Risk control

COVID-19 Risk Management Guidance – Education Settings

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Risk Control
COVID-19 Risk Management Guidance – Educational Environments

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Introduction

This document has been produced in order to assist our clients in undertaking a COVID-19 risk assessment and managing the associated risks.

COVID-19 risk assessments have been made the cornerstone of the UK Government's guidance to employers to ensure safety during the current pandemic[1].

It is worth noting that employers are required by law to protect their employees, and others, from harm.

Details of this requirement can be found in the Management of Health and Safety at Work Regulations 1999[2]. These regulations place a duty on employers to assess the risks to the health and safety of their employees to which they are exposed whilst they are at work and to put in place appropriate and effective preventative and protective measures to control significant risks.

The primary focus of this guidance is educational settings.

The reader must recognise that, whilst every effort has been made to ensure that the guidance was correct at the time of publication, it may become out-dated as new research and guidance is issued by authoritative sources.

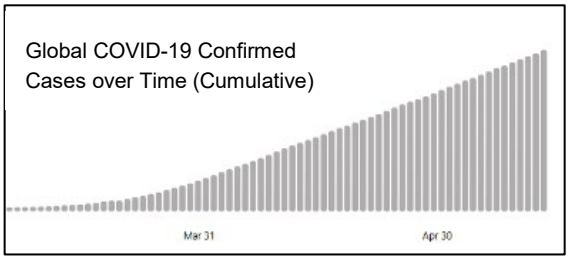
SARS-CoV-2 and COVID-19

The virus is referred to as SARS-CoV-2, and the associated disease as COVID-19. SARS-CoV-2 is a coronavirus - a family of viruses that cause disease in animals. To date, seven, including the SARS-CoV-2 virus, have so far made the transition to humans, but most just result in cold-like symptoms[3].

Discovery and Spread

On 31 December 2019, the World Health Organization (WHO) were informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China[4]. By 12 January 2020 it had been announced that a novel coronavirus (SARS-CoV-2) had been identified in samples obtained from cases and that the initial analysis of virus genetic sequences suggested that this was the cause of the outbreak[4].

By mid-March 2020, the alarming levels at which the virus had spread around the world had led the Director General of the World Health Organisation to express deep concern and declare the situation as a global pandemic[5].



Source: World Health Organisation. WHO Coronavirus Disease (COVID-19) Dashboard[6].

As of 26th May 2020, WHO had received data from national authorities to suggest that the number of global cases of infection was approaching five and a half million[6].

It is worth noting that due to limitations associated with national testing programmes, the actual numbers of infections will be higher than those stated. Mild or moderate cases in which hospital treatment was not required are often not recorded and so do not feature in official statistics.

Transmission

According to current evidence, the virus is primarily transmitted between people through respiratory droplets and contact routes (also known as direct transmission). Human-to-human transmission is occurring extensively on a global scale meaning that precautions to prevent human-to-human transmission are appropriate for both suspected and confirmed cases[4].

Respiratory droplets carrying the virus can transmit infection when they travel directly from the respiratory tract of an infectious individual to susceptible mucosal surfaces of a recipient, generally over short distances. This can be in the form of sneezing, coughing or speaking[7].

It is worthwhile noting that airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed[4].

The virus can also spread from contact with infected surfaces or objects (also known as indirect transmission). For example, a person can become infected by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes[8].

Estimated timescales in which the virus can survive either within airborne droplets or on surfaces must be treated with caution as there is still much to be learned. Factors such as sunlight, heat and cold may play an influential role. Some research has suggested that the virus could remain within airborne droplets for up to three hours, although most will fall more quickly[8]. The same researchers found that the

length of time the virus survives on surfaces changes in accordance with the surface materials: up to four hours on copper; up to twenty-four hours on cardboard, and up to two or three days on plastic and stainless steel[8]. In another study, research confirmed that the virus was still viable seventy-two hours after application on plastic and stainless steel surfaces[9].

Symptoms

Until 18 May 2020 the National Health Service (NHS) were presenting the main symptoms of the virus as being a high temperature and / or a new, continuous cough[10]. On 18 May 2020 the loss of smell or taste was added as a potential symptom[11]. By comparison, the Centres for Disease Control and Prevention (CDC)[12] present a much wider range of potential symptoms including:

— Cough
— Shortness of breath or difficulty breathing
— Fever
— Chills
— Muscle pain
— Sore throat
— New loss of taste or smell

Neither of the lists are suggested to be a fully exhaustive description of all potential symptoms that may be experienced through infection, and new symptoms may be added over time.

