rather than face to- face) whenever possible. Reducing the number of people each person has contact with by using 'fixed teams or partnering' Provide additional PPE e.g. Face Masks, Face Visors, Nitrile Gloved, Tyvex Suits. 		
Low staffing due to high rates of staff sickness or staff having to self-isolate themselves at home	Staff may get sick with coronavirus infection People who have symptoms must "self-isolate" at home for 7 days from the start of symptoms to prevent them from passing the infection on and contributing to the overload on the NHS Those who live with others and where one person has symptoms must self-isolate as a household for 14 days from the day when the first person in the house became ill. If anyone else in the household starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14-day isolation period.	Staff who are sick or self-isolating should phone immediately and inform their linemanager Make sure that communications go out that no member of staff should come to work if they are self-isolating or if they have symptoms or if they feel unwell Non-essential parts of the organisation can be closed down and staff reallocated to essential functions or asked to comply with the Government's message to stay at home Staff to be reintroduced in to the business in a staged process. Factory to be split in to 6 zones an staff working in each zone must enter and leave through one access point and must not leave the area.	2x5=10	

Vulnerable Staff					
Vulnerable staff and staff in high risk categories	Some staff may have pre-existing medical conditions (eg chronic conditions such as diabetes or asthma) which render them more vulnerable to the dangers of coronavirus infection Some older staff may also be vulnerable to the effects of the virus Some staff may be in a "high risk" category as defined by the government (eg those who have had an organ transplant or those who are taking a medicine which weakens their immune system) and in need of special "shielding" arrangements People with pre-existing conditions and older people (over 70) have been advised by the Government to be particularly stringent in complying with social distancing requirements People in the high-risk category have been told that for their safety they must self-isolate at home for 12 weeks; they must not leave home and are subject to special NHS "shielding" arrangements Pregnant women have also been advised to be extra careful and should be considered vulnerable	Ensure all vulnerable or high-risk staff are adequately protected and supported Managers, human resources and occupational health departments should be aware of staff who fall into vulnerable and high-risk categories so that they can ensure that they are given adequate support to enable them to comply with Government health recommendations No member of staff in a vulnerable or high-risk category should be expected to come to work during the crisis; they should be advised to follow Government social distancing/medical advice and stay at home Where it is possible or appropriate for certain vulnerable or high-risk staff to work from home this may be facilitated Managers should stay in touch with vulnerable or high risk staff by phone to ensure they are well and to prevent them from feeling isolated As they cannot leave their home at all, the organisation should help to provide additional support for any high-risk staff who may need it; this might include providing shopping or medicines where they are unable to gain support from elsewhere	2x5=10		
Customer Safety					
Customers / visitors crowding together and not social distancing	A failure of customer social distancing would place customers at risk of increased virus transmission which would increase impact on the	Limited numbers of customers / visitors will be allowed access to facilities to ensure that customers can distance themselves and comply with social distancing requirements.	1x5=5		



	NHS A failure to control customer behavior may lead to action by the police who are enforcing social distancing compliance	Any visitors must be approved by a Director. Assess risks to customers by reviewing all high-traffic areas and high-traffic points and take steps to ensure that these are adjusted to reduce any crowding Signs should be widely displayed asking customers / visitors to comply with social distancing advice		
Business Continu	ity			
Crisis management and business continuity hazards caused by the pandemic emergency	The crisis threatens business continuity and ability to deliver essential services to our customers	Establish overall coronavirus risk management team Ask all departments to review and refresh risk assessments as necessary Devise appropriate safe systems of work and keep under constant review	1x5=5	
Information				
Hazards caused by lack of information or inaccurate information being circulated	The crisis is not only accompanied by a large amount of official guidance, some of which needs interpretation, but also by misinformation, rumour and "fake news" or "myths"	To ensure the safety and wellbeing of staff and customers: • business strategies need to be based on accurate information • staff must be given consistent and clear messages Coronavirus risk management team to monitor official advice carefully and update all policies and procedures Ensure leadership teams/local managers are briefed and kept up to date Managers to beware fake news and discourage the circulation of misinformation Keep staff informed	1x5=5	



