

Repairs and maintenance

Risk assessment for:	COVID-19 – Property Services Team	Assessed by:	Lisa Boulton/Russell Purvis/Carl Oakley/Matt Norton/Louise Beard
Date completed:	18 May 2020	Review date:	Ongoing

Hazard	Who might be harmed and how	Current control measures	Additional control measures needed	Risk Level after controls Low/Medium/High	Action by when	Completed
General hazard from CV19 for those who are at increased risk of the virus	Staff members who are considered at higher risk from CV19 or are in a household with higher risk people. See NHS website for most current guidance of at-risk groups	Confirm if any staff are vulnerable or living in a household with vulnerable people and consider any special arrangements needed or variation to duties including not working or re-tasked elsewhere where practicable to do so.	Vulnerable staff or those living in a household with vulnerable people should have a specific risk assessment undertaken before return to work is considered. Ensure no discrimination is likely.	Medium		
Viral contamination - Contact with an	Staff and members of the public could be at risk of	Staff must not attend work if they or a member of their household has	Continuously remind staff to think about symptoms and about appropriate action.	Medium		

Repairs and maintenance

<p>infected employee</p>	<p>contamination if an employee or a member of their household has the virus or symptoms of the virus</p>	<p>symptoms or has been diagnosed with the virus.</p> <p>Staff should contact their manager in line with the sickness absence policy.</p> <p>Staff and their household can be tested if they think they are suffering from the virus, staff should ask their manager or HR about how to be tested.</p> <p>Staff who become unwell whilst at work should immediately go home, they should advise their colleagues and manager that they have symptoms and have gone home.</p> <p>Colleagues who have been in contact with a</p>	<p>Refer to:</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/what-to-do-if-you-or-someone-you-</p>			
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Repairs and maintenance

		<p>symptomatic person or where a member of a colleague's family is unwell, may need to self-isolate pending the test results of the colleague who is unwell depending on the NHS guidance at the time.</p>	<p>live-with-has-coronavirus-symptoms/</p>			
<p>Stress/Anxiety</p>	<p>Staff may feel anxious about returning to normal duties and be concerned they may be exposed to the virus or feel concerned about not being able to socially distance or about maintaining hygiene.</p>	<p>Communicate plan for returning to normal duties. Gauge sense of how staff feel about returning to normal duties and what the impact will be and any concerns they have. Make sure they are aware of any changes being made and why. Keep staff fully informed as to any new guidelines and procedures. Ensure</p>	<p>Ensure staff know how to raise concerns and who to speak to if they are feeling stressed or anxious, including the employee assistance line.</p> <p>Make sure Managers know how to identify staff who may be stressed or anxious and how to manage this.</p> <p>Managers should keep in touch and have</p>	<p>Low</p>		

Repairs and maintenance

	Staff may also have concerns about being vulnerable or about people in their households who are vulnerable.	that staff who have been absent are updated on any changes to procedures when they return to work.	regular contact and briefings with staff. Maintain wellbeing services until further notice			
Contact with working colleagues can increase the risk of contracting the virus	Staff and others could be at greater risk of the virus if they have contact with multiple people outside of their immediate household	Reducing social contact is key in reducing the risk of spreading/contracting the virus. Staff should work individually or in small teams. Team members should remain in the same groups and not be changed unless absolutely necessary. Managers must give consideration as to who needs to work together and then maintain that	Team members can work individually as well as in assigned groups.	Medium		

Repairs and maintenance

		group until further notice.				
Viral contamination from sharing vehicles	Staff (passengers and driver) may be at risk from viral contamination due to proximity in a shared vehicle and the enclosed nature of the vehicle	<p>Staff should use separate vehicles. For the DLO operative Team vehicles will usually be company vehicles.</p> <p>Staff may use their own personal vehicle, where this is necessary, where this is possible and where the insurance allows for use of an individual's vehicle for work. A mileage allowance (in line with policy) will be paid to those required to use their own vehicle.</p>	<p>Vehicles can be shared where practicable to do so. If vehicles are shared the following must be introduced:</p> <p>Minimise the number of journeys, length of journeys and journey times as much as possible.</p> <p>Consider other ways of travel including walking and cycling.</p> <p>The number of vehicle occupants should be reduced as much as possible and passengers must sit as far as they can from the driver and from each other. Sitting side by</p>	Medium		