While is it suggested that symptoms may appear 2-14 days after exposure to the virus[12], the onset and duration of viral shedding and the period of infectiousness for the virus are not yet known[13].

In addition, the prevalence of asymptomatic transmission of the virus has not been formally established, however, some researchers suggest that it may be significant. An article published by The Lancet suggested, among a number of examples cited, that 51.7% of positive tests on the Diamond Princess cruise ship were asymptomatic at the time of testing[14].

Outcomes of Infection

Most people infected with the virus are likely to experience mild to moderate respiratory illness and recover without requiring special treatment.

Others, such as older people, and those with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness[15].

Serious illness can usually develop as the virus attacks the lungs, which may fill with fluid. A fever and high temperature may develop as the body responds to the virus. The body's immune system can go into overdrive and start to damage itself as well as the virus. A 'cytokine storm' can result in the lungs filling with fluid making it increasingly difficult to breathe. Bacterial infections and organ failure can also occur as the immune system may become compromised[16]. Sadly, a proportion of those who suffer serious illness will not survive.

A study published by the Lancet describes the difficulty in calculating a reliable Case Fatality Rate (CFR), but does go on to suggest that the CFR of COVID-19 "appears to be lower than that of SARS (9.5%) and Middle East Respiratory Syndrome (34.4%), but higher than that of Influenza (0.1%)."[17]

For those that survive the serious illness, there is still the possibility of having to live with long term physical and psychological effects[18].

Children can catch COVID-19, however, they seem to catch it less often than adults and its effects are usually less serious[19]. In fact, a study undertaken by UCL and the London School of Hygiene and Tropical Medicine suggests that children and young people appear to be more than 50% less likely to catch the virus than adults[20]. However, for those that do, some do require hospitalisation and intensive care[21].

There have been a relatively small number of reports of Multisystem Inflammatory Syndrome in Children (MIS-C) that may or may not maintain a direct connection to COVID-19. MIS-C is a potentially serious and occasionally deadly condition where different body parts can become inflamed. It is not currently known what causes MIS-C, however, many of the children suffering with the condition had previously contracted COVID-19 or had been around someone who had COVID-19[22].

Staying COVID-19 Secure in 2020

In response to the growing number of cases within the UK, the country was placed into lockdown on Monday 23 March 2020. This resulted in all but essential businesses closing with immediate effect[23]. Schools were closed as part of the general lockdown, however, they remained open for children of key workers and vulnerable children[24].

The lockdown continued throughout April and into May.

Due to the success in containing the virus, the UK Government published 'Our plan to rebuild: The UK Government's COVID-19 recovery strategy' on Monday 11 May 2020. The plan sets out a three-phased plan to rebuild

the UK for a world with COVID-19, but stressed that it would not be a quick return to normality[25].

As part of the plan, it was announced that from the week commencing 1 June at the earliest, assuming further progress is made in managing virus transmission, primary schools would be asked to welcome back children in nursery, reception, year 1 and year 6, alongside priority groups[26]. This is part of an initiative to gradually increase the numbers of children and young people attending schools and colleges

Furthermore, secondary schools, sixth form and further education colleges would be asked to offer some face-to-face support to supplement the remote education of year 10 and year 12 students who are due to take key exams next year, alongside the full time provision they are offering to priority groups.

Risk Assessment and Management

In guidance aimed at all employers, the UK Government published '5 steps to working safely'[27] which specified the following actions for all employers:

Carry out a COVID risk assessment

Before restarting work employers should ensure the safety of the workplace by:

— Carrying out a risk assessment in line with the HSE guidance
— Consulting with workers or trade unions
— Sharing the results of the risk assessment with the workforce and on the company website

Develop cleaning, handwashing, and hygiene procedures

Employers should increase the frequency of handwashing and surface cleaning by:

— Encouraging people to follow the guidance on hand washing and surface cleaning
— Providing hand sanitiser around the workplace, in addition to washrooms
— Frequently cleaning and disinfecting objects and surfaces that are touched regularly
— Enhancing cleaning for busy areas
— Setting clear use and cleaning guidance for toilets
— Providing hand drying facilities – either paper towels or electrical dryers

Help people work from home

Employers should take all reasonable steps to help people work from home by:

— Discussing home working arrangements
— Ensuring they have the right equipment, for example remote access to work systems
— Including them in all necessary communications
— Looking after their physical and mental wellbeing

Maintain 2 metre social distancing where possible

Where possible, employers should maintain 2m between people by:

— Putting up signs to remind workers and visitors of social distancing guidance
— Avoiding sharing workstations
— Using floor tape or paint to mark areas to help people keep to a 2m distance
— Arranging one-way traffic through the workplace if possible
— Switching to seeing visitors by appointment only if possible

Where people cannot be 2 metres apart, manage transmission risk

Where it's not possible for people to be 2m apart, employers should do everything practical to manage the transmission risk by:

— Considering whether an activity needs to continue for the business to operate
— 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 whenever possible
— Staggering arrival and departure times
— Reducing the number of people each person has contact with by using 'fixed teams or partnering'

Risk Assessment Methodology

Every employer must make sure that a risk assessment is undertaken that addresses the risks of COVID-19

Employers should consult with workers as part of the risk assessment process and share the results with them.

The assessment should have particular regard to whether the people are especially vulnerable to COVID-19.

The UK Government also expects employers with over fifty workers to publish the results of the risk assessment on their company website[28].

To clarify, risk management is a formal process for identifying and controlling risks caused by hazards in the workplace, whereas risk assessment is an essential component of an effective risk management approach.

The Health and Safety Executive (HSE) provide valuable guidance regarding the key stages of the risk assessment process[29].

— Identify the hazards
— Assess the risks
— Control the risks
— Record the findings
— Review the controls

The HSE[30] recommend that the risk assessment should capture essential information such as:

— Who might be harmed and how
— What is already being done to control the risks
— What further action is needed to control the risks
— Who needs to carry out the action
— When the action is needed by

Organisations can undertake the risk assessment activity themselves or appoint a competent person to provide assistance.

Employers may need to seek external help and advice if they do not maintain sufficient in-house experience or knowledge to conduct a suitable and sufficient risk assessment themselves.

In order for a risk assessment to be suitable and sufficient, the HSE[31] specify that it must show that:

— A proper check was made
— Those who might be affected were asked
— The obvious significant risks were dealt with, taking into account the number of people who could be involved
— The precautions are reasonable, and the remaining risk is low
— The workers or their representatives were involved in the process

Guidance for Education Settings

The following schools-specific guidance has been extracted from the Department for Education's publication 'Coronavirus (COVID-19): implementing protective measures in education and childcare settings' as updated on 12 May 2020[26].

A range of approaches and actions should be employed to manage the spread of the virus in educational settings.

These actions should address the risk of direct and indirect virus transmission and include:

— Minimising contact with individuals who are unwell by ensuring that those who have symptoms of the new coronavirus, or who have someone in their household who does, do not attend childcare settings, schools or colleges
— Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
— Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
— Cleaning frequently touched surfaces often using standard products, such as detergents and bleach
— Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

PPE in Educational Settings

The majority of workers in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

— Children, young people and students who routinely use PPE due to their intimate care needs should continue to receive their care in the same way
— If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Educational establishments should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest local resilience forum.

Shielded and Clinically Vulnerable Children and Young People

For the vast majority of children and young people, COVID-19 is a mild illness. Children and young people (0 to 18 years of age) who have been classed as clinically extremely

vulnerable due to pre-existing medical conditions have been advised to shield. These children are not expected to attend school or college, and they should continue to be supported at home as much as possible.

Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

Shielded and Clinically Vulnerable Adults

Clinically extremely vulnerable individuals are advised not to work outside the home. The Government are strongly advising people, including education staff, who are clinically extremely vulnerable to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work.

Clinically vulnerable individuals who are at higher risk of severe illness have been advised to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home.

If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, the settings must be carefully assessed and discussed with them as to whether this involves an acceptable level of risk.

Living with a Shielded or Clinically Vulnerable Person

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, it is advised that they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, then those individuals are not expected to attend. They should be supported to learn or work at home.

Class or Group Sizes

Early years and primary age children cannot be expected to remain 2 metres apart from each other and staff. Schools should therefore work through the hierarchy of measures set out above:

— Avoiding contact with anyone with symptoms
— Frequent hand cleaning and good respiratory hygiene practices
— Regular cleaning of settings
— Minimising contact and mixing

It is still important to reduce contact between people as much as possible, and this can be achieved by ensuring children, young people and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups.

It is clear that if early years settings, schools and colleges do this, and crucially if they are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus as per the advice, then the risk of transmission will be lowered.

Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so. While in general groups should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk.

For pre-school children in early years settings, the staff to child ratios within Early Years Foundation Stage (EYFS) continue to apply and are recommended for use to group children[32].

For primary schools, classes should normally be split in half, with no more than 15 pupils per small group and one teacher (and, if needed, a teaching assistant). If there are any shortages of teachers, then teaching assistants can be allocated to lead a group, working under the direction of a teacher. Vulnerable children and children of critical workers in other year groups should also be split into small groups of no more than 15. Desks should be spaced as far apart as possible.