Communication				
Threat to effective communications	The crisis threatens communications with clients/customers/suppliers	Revise communications strategies and plans Devise specific plans for how and how often to communicate with clients/customers/ suppliers Senior management to review all outward facing communications (eg on customer website, etc) to ensure messages are consistent, clear and reflect the customer focused and socially aware values of the organisation	1x5=5	
Cyber Security				
Cyber-security risks	Cyber-security threats often accompany a crisis, including computer viruses, phishing and scam emails and coronavirus related "ransomware" With the organisation and individual staff more reliant than ever on digital communications and the internet, and with more staff working from home and using a variety of digital devices, the need to ensure the security and function of our digital systems is more important than ever	Review cyber security and surveillance infrastructure and ensure that all reasonable protection is in place Circulate warnings to staff and managers of any credible cyber threats, especially scam emails and text messages Ensure that staff working from home and using remote-working systems are covered by cyber-risk protections Ensure any homeworking arrangements maintain standards of data protection and IT security Ensure that existing cyber-security systems do not interfere with the availability of critical safety information and updates relating to coronavirus Assess cyber risks to new supply chain connections developed during the crisis	1x5=5	



Equality in the work	rplace			
Equality	Not considering whether we need to put in place any particular measures or adjustments to take account of your duties under the equalities legislation.	The needs of individuals will be assessed on a person by person basis.	1x5=5	
	Not understanding and taking into account the particular circumstances of those with different protected characteristics that may be affected by the changes to our operational activities.	The needs of individuals will be assessed on a person by person basis.		
	Not involving and communicating appropriately with workers whose protected characteristics might either expose them to a different degree of risk, or might make any steps we are thinking about inappropriate or challenging for them.	Communications will be made in line with the businesses Equality Policy. Employees are encouraged to speak with their immediate manger if they feel disadvantaged for any reason.		
	Not making reasonable adjustments to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.	Adjustments will be made in line with the businesses Equality Policy. Employees are encouraged to speak with their immediate manger if they feel disadvantaged for any reason.		
	Making sure that the steps we take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.	Consideration will be made so that no negative effect is created that may impact upon groups. All actions will be taken in line with the businesses Equality Policy.		



Common Areas					
Staff gathering at start of shift, break times and end of shift.	People gathering together at break times and social distancing rules not being observed. Reception and goods in areas will have increased contact with visitors	Staggering break times to reduce pressure on break rooms or places to eat. Areas outside are provided for breaks. Creating additional space by using other parts of the worksite or building that have been freed up by remote working. Providing packaged meals or similar to avoid opening staff canteens, where possible. Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions. Use of social distance marking for other common areas such as toilets, showers, lockers and changing rooms and in any other areas where queues typically form. Using protective screening for staff in receptions or similar areas.	1x5=5		
PPE					
Shortage of PPE	PPE not available	Departmental Managers and Supervision are responsible for ensuring adequate levels of PPE are provided. HSE Department to keep back up stocks.	1x5=5		
Logistics and deliveries					
To maintain social distancing and avoid surface	Not maintaining social distancing and avoiding surface transmission when goods enter and leave the site	Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often.	1x5=5		



transmission when goods enter and		Where possible and safe, having single workers load or unload vehicles.	
leave the site especially in high volume situations,		Where possible, using the same pairs of people for loads where more than one is needed.	
for example, distribution centres, despatch areas.		Outdoor toilets have been provided for delivery drivers.	
despator dreas.		Drivers should be encouraged to stay in their vehicles where this does not compromise their safety and existing safe working practice, such as preventing driveaways.	
	Delivering parts around the site to different zones	Revising pick-up and drop-off collection points, procedures, signage and markings.	

Note

Government advice is changing all the time. The particular hazards relating to the organisation, work activities and environment may differ significantly on a daily basis. Users of this risk assessment are therefore advised to evaluate its contents thoroughly and adapt the risk assessment to suit the requirements of each individual situation.

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	Likelihood
1	Very Unlikely
2	Unlikely
3	Fairly Likely
4	Likely
5	Very Likely

	Consequence
1	Insignificant - no injury
2	Minor - minor injuries needing first aid
3	Moderate treatment at a hospital and a return to work
4	Major - Lost time from work due to a work related injury
5	Catastrophic - death or serious life changing injury

Risk Rating	Degree of Risk	Risk Treatment
		Stop activity & make
17 - 25	Unacceptable	immediate
		improvements
		Look to improve
10 - 16	Tolerable	within specified
		timescale
		Look to improve
5 - 9	Adequate	at next review
		No further action,
1 - 4	Acceptable	but ensure controls
		are maintained

	RISK MATRIX Likelihood					
Severity of Consequence	Rare (1)	Unlikely (2)	Moderate (3)	Likely (4)	Almost Certain (5)	
Catastrophic (5)	5	10	15	20	25	
Major (4)	4	8	12	16	20	
Moderate (3)	3	6	9	12	15	
Minor (2)	2	4	6	8	10	
No injury (1)	1	2	3	4	5	



3. What should we do about First Aid on site?

The primary responsibility is to preserve life and first aid should be administered if required and until the emergency services attend.

