REVISED COVID19 RISK ASSESSMENT

This Risk assessment has been conducted specifically for Keynsham Town Council with reference to its staff, Councillors, and activities including public events. The Town Council accepts no liability whatsoever should any other person or body choose to utilise the information contained herein for their own purposes. You are strongly advised to consult Government websites for advice on coronavirus and conduct your own risk assessment pertinent for your own

1.0 Introduction

1.1. The Council as an Employer and provider of public services has a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. It must also ensure that members of the public are able to engage in any Council activities and services in a similar manner

1.2. In the context of COVID-19 this means working through these steps in order:

- Increasing the frequency of handwashing and surface cleaning.
- Making every reasonable effort to enable working from home as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should 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 their staff and members of the public

1.3. People at moderate risk from coronavirus have been defined by the Government to include people who:

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

1.4. Data has recently emerged to suggest that BAME, people over 70 and people with diabetes or dementia are more likely to develop severe possibly fatal symptoms of the disease.

1.5. The majority of staff and Councillors either fall into one of the above categories or have household members who do.

1.6. The Council approved a Risk Assessment at its last meeting 17th March 2020. The information contained in the Risk Assessment is still valid and will be used to underpin the revisions to the original risk assessment.

2.0 Additional Sources of Information

2.1. The Town Council will be acting on updated information and guidance available from the following sources to which all Councillors, staff and members of the public will be signposted. However it should be stressed that some of the guidance has been drawn up to take account of the well-publicised current shortages in the availability of PPE (specifically masks) and other supplies.

2.2. In addition it should be pointed out that the Town Clerk has applied their considerable knowledge and experience in infectious diseases to the continuing Risk Assessment of the COVID pandemic for the Town Council. The Clerk has a BSC in Microbiology a second degree in Immunology and a doctorate in pathogenesis of infectious disease having handled various infectious diseases in labs over this time. She has subsequently spent 15 years in the microbiological containment and decontamination industry most recently selling hydrogen peroxide decontamination equipment for the original SARS outbreak and hospital acquired infections such as C difficile and norovirus. She has therefore chosen to recommend best practice in terms of reducing risk if this is to higher standard than current Government advice.

2.3. Information can be sourced as follows:

(a) Coronavirus – UK Government Response

(b) General information to the public from UK Government
Stay alert and safe: social distancing guidance for everyone
Stay alert: what you can and cannot do
How to stay safe outside your home

c) Information for Employers, Employees and Businesses
How to make your workplace secure
Construction and other outdoor work
Offices and contact centres
Vehicles

