

Assessing health & safety risks through the pandemic and beyond

When changing operations and ways of working, a key part of the decision-making process involves the assessment and management of risks.

During this unprecedented time, it is crucial to carry out suitable and sufficient risk assessments. Organisations must do all they can to keep up with the rapidly changing environment and guidance issued, and review risk assessments accordingly.

You should be able to demonstrate that all reasonable measures to reduce the risk of COVID-19 infection have been taken, and also be able to illustrate formally that you have referred to all current and relevant guidance and customised the guidance to the work and services you carry out.

Below you'll find :

- [A step-by-step guide to risk assessments](#)
- [Frequently asked questions](#)

The Health and Safety Executive website offers [further guidance on compliance](#), together with [risk assessment templates](#).

The Government also maintains and regularly updates a range of documents giving guidance on managing the impact of COVID-19 . You should check and refer to the current versions on www.gov.uk each time you review your services. It would be prudent to refer to specialist sector guidance such as by [NALC](#), [SLCC](#), [NCVO](#) as appropriate too.

Local Community Advisory Service (LCAS)

Our Local Community Advisory Service has a [free interactive guide](#) with risk assessment templates, and other risk management tools, available for you to download.

If your not-for-profit organisation is insured with Zurich, you can also benefit from free access to our specialist LCAS health and safety advice line 0800 302 9052 (option 3) and email service lcashelp@uk.zurich.com (open Monday – Friday, 9am – 5pm).



How to do a risk assessment

Step 1

Identify the hazards associated with the work / services.

Top of your list should be the additional hazard resulting from potential exposure to COVID-19 virus.

Step 2

Identify who might be harmed and how.

This might include your staff / volunteers, service users, members of the public, contractors, drivers, vulnerable people, young people, expectant mothers etc.

How might the health and safety of each of these groups be affected by changes in your organisation as a result of COVID-19?

Step 3

Evaluate the risks and controls

- What are you already doing, what measures are in place, to control the risks? What measures are no longer in place? How might your control measures be impacted by shortages of supplies, staff and contract services?
- What further action do you need to take? (e.g. moving desks to meet the 2m rule, staggering break times, restricting entry to the public, installing more welfare facilities, etc. Who is responsible for ensuring that safe systems of work are implemented?)
- When should controls be implemented? This may be over a period of time or immediately, depending on level of risk.
- The most effective controls should be implemented as a priority.
- Control measures should be evaluated using the 'Hierarchy of Controls' principles:

Elimination: always seek to eliminate risks associated with the hazard. E.g. stop the activity. If this can be done, there is no need to do a risk assessment.

Substitution: Reduce exposure to the hazard if the risk cannot be eliminated e.g. work from home, workplace segregation (2m social distancing)

Engineering controls: Separate the hazard from the person. (e.g Perspex guarding / screening / appropriate ventilation)

Administrative Controls: Have safe systems of work, training, supervision and permits to work as a way of controlling how work should be done.

PPE: This should be the final stage in any assessment (although essential for controlling disease and/or infection such as COVID-19). Welfare facilities should also be considered such as suitable washing/cleaning areas.

Step 4

Record, communicate and retain documentation.

It's important to keep a record of the controls you put in place. This is key to demonstrating that your organisation considered all guidance and took reasonable measures to manage risks. Common risk management documentation may include, risk assessments, safe systems of work records, files on instruction and training given, inspections carried out of your buildings or apparatus etc.

Step 5

Monitor and review.

Formally monitor the controls you have implemented and review them as work practices and Government, Public Health England (PHE) and Health and Safety Executive (HSE) guidance change.



Frequently Asked Questions

What COVID-19 hygiene plans need to be implemented?

A risk-based approach should be applied to cleaning areas likely to be contaminated. The findings of the work activity and site risk assessment should influence cleaning and disinfecting plans (what, how, when, who, etc). Reference should also be made to Government and Public Health England guidance.

What should be added to our risk register?