Emergency plans including contact details should be kept up to date.

Our first aid procedures should already include consideration of the risk of infection. However, there may be some changes which we need to make:

- Review our first aid procedures, particularly regarding control of infection and the generation of aerosols e.g. during CPR.
- Consider potential delays in emergency services response.
- Consider preventing or rescheduling high-risk work.
- Reviewing the numbers of first aiders and the health status of them or providing additional competent first aid or trauma resources.

An example of some guidance given to first aiders is given below.

Item	COVID-19 Guidance for First Aiders			
1.	Coronavirus and route of transmission			
	The most common symptoms of coronavirus are:			
	Recent onset of a new, continuous cough and/or.			
	High temperature.			
	> 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 2 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 or			
	eyes e.g. when touching your face.			
2.	General Precautions			
	Precautionary measures require everyone to avoid getting infected			
	via these transmission routes through hand washing, 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 >2 m.			
	Where distancing of > 2m is not possible, Personal Protective			
	Equipment (PPE) should be worn.			
3.	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 - must be changed after each First Aid			
	intervention and not used between patients.			
	Needs to be put on and taken off ('donned' and 'doffed') in the			
	correct order – see below. To be disposed of as clinical waste.			



	Based on the requirement that distancing of >2m cannot be			
	maintained whilst providing First Aid, the following PPE must be			
	worn as a minimum:			
	Disposable gloves.			
	Face Mask – type F	FP2.		
	Disposable plastic a	apron or disposable coveralls.		
	Eye protection.			
	Clinical waste bag.			
	Provision of alcohol	hand rub and masks for patients is also		
	advised.			
4.	Donning and Doffing PPI	Ē		
	Put on PPE every time who	en administering First Aid and if breaking		
	the 2m rule.			
	It is important to keep own	hands away from face when donning and		
	doffing PPE, to avoid self-	contamination during the process.		
Donning		Doffing		
	nitise own hands	Take off PPE in the following order		
	in the following order	o Gloves		
o Apron or co	overall	o Apron or coverall		
o Mask		o Eye protection		
o Eye protect	tion	o Mask		
o Gloves.		Place all items in clinical waste bag		
		Wash own hands.		
5.	Resuscitation			
	·	iately/Defib if required.		
	• •	ace close to the patients to check for		
	breathing. Do not gi			
		patient's mouth/nose, if one is available.		
	•	ssions and continue until help arrives.		
	 The defib can be deployed without increased risk of infection. 			
6.	Individuals with presenting symptoms of coronavirus			
	If someone shows the signs of coronavirus, keep person 2 metres			
	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.			
		unwell e.g. extremely short of breath,		
	contact the site emergency response team and/or 999 and advise			
	them of the potential of cor	onavirus situation.		



4. Wellbeing and support

The outbreak has been a worrying time for everyone and it is important that our colleagues feel supported and listened to. It is crucial that their wellbeing is being looked after while working.

What we can do about employees concerns about returning to work

- Talk through specific concerns.
- Talk about what can be done to help people feel safe. This may include providing information about coronavirus and what people can do to protect themselves.
- Online resources can be used to help support workers, including resources to look after their mental health.
- Talk about how people can continue to have conversations on concerns when they are working so they know they will be listened to and that, if necessary, action will be taken to change plans.
- If people are in the shielded or clinically vulnerable categories, explain what will be done to protect them, eg working from home, doing tasks where social distancing can be followed. This also applies for people who are living with someone in the shielded or clinically vulnerable group.
- Restructuring work and working from home
- Agree on the jobs that can be done from home.
- Think about tasks that could be done in another way that means you don't need to go into work, eg customer consultations online, checking in with YMX's virtually, talking to managers about work that needs to be done using email, phone and conferencing.
- Agree what work equipment will be provided for people working remotely.
- Think about how you will keep in touch with people working remotely, to make sure they feel part of the team and involved.