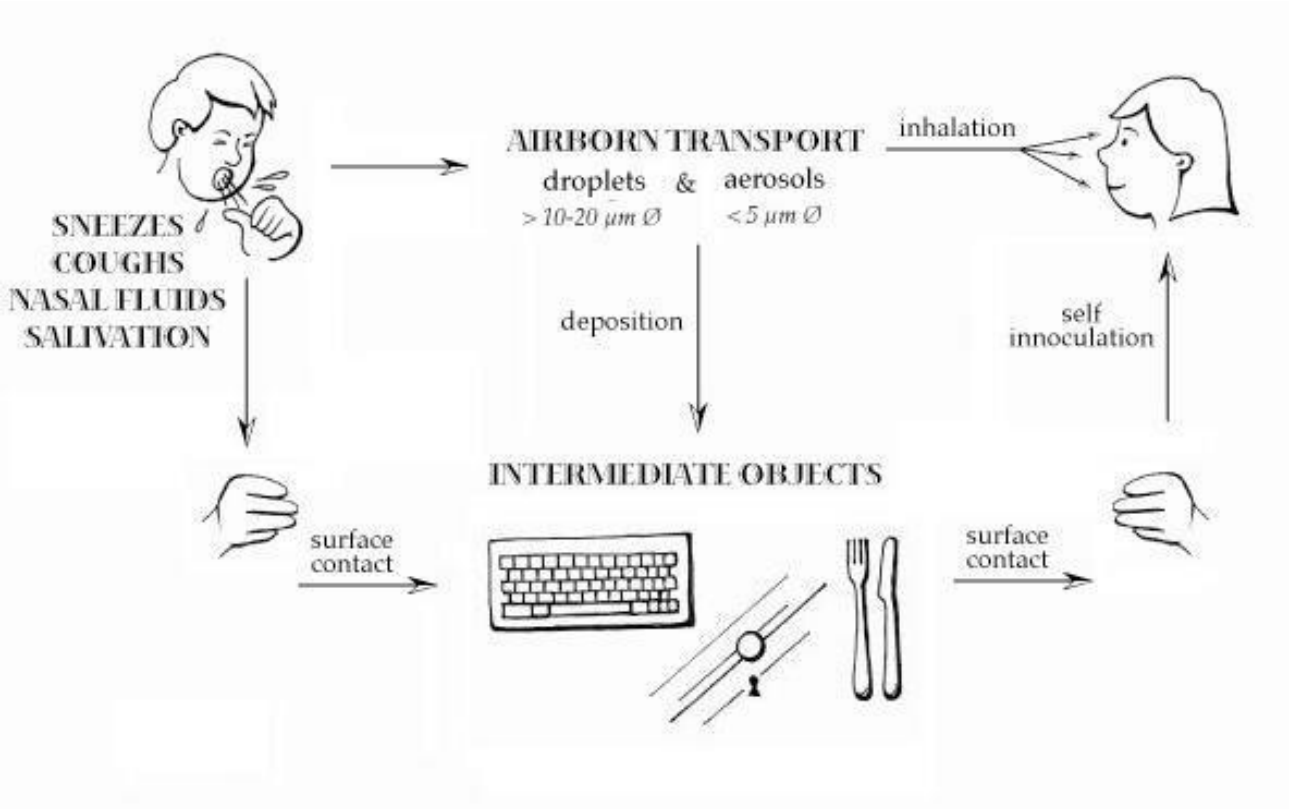
d) Information from NHS
NHS Overview, symptoms and advice

(e) Government Action Plan
Our plan to rebuild: The UK Government's COVID-19 recovery strategy

(f) Independent SAGE Report

3.0 Key facts underpinning the risk assessment

3.1. There has been no change to the main transmission routes which remain as follows:



The key to managing the risk of contracting the virus remains to limit the opportunities for spread/transmission by the various routes.

3.2. Unlike flu, there is a much longer incubation period, and people start shedding the virus at a much earlier stages before any symptoms are showing (pre-symptomatic phase) Although studies in China show the incubation period can range from 0-27 days. WHO have determined a quarantine/isolation period of 14 days to be appropriate. Most people start showing signs between 5-11 days post infection. Recent data from the Independent SAGE report suggests that in fact shedding may only occur 2-3 before symptoms show. The longer duration reported from China may be attributable to the fact that it is now known that people can be infected, shed virus but develop no symptoms whatsoever (asymtomatic shedding). Neverhteless the independent SAGE report recommends that anyone with possible symptoms or who has been in direct contact with someone with COVID self-isolates for 14 days (as per WHO) rather than the current 7 days advised in the UK.

3.3. There is no change to the Data available that the virus can survive in the air for at least 3 hours, on carboard for 24 hours and on hard surfaces (e.g. stainless steel, melamine etc) for up to 72 hours, possibly longer. In respect of infection by close contact, advice is to limit contact to no more than 15 minutes and to stand more than 2m distance.

3.4. The key risk of exposure in respect of the Council's activities and personnel is therefore still from pre-symptomatic/asymptomatic staff, Councillors or members of the public having contracted the virus and subsequently attending Council activities and thereby transmitting the virus to others.