Repairs and maintenance

			<p>side is better than facing each other.</p> <p>Passengers should turn away from each other and from the driver so as not to face one another.</p> <p>Increase ventilation by opening all windows.</p> <p>Staff working in teams as above should also maintain the same people in the vehicle, do not swap or change occupants of groups or vehicles unless it is absolutely necessary.</p> <p>Staff should stay in the same seat/seating configuration for each journey.</p> <p>Regular cleaning of surfaces in shared</p>			
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Repairs and maintenance

			<p>vehicles must be carried out</p> <p>paying particular attention to door handles etc. Drivers carry overall responsibility to ensure this happens but each individual is responsible for cleaning the area on and around where they were sitting.</p>			
<p>Contact with contaminated surfaces</p>	<p>Staff could come in to contact with surfaces that are contaminated with viral droplets such as tools and equipment</p>	<p>Regular cleaning of hard surfaces, and in particular on high use areas/equipment</p> <p>Staff to practice regular hand washing and cleaning of own work area, equipment and tools. Staff should use their own tools and avoid sharing tools. Individual tools are available. It is the responsibility of</p>	<p>If operatives do not have particular tools in their own possession, they</p>	<p>Low</p>		

Repairs and maintenance

		<p>individuals to control the use of their tools. If staff choose to share tools and equipment these must be thoroughly cleaned down between users. Staff should be careful not to share small items such as pens. Staff should avoid passing each other equipment, staff should collect equipment from vans themselves, or items placed down before being picked up by someone else.</p>	<p>should discuss tool requirements with their manager.</p> <p>If an operative does not see a colleague clean a tool before they go to us it, they should clean the item themselves.</p>			
<p>Contact with contaminated soft surfaces /materials</p>	<p>Staff and household members could come into contact with contaminated fabrics from</p>	<p>Staff should ensure that clothing worn for work is regularly cleaned.</p>	<p>Staff should discuss uniform and clothing needs with their manager.</p>	<p>Low</p>		

Repairs and maintenance

	clothing and uniforms	<p>Clothing should be worn once and then laundered.</p> <p>Staff should be issued with sufficient uniforms to allow regular daily washing.</p>				
Risks arising from using public transport to attend work	Staff commuting via public transport may be at higher risk of contracting CV19	<p>Staff will use their own vehicle or a company vehicle to commute to work.</p> <p>Most operatives have company vehicles available and will not be using public transport.</p>	<p>Check if staff will be using public transport to attend work.</p> <p>Look at other ways of commuting including walking or cycling, if necessary, look at collecting staff in line with sharing vehicles above.</p> <p>If staff are using public transport confirm transport arrangements and controls in use by transport companies to see if safe to use</p>	Low		

Repairs and maintenance

			Vary work hours to avoid peak times			
Viral contamination from not maintaining social distancing	Staff members and the public could be at greater risk of CV19 if unable to maintain social distancing	<p>Staff must keep a 2m distance as much as possible from other people, if unable to keep a 2m distance, such as passing people in corridors or stairwells, staff should avoid face to face contact by turning away.</p> <p>Staff should not stop and engage in conversations with others unless there is a 2m distance between them.</p> <p>If approached by members of the public in common areas of estates or flat blocks, maintain a 2m</p>		Medium		

Repairs and maintenance

		<p>distance as far as possible.</p> <p>Staff can tell residents not to approach them, staff working in public areas to use suitable barriers. Signage must be used asking residents and members of the public not to approach staff. Signage to include a contact number if the public want to speak to someone from B3Living.</p> <p>Staff should work individually or in small teams to limit the number of interactions and contacts.</p> <p>Consideration of flexible working patterns and working</p>	<p>Lone working assessments should be reviewed for those not usually lone working. Managers will need to increase checks on those new to lone working.</p> <p>Staff should be given guidance and</p>			
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Repairs and maintenance