5. What should we do about cleaning?

More frequent cleaning procedures are in place across the site, particularly in communal areas and at touch points including:

- Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- Handrails on staircases and corridors
- Lift and hoist controls
- Machinery and equipment controls.
- All areas used for eating must be thoroughly cleaned at the end of each break and shift, including chairs, door handles, vending machines and payment devices.
- Telephone equipment,
- Keyboards, photocopiers and other office equipment,
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day



Work Instruction / Method Statement for Deep Cleaning In the event of an employee displaying Coronavirus symptoms

<u>Date-</u> <u>Clean completed by-</u>

Work Area-

Responsible Manager-

In the event of an employee displaying corona virus like symptoms the employee must immediately be sent home and the following people must be informed.

Ben Thomas – HSE Manager

Chris Hoskins – Facilities Manger

Once the potentially infected person has left site their working area must be cordoned off until a deep clean has been undertaken by staff from our cleaning company R&D.

The following safe system of work will be followed.

- Work to be carried out by operatives trained to deep clean in an infected area with the use of PPE (Full Disposable Suits, Face Mask, Safety Glasses, Gloves and Enclosed Safety Foot Ware).
- Prior to wearing the appropriate PPE all staff must first fully wash their hands
 & sanitise in accordance with the attached Washing & Sanitising Guidance.
- All operatives at all times must wear the appropriate PPE before entering the infected area.
- When leaving the area at any time for any reason all PPE should be removed & bagged up in yellow bags ready for disposal. Then completely wash and sanitise as above.
- Prior to commencing work in the area to be deep cleaned it should be cordoned off and Signs placed clearly stating no un authorised entry allowed and that PPE must be worn at all times.
- Prior to entering the location, the cleaning disinfection agent needs to be premixed in a plastic bucket in accordance with the instructions and dosage on the Chlorine Tab Tub Container.
- Prior to commencing work all electrical equipment should be isolated and any air conditioning system switched off. The work would consist of first steam cleaning as appropriate depending on the structure and surface coating of the item to be cleaned. Following steam cleaning all surfaces are to be wiped with a Chlorine-based disinfectant in the form of a solution at a minimum strength of 1000ppm available chlorine. Excess moister to be removed with a microfiber cloth.
- When all items within the area have been cleaned all, cleaning equipment needs to be removed. All disposable items cloths, mop heads etc are to be



- bagged up in yellow bags ready for disposal. All non-disposable equipment to be washed with the Chlorine base solution.
- On completion of cleaning non disposable items remove your safety equipment and bag up in yellow bags for disposal. Then wash and Sanitise your hands and arms as above.
- Take down any signs and barriers and remove all yellow bags from site for appropriate disposal.

6. How can we cope with a lack of easily obtainable PPE?

Personal Prote	Personal Protective Equipment when the 2metre social distancing cannot be provided				
Dust mask	3M Aura Fold Flat FFP2 Valved Respirator conforms to EN149:2001 and A1:2009	Visor X	EN166.1.F or goggles below.		
Respirator	Depends on COSHH Assessment	Goggles	EN166.1.F or visor above.		
Gloves	Nitrile Disposable Gloves except on rotating machinery.	Overalls	Depends on COSHH Assessment		
Footwear	Depends on General Assessment	Other X	Good general ventilation at least 6 air changes per hour.		

The extensive use of PPE for healthcare purposes has given rise to a shortage in the industry. Ensuring that all health and safety risks are adequately controlled when our usual PPE supply is temporarily unavailable will require some special input to ensure that the protection provided by the alternative PPE or ways of working does not put workers at risk.

We will consider the following:

- Looking at alternative ways of reducing workers' exposure by ways other than PPE. PPE is the last line of protection and should only be used in addition to using other reasonably practicable control measures.
- Consulting trade guidance and COSHH Essentials sheets for methods of good control practice for specific tasks to help us select possible different ways of working which minimise the health risks to workers from hazardous substances.
- Consult with your suppliers to ensure the availability of PPE.
- Ensure that alternative PPE meets appropriate standards and achieves the level of control required.
- Avoid using RPE which is described of being "equivalent" to a standard. Where this is not possible then try to verify the level of protection achieved. Current government



derogation of CE marking for PPE is only for applicable to health care workers and there is currently no relaxation of existing health and safety requirements for the supply for PPE intended for use in settings outside healthcare.