You should have a strategic risk register and an operational risk register. Your strategic risk register should consider high level risks that could impact your organisation's aims and objectives, such as the pandemic risk. Operational risk registers should consider the risks associated with day to day work activities and services provided, including risk of infection, as well as detailing the controls that are put in place.

How frequently should risk assessments for volunteer involvement be reviewed in the current climate where change is continual?

Risk assessments should be reviewed periodically, when activities change, following accidents/near misses and where legal or good practice advice is updated. Therefore, with regards to COVID-19, risk assessments should also be reviewed as frequently as the changed guidance has an impact on the way work and services are carried out. It would be no defence to not keep up with developments.

Are there any useful templates that we can use when conducting a risk assessment?

Risk assessments covering exposure to COVID-19 will differ from one organisation to another. The assessor must first ask who is doing what and how, where they are doing it, why they are doing it and what they are using. Understanding the tasks or activities is vital to assess exposure and to qualify any subsequent control decisions.

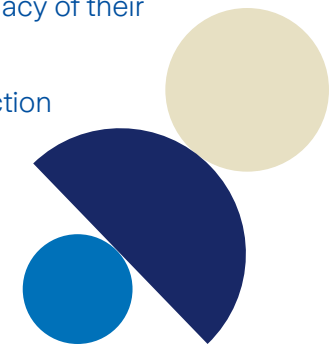
Useful references include:

- [HSE: Managing risks and risk assessment at work](#)
- [Zurich Municipal: Local Community Advisory Service \(LCAS\) Guide](#)

Many small not-for-profit organisations have had a static approach to risk management. What advice/organisational development/frameworks would you suggest for improving our understanding of responsive-risk-based decision-making given the COVID-19 environment is so dynamic?

Don't be static at this time! Access specialist health and safety legal advice and/or refer to Government, Public Health England, Health & Safety Executive (HSE) and industry guides. The pandemic impacts all employers and service providers, and all are expected to respond and react to assess the adequacy of their health and safety arrangements.

Staff required to carry out dynamic risk assessments must be competent to do so. They must be provided with all necessary information, instruction and training and be competent to carry out dynamic risk assessments and implement safe systems of work.



How do we manage the risk of allowing volunteers who are in higher risk categories (e.g. over 70), to return to their volunteering roles? We have specific policies and guidance for employees, but can we apply the same to volunteers or do we need to think about risk and volunteers differently?

Under health and safety legislation (Health & Safety at Work Act, Management of Health & Safety at Work Regulations, etc.) and the Health Protection (Coronavirus restrictions) Regulations, volunteers must be afforded the same level of protection as employees. This requires the same level of commitment to risk assessing work, providing safe systems of work, information instruction and training and monitoring how work is being carried out and services provided. Given the often-transient nature of volunteer services, extra vigilance in ensuring adequate training and monitoring of work should be considered.

Specific consideration should be given to any individuals in your workforce, including volunteers, who are more at risk and whether work practices and risk controls can provide reasonable protection in-line with guidance issued by the Government, Public Health England, HSE and industry.

Exposing a twenty-year-old employee to potential infection will not be the same risk as for someone whose age or underlying health condition makes them more vulnerable. Follow all relevant guidance and risk assess carefully any derogations from it.

A key risk for driving schemes (involving employees and volunteers) is the proximity of a passenger. Is it safe to continue transport services?

Health and safety legislation applies to employees and volunteers and such tasks will have to be subject to a risk assessment, with a safe system in place that ratifies the risk assessment. Considerations should include asking the following questions:

- Can a suitable and well fitted barrier be provided?
- Can social distancing be achieved?
- Is PPE available/used/replaced frequently?
- Can the vehicle be cleaned between passengers?
- Is the health status of the passenger(s) known?
- Has all relevant guidance been considered and applied?

The outcome of a suitable and sufficient risk assessment, with a safe system in place, should leave the organisation with a residual risk that is tolerable if the service is to be provided. If the risk is not tolerable, the service should not be provided.

See also – [FTA: COVID-19 working Good Practice Guide for logistics guide](#)



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