For secondary schools and colleges, the same principle of halving classes will normally apply. It is also sensible to rearrange classrooms and workshops with sitting positions 2 metres apart. Where very small classes might result from halving, it would be acceptable to have more than half in a class, provided the space has been rearranged. Again, support staff may be drawn on in the event there are teacher shortages, working under the direction of other teachers in the setting.

Each setting's circumstances will be slightly different. Any setting that cannot achieve these small groups at any point should discuss options with their local authority or trust. This might be because there are not enough classrooms or spaces available in the setting or because they do not have enough available teachers or staff to supervise the groups. Solutions might involve children attending a nearby school. If necessary, settings have the flexibility to focus first on continuing to provide places for priority groups and then, to support children's early learning, settings should prioritise groups of children as follows:

- Early years settings - 3 and 4 year olds followed by younger age groups
- Infant schools - nursery (where applicable) and reception
- Primary schools - nursery (where applicable), reception and year 1

This advice will be updated when the science indicates it is safe to invite more children back to schools and colleges.

Implementing Protective Measures

Planning and Organising

Consider the following steps:

- Refresh the risk assessment and other health and safety advice for children, young people and staff in light of recent government advice, identifying protective measures (such as the things listed below). Also ensure that all health and safety compliance checks have been undertaken before opening
- Organise small class groups, as described in the 'class or group sizes' section above
- Organise classrooms and other learning environments such as workshops and science labs for those groups, maintaining space between seats and desks where possible
- Refresh the timetable:
    - Decide which lessons or activities will be delivered
    - Consider which lessons or classroom activities could take place outdoors
    - Use the timetable and selection of classroom or other learning environment to reduce movement around the school or building
    - Stagger assembly groups
    - Stagger break times (including lunch), so that all children are not moving around the school at the same time
    - Stagger drop-off and collection times
    - For secondary schools and colleges, consider how best to supplement remote education with some face to face support for students
    - Plan parents' drop-off and pick-up protocols that minimise adult to adult contact
- In addition, childcare settings or early years groups in school should:
    - Consider how to keep small groups of children together throughout the day and to avoid larger groups of children mixing
    - Consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously
- Remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere
- Remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts)
- Consider how children and young people arrive at the education or childcare setting, and reduce any unnecessary travel on coaches, buses or public transport where possible
- Institutions offering residential provision will also need to consider the maximum number of children or young people they can safely accommodate in residences

Communicating the Plans

Consider the following steps:

- Tell children, young people, parents, carers or any visitors, such as suppliers, not to enter the education or childcare setting if they are displaying any symptoms of the new coronavirus (following the COVID-19: guidance for households with possible coronavirus infection33)
- Tell parents that if their child needs to be accompanied to the education or childcare setting, only one parent should attend
- Tell parents and young people their allocated drop off and collection times and the process for doing so, including protocols for minimising adult to adult contact (for example, which entrance to use)
- Make clear to parents that they cannot gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely)
- Also think about engaging parents and children in education resources such as e-bug34 and Public Health England35 schools resources
- Ensure parents and young people are aware of recommendations on transport to and from education or childcare setting (including avoiding peak times).
- Talk to staff about the plans (for example, safety measures, timetable changes and staggered arrival and departure times), including discussing whether training would be helpful

— Communicate early with contractors and suppliers that will need to prepare to support the plans for opening for example, cleaning, catering, food supplies, hygiene suppliers
— Discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this

When Open

Keep cohorts together where possible and:

— Ensure that children and young people are in the same small groups at all times each day, and different groups are not mixed during the day, or on subsequent days
— Ensure that the same teacher(s) and other staff are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days, recognising for secondary and college settings there will be some subject specialist rotation of staff
— Ensure that wherever possible children and young people use the same classroom or area of a setting throughout the day, with a thorough cleaning of the rooms at the end of the day. In schools and colleges, consider seating students at the same desk each day if they attend on consecutive days

For cleaning and hygiene:

— Follow the COVID-19: cleaning of non-healthcare settings guidance
— Ensure that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in classrooms and other learning environments
— Clean surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal
— Ensure that all adults and children:
    - Frequently wash their hands with soap and water for 20 seconds and dry thoroughly. Review the guidance on hand cleaning
    - Clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing are encouraged not to touch their mouth, eyes and nose
    - Use a tissue or elbow to cough or sneeze and use bins for tissue waste (‘catch it, bin it, kill it’)
— Ensure that help is available for children and young people who have trouble cleaning their hands independently
— Consider how to encourage young children to learn and practise these habits through games, songs and repetition
— Ensure that bins for tissues are emptied throughout the day
— Where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units
— Prop doors open, where safe to do so (bearing in mind fire safety and safeguarding), to limit use of door handles and aid ventilation
— Get in touch with public sector buying organisation partners (for example ESPO, YPO, NEPO) about proportionate supplies of soap, anti-bacterial gel and cleaning products if needed
— There is no need for anything other than normal personal hygiene and washing of clothes following a day in an educational or childcare setting

Reduce mixing within education or childcare setting by:

— Accessing rooms directly from outside where possible
— Considering one-way circulation, or place a divider down the middle of the corridor to keep groups apart as they move through the setting where spaces are accessed by corridors
— Staggering breaks to ensure that any corridors or circulation routes used have a limited number of pupils using them at any time
— Staggering lunch breaks - children and young people should clean their hands beforehand and enter in the groups they are already in, groups should be kept apart as much as possible and tables should be cleaned between each group. If such measures are not possible, children should be brought their lunch in their classrooms
— Ensuring that toilets do not become crowded by limiting the number of children or young people who use the toilet facilities at one time
— Noting that some children and young people will need additional support to follow these measures (for example, routes round school marked in braille or with other meaningful symbols, and social stories to support them in understanding how to follow rules)

Use outside space:

— For exercise and breaks
— For outdoor education, where possible, as this can limit transmission and more easily allow for distance between children and staff
— Although outdoor equipment should not be used unless the setting is able to ensure that it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously. Read COVID-19: cleaning of non-healthcare settings

For shared rooms:

— Use halls, dining areas and internal and external sports facilities for lunch and exercise at half capacity. If class groups take staggered breaks between lessons, these areas can be shared as long as different groups do not mix (and especially do not play sports or games together) and adequate cleaning between groups between groups is in place, following the COVID-19: cleaning of non-healthcare settings guidance
— Stagger the use of staff rooms and offices to limit occupancy

Reduce the use of shared resources:

— By limiting the amount of shared resources that are taken home and limit exchange of take-home resources between children, young people and staff
— By seeking to prevent the sharing of stationery and other equipment where possible. Shared materials and surfaces should be cleaned and disinfected more frequently
— Although practical lessons can go ahead if equipment can be cleaned thoroughly and the classroom or other learning environment is occupied by the same children or young people in one day, or properly cleaned between cohorts

Adjust transport arrangements where necessary including:

— Encouraging parents and children and young people to walk or cycle to their education setting where possible
— Making sure schools, parents and young people follow the Coronavirus (COVID-19): safer travel guidance for passengers when planning their travel
— Ensuring that transport arrangements cater for any changes to start and finish times
— Making sure transport providers do not work if they or a member of their household are displaying any symptoms of coronavirus
— Making sure transport providers, as far as possible, follow hygiene rules and try to keep distance from their passengers
— Taking appropriate actions to reduce risk if hygiene rules and social distancing is not possible, for example when transporting children and young people with complex needs who need support to access the vehicle or fasten seatbelts
— Local authorities or transport providers could consider the following: •guidance or training for school transport colleagues
— Substituting smaller vehicles with larger ones, or running 2 vehicles rather than one, where possible, to reduce the number of passengers per vehicle and increase the amount of space between passengers
— Cordoning off seats and eliminating face-to-face seating, where vehicle capacity allows, to help passengers spread out
— Communicating revised travel plans clearly to contractors, local authorities and parents where appropriate (for instance, to agree pick-up and drop-off times)

Summary

Since mid-April, the rate of new infections (confirmed cases) of COVID-19 in the UK has been trending slowly downwards[36]. Of course, this is no time for celebration as the virus is still evident within society and new cases of infection are reported every day despite the lockdown being in place since mid-March 2020.

Any reduction in social distancing measures may potentially increase the risk of new infections and so caution must be exercised by employers seeking to open up their workplaces and recall workers.

The UK Government's guidance does not provide any guarantees, however, if implemented correctly and with commitment, adherence to the guidance will provide employers and employees with a level of protection against the invisible and sometimes deadly foe which is COVID-19.

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COVID-19 Returning to the workplace

In preparation for a return of the workforce and the public to businesses, RMP Risk Control is offering a comprehensive range of services to assist in mitigating the risk of infection to employees and visitors to your premises.

These services include:

— Risk analysis of buildings and workplaces

— COVID-19 decontamination

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

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