- When sourcing alternative RPE note that a fit test is required for any tight-fitting RPE unless you can source the same mask, in the same size, for which the worker has been fit tested before. Inadequate fit can reduce the protection provided to the wearer.
- Availability or access to face-fit testing equipment and competent people may be an issue so should be part of our return to work plan.
- Conduct trials to determine whether any PPE can be safely reused and ensure that workers can put it back on without being exposed to risk.
- Take steps to preserve stocks of suitable PPE during the extended COVID-19 outbreak by; limiting PPE to those workers who need it; maximising the useful life of PPE (cleaning and storing carefully); and matching RPE with the appropriately assigned protection factor (APF) for individual exposures.

7. Should we consider biological monitoring for COVID-19?

COVID-19 Antigen Testing

The Government testing scheme has made testing for the COVID-19 virus available to anyone with symptoms whose work cannot be done from home, as well as those who live with them.

The mainstay of testing for current infection (presence of virus) is a polymerase chain reaction (PCR) test which involves taking a swab of the upper throat and growing the genetic material in a laboratory until it can be detected and confirmed. Such testing has a recognized false negative rate, in other words, it misses some people with the infection. It is also somewhat invasive and uncomfortable, and there is currently a delay waiting for the result.

Rapid tests are being developed which could be completed on the spot. This would still be subject to the deficiencies of the false negative rate.

The effectiveness of testing is reduced by false negatives, false positives and/or time delays. However, when on-site testing PCR becomes available, this may have potential as a risk reduction measure. Antigen testing only detects current and not past infection it has a use in assessing fitness for work but not in identifying cohorts of employees who have been infected in the past and may have resistance to COVID-19.

Antibody Testing

Many research groups are developing serological (antibody) tests for COVID-19. These typically use a blood sample which can be obtained from a finger-prick. Detection of antibodies early on can confirm current or recent infection and later on,



can confirm immunity. The detection of antibodies could, once validated, be used to indicate that someone is able to work without risk of either contracting or transmitting infection.

There are many epidemiological estimates that the number of mild recovered cases could greatly exceed the number of confirmed cases, and with suitable widespread antibody testing, there may be a large enough population of recovered and immune individuals; a recent Dutch study has suggested that 3% of blood donors have been infected (far greater than the confirmed case rate), and a published study of repatriation flights shows up to 6% of asymptomatic travellers infected.

However, current advice is that there are no validated and reliable antibody tests available for use on an individual level, and we are too early in the outbreak to yet know for how long immunity is maintained or its extent. Some coronaviruses generate relatively short-lived immunity and therefore this is not yet a reliable indicator of protection. Antibody testing is not yet a reliable tool other than for epidemiological study. It has potential when validated and supported by major health bodies.

Should we consider temperature screening?

Fever (elevated core body temperature) is an early sign of COVID-19 in some people, but by no means all. Skin surface temperature measurement is less reliable than core temperature, but is easier, which is why temperature screening usually involves a measurement of surface temperature. The various methods include handheld measuring devices which may be contact (e.g. aural) or contactless. There are also more sophisticated devices with cameras, which can conduct remote thermal scanning to measure, temperature, pulse and respiration rate from a distance. All these methods have deficiencies.

Temperature screening has been employed at airports and some workplaces. It will miss many of those with early illness, asymptomatic illness, those whose symptoms do not include fever, and in some cases, those who have taken antipyretic medication (such as acetaminophen/paracetamol) to lower their temperature. It has been documented however, that in the early stages of the COVID-19 pandemic, several new cases were detected in airline passengers who underwent routine temperature checks after arriving at their destination.

Survey research during the COVID-19 outbreak has indicated that airline passengers are reassured by temperature screening undertaken in airports. It could also have an effect of deterring passengers who might otherwise travel when feeling unwell. The same reassurance and deterrence could also apply to the workplace.

Temperature screening needs to be done with validated equipment, and if done manually, by staff who have appropriate training and personal protective equipment (PPE). Even under these conditions there will be false positive and false negative results. Temperature screening is more likely to be useful in populations where COVID-19 prevalence is higher than in low-prevalence groups which is the case in the UK.