3.5. Unless sufficient PPE, reliable testing regimes to monitor pandemic progressions , and diligent track and trace of infection clusters are in place to support the easing of lockdown restrictions, then infection rates and transmission within the community will start to increase again. It is noted that there is still no requirement of self-isolate for those coming into the country through various airports. The Independent SAGE report provides information and advice based upon published science to the Government on how best to approach easing out of lockdown and expresses concerns at the current approach in view of the current lack of testing/track and trace etc.

3.6. Even though the UK is clearly starting on the downwards slope of the curve, currently there is still a level of new infections/deaths that suggest the virus is till being transmitted via the community as well as care homes/hospitals.

3.7. There appears to be an assumption that like flu, the infection rate will be low in the summer because the virus prefers cold temperatures and increased humidity. There is no data to support that coronavirus behaves in a similar way to flu in respect of why flu is prevalent during the winter months.

3.8. There is a real possibility from studying the epidemiology of pandemics and from evidence that preparations are already being made, that a second wave could develop starting in September/October in a similar fashion as the 1918 pandemic flu epidemic. This could be much more substantial in respect of infection and death rates than the first wave and means that lockdown measures will need to be re-introduced.

3.9. There is still no data as to whether antibodies confer immunity to re-infection or for how long. A vaccine is still months away.

3.10. The Town Council cannot determine or control what people do away from the workplace. With the easing of lockdown restrictions and the possibility of children returning to school then the risk of a member of staff (or Councillor/member of the public) bringing the infection into work from their household is now going to increase compared to what it has been recently during lockdown.

3.11. It cannot be emphasised enough that the use of surgical masks or facecloths does not protect the wearer, although it may help to reduce the risk of infecting another person

4.0 Reducing the Risk of Infection

4.1. The methods adopted by the Council to minimise the risk of infection remain the same:

a) Staff/Councillors/Members of the Public must maintain Social distancing – keeping >2m apart at all times from each othe

b) Where grounds maintenance have to share a vehicle or work does not permit 2m distancing then owing to the pre-existing medical conditions, at least one must wear a non-valved FFP3 respirator mask and the other a surgical mask or fitted facecloth

c) Staff working in the office should do so singly and if two need to attend the office at the same time then social distancing and the use of gloves and masks must be observed. For any period of working over 15 minutes then this must take place in separate rooms (ie Conference room and Clerks office)

d) If it is necessary to have a 1:2:1 meeting in the office then the main office area will be used with table and chairs set up at least 4m apart

e) Protocols for thorough daily surface decontamination of Council premises to be prepared as a member of staff is entering/departing. I the event someone with suspected COVID has occupied an air space, then 72 hours should be left before permitting another person/contractor entry

f) Use of hand sanitiser and alcohol wipes, to be carried in vehicles when out and about and available at all Council premises especially if hand washing facilities with hot water, hand towels and appropriate soap cannot be supplied.

g) Regular reminders in respect of basic hygiene ref: sneezes/coughs, being alert to touching face and regular washing of hands for 20 seconds

h) Use of gloves for any transactions between two parties, processing donated items or when needing to touch high touch-point areas (e.g. doors/Gates/play equipment)

i) Use of alcohol wipes or 70% alcohol to decontaminate hard surfaces (when disinfectant which needs minimum contact times cannot be used and left on the surface before rinsing)

j) Decontamination in chloros solution of used cups/crockery before washing at high temperature

k) Where grounds maintenance are backfilling graves then full PPE must be used according to the dedicated Risk Assessment (Appendix 1)

l) Once children return to school then affected staff will need to be reassessed in respect of additional risk, their current duties and any additional PPE/precautions that may be required by colleagues in light of pre-existing conditions

RECOMMENDATIONS

(i) To approve the Main Risk Assessment and Cemetery Risk Assessment
(ii) That implementation of Working from Home remains the decision of the Town Clerk
(iii) That all staff/Councillors must speak directly with the Town Clerk as soon as they are self-isolating or off sick as this will impact the risk assessment.