		<p>outside of high traffic times in public areas to minimize contact with residents.</p> <p>At break times staff should not congregate together but keep a 2m distance from each other. Wherever possible staff should take breaks outside.</p> <p>Face to face staff meetings will be avoided and carried out via technological means.</p>	<p>reminders about social distancing.</p> <p>If meetings in person are necessary, keep the size of the meeting small and if possible they should be done outside and people should be 2m apart.</p>			
<p>Viral contamination – working in people’s homes</p>	<p>Staff could be at risk of contamination when entering a resident's home to carry out repairs</p>	<p>Reduce the number of repairs visits to homes by using digital consultations such as video phone calls.</p> <p>When scheduling repairs office staff must check if anyone in the household is unwell</p>	<p>Consider changing the 1st Touch Forms on operative pda's to include a COVID risk assessment check.</p>			

Repairs and maintenance

		<p>with CV19 or has symptoms; are vulnerable or are shielding. Office staff should also ask customers to keep work areas clean and, in so far as it is possible, ask customers to ensure that areas are cleaned before operatives arrive.</p> <p>Operatives should also check the health status of the household on arrival at the premises. Routine repairs to households with CV19/symptoms should be re-arranged after symptoms are no longer present or 14 days has elapsed. Attendance for routine repairs should not be carried out in households that are shielding unless the</p>				
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Repairs and maintenance

		<p>repair is an emergency. Emergency repairs should be completed following strict protocols. Repairs to homes with vulnerable at risk residents require extra controls, repairs should be carried out to minimize face to face contact, including customers leaving all doors open for operatives (to avoid staff having to touch surfaces) and staying out of the room being worked on.</p> <p>Good, regular hand hygiene and sneeze/cough hygiene should be used when working in all tenanted properties.</p> <p>We must communicate with</p>				
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Repairs and maintenance

		<p>residents in advance so they are aware of how the job will be completed and how we will mitigate the risk of CV19 when we visit their home and how they can help us by staying in another room to maintain a 2m distance from the operatives at all times and to keep the work area well ventilated by opening windows before the appointment time. Work areas must be cleaned down at the end of the job. Used cleaning materials must be disposed of safely. If staff have worked in homes of those with CV19 follow the most up to date Government guidance</p>				
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Repairs and maintenance

		on disposal of contaminated CV19 waste.				
Poor hygiene/poor handwashing/poor sneezing and coughing etiquette	Risks to staff and others from poor hand hygiene	<p>Staff should maintain good hand hygiene by regular washing for 20 seconds with soap and water particularly when arriving at work. If no wash facilities available use hand sanitiser.</p> <p>Staff should use good sneezing and cough etiquette by coughing into tissues or elbows, disposing of tissues after use.</p> <p>Staff should be given instructions and reminders about how to wash hands following the government guidance and cough/sneeze etiquette.</p>	<p>Consideration should be given to reinstalling handwashing facilities (where available) in the vans where space allows.</p> <p>Use signage in vehicles to remind staff about hand washing/social distancing/cough, etiquette, etc.</p>	Low		

Repairs and maintenance

<p>General exposure and PPE</p>	<p>Staff at risk of exposure to viral contamination</p>	<p>The current Government guidance regarding the use of PPE states that PPE usually identified in work task risk assessments should continue to be used, additional use of PPE such as gloves and masks are not identified for protection against CV19 other than in a healthcare setting.</p> <p>Face coverings are not mandatory but staff can chose to use them; staff using face coverings must be instructed on the safe donning and removal of face covering and the hygiene requirements when putting on and removing face coverings, signs and</p>		<p>Low</p>		
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Repairs and maintenance

		reminders of the safe use of face coverings and disposal of waste should be provided to staff.				
Emergency procedures/evacuation in an emergency and the reduction of social distancing	Staff and others could be at risk when evacuating due to reduction of social distancing	<p>During an emergency the current government guidance allows for social distancing to be reduced if it's not possible to keep a 2m distance.</p> <p>After evacuation staff and residents should immediately socially distance and when possible carry out hand washing or make use of hand sanitiser.</p>		Low		