8. Weekly workplace checks to be carried out by Managers.

The risk assessments and measures that we will introduce should be continuously reviewed. Government guidance on social distancing is likely to change over time and we should ensure that we comply with this. The Health and Safety Executive are also likely to introduce sector specific guidance.

Managers should to conduct a weekly review meeting which examines whether:

- The changes we have implemented have been effective and are being complied with.
- What new guidance has been issued will this have a bearing on the way we are currently working.
- Whether there are any improvements we can make.

Weekly Site Checklist	Compliant?	Action Required
Entry Exit Points	_	-
Separate entrances and exits		
are in place and being		
respected by all staff		
Arrival and exit times are		
staggered to prevent crowding		
and people are following this		
requirement		
Social Distancing		
Canteen area- Staff using the		
canteen areas are following		
social arrangements (Sitting		
apart, not facing each other)		
Lunchtimes/break times are		
staggered and staff are		
following the agreed timings.		
Locker rooms- Staff are		
observing rules to prevent		
multiple people occupying		
locker rooms at the same time		
All operations where operators		
cannot avoid working <2M for		
more than 15 minutes are		
identified		
All operators know the process		
for logging instances where		
social distancing is not		
possible/difficult		
There are no unnecessary staff		
on site. Everyone who can		
work from home is working		
from home.		
No examples are seen of		
people greeting each other by		



shaking hands or any other	
physical contact.	
No examples are seen of	
people greeting each other by	
shaking hands or any other	
physical contact.	
Meetings are being minimised.	
Where meeting are taking	
place there is always <10	
people and social distancing is	
maintained at all times	
Personal Protective Equipment	
(PPE)	
All operations where <2M	
working is permitted are	
identified and known to staff	
Staff working in permitted <2M	
operations are wearing	
N95/FFP2/FFP3 respiratory	
protection	
Staff working in permitted <2M	
operations are wearing	
overalls and gloves at all times	
All staff know how to access	
the required PPE and are not	
reporting any shortages	
Hygiene arrangements	
Hand-sanitiser is available at	
multiple locations across the	
workplace.	
Hand- sanitiser stations are	
stocked with no missing items	
Daily cleaning task lists are in	
place and are being signed- off	
as completed.	
Safety Management.	
Carry out a check for any new	
HSE guidance and local	
regulatory requirements.	
Review and action any new	
requirements.	
Check the site contingency	
plan for critical staff is still	
relevant and up to date.	
Review signage promoting	
hygiene, social distancing and	
PPE requirements.	



Review stock levels of hygiene	
items (hand sanitiser, soap)	
Review stock levels of cleaning	
materials and equipment.	
Review daily cleaning	
checklists to ensure they are	
still relevant.	
Review training/communication	
requirements to ensure they	
are still effective and have	
taken into account any new	
requirements from HSE and/or	
local authorities.	
Check arrangements are in	
place for all staff (at site and	
home working) to report	
absence and illness. Check	
data is being reported to HR.	
Entry/Exit	
Evaluate contractor/visitor	
schedule for the next week.	
Are the visits essential?	
Ensure all essential	
contractors/visitors are made	
aware of the site's	
requirements regarding Covid-	
19 before arriving at the site. Review working patterns to	
ensure they are allowing for	
,	
staggering of entry/exit and break times.	
Social Distancing	
Review the tasks logged by	
staff requiring <2M distancing	
been reviewed and agree	
actions?	
Any additional floor markings	
required to encourage social	
distancing?	
Evaluate the next expected	
phase of ramp-up considering	
how the current arrangement	
will cope.	
Action any additional	
requirements identified.	
Personal Protective Equipment	
(PPE)	
Evaluate stock levels of key	
PPE against production	



forecast. Agree actions if there is risk of stock depletion.	
Check the procedure for issuing PPE is working	
efficiently - i.e. staff can access	
the right PPE when they need it.	
Review the pattern of PPE	
usage across the site to	
ensure staff are treating PPE	
as a precious commodity.	
Hygiene and cleaning	
arrangements	
Are taps, door handles, basins,	
cistern handles, and wall	
fittings being cleaned and	
sprayed daily with antibacterial	
spray?	
Is this spray being left to dry	
overnight? (Not wiped off!)	
Daily cleaning task lists are in	
place and are being signed- off	
as completed.	

9. Review

Policies and procedures will be reviewed by the HSEE Manager on a weekly basis. Improvements and corrective actions will be implemented as soon as is practicable.