CORPS
SECURITY

COVID-19 Risk Assessment of: Corps Security (UK) Limited and
                                                 subsidiary companies

Version No: 0221v8

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                                                  Quality and Compliance Manager

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SafeContractor
APPROVED
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Revision History and Approval

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TERMS OF REFERENCE

ISO/PAS 45005:2020 Occupational Health & Safety Management – Safe Working During the Covid-19 Pandemic

This standard gives guidelines for organizations on how to manage the risks arising from COVID-19 to protect work-related health, safety and well-being.

This standard is applicable to Corps Security (UK) Limited (CSUK) in that we (and our customers):
a)   have been operating throughout the pandemic.
b)   are resuming or planning to resume operations following full or partial closure.
c)   are re-occupying workplaces that have been fully or partially closed.

This standard also provides guidance relating to the protection of workers of all types (e.g. workers employed by the CSUK, workers of external providers, contractors, self-employed individuals, agency workers, older workers, workers with a disability and first responders), and other relevant interested parties (e.g. visitors to a workplace, including members of the public).
This standard is not intended to provide guidance on how to implement specific infection control protocols, but will be used to demonstrate 'best practice' and will be implemented as appropriate across all of our business activities and locations.

Management of Health & Safety at Work Regulations 1999

The *Management of Health & Safety at Work Regulations 1999* place managers under obligation to assess all safety and health risks in their area of responsibility.

These regulations do not simply relate to the protection from harm of employees at the workplace, they require employers to protect anyone from harm as a result of anything which is done in connection with their business.

Regulation 3 places a duty on every employer to make (and record if they have more than 5 staff) a suitable and sufficient assessment of:

a.   The risks to the health and safety of their employees to which they are exposed whilst at work.

b.   The risks to the health and safety of persons not in their employment arising out of or in connection with the conduct of their undertaking.

This is an overarching risk assessment for the company and subsidiary companies within the Group. Specific Risk Assessment reports are included within this general report. Site specific risk assessments for premises where our colleagues are deployed (at customers premises) have also been undertaken via the Smart Task application and are available on the Customer Portal and via Share Point. The significant findings of the Risk Assessment(s) should be brought to the attention of all persons likely to be affected by the identified hazards and all appropriate control measures implemented as soon as reasonably practicable.

This report will mainly identify points that relate to the health, safety and welfare of the employees of Corps Security (UK) Limited (CSUK)

The main Acts and Regulations that are considered within this report are:

- *The Health & Safety at Work etc. Act 1974*

- *The Health and Safety (First Aid) Regulations 1981*

- *Workplace (Health, Safety and Welfare) Regulations 1992*

- *Management of Health & Safety at Work Regulations 1999*

- *The Personal Protective Equipment Regulations 2002 (amended)*

- *The Control of Substances Hazardous to Health (Amendment) Regulations 2004*

ASSESSMENT OF PRIORITIES FOR ACTION

This report identifies areas where, in the inspector's opinion, action is required to prevent accidents, injuries, ill health or risks to staff and others, and also to ensure compliance with the relevant statutory requirements either as a mandatory requirement or as an interpreted requirement.

An assessment of priorities for action is given as a guidance to enable management to identify both the essential requirements (given priority 1 or 2) and desirable requirements (given priority 3).

Priority 1

Contravention of statutory requirements which could lead to fatal or serious injury and/or the issuing of Prohibition Notices and/or legal proceedings being instituted by the Enforcing Authority. The matters require immediate attention to alleviate imminent risk to health & safety.

Priority 2

Contravention of statutory requirements which could lead to injury and/or the issue of Improvement Notices.
A Programme of work leading to the elimination of the hazardous condition will normally satisfy the Authority.

Priority 3

Matters in addition to basic statutory requirements which will include desired improvements, precautions or techniques consistent with good loss control and risk management.

RISK ASSESSMENT RATING

When assessing the risk for the first time it must be assumed that there are no controls in place. The two subsequent assessments are completed with (1) existing controls already in place and (2) the recommended controls applied. Values for the likelihood (A) and severity (B) have been applied and the risk rating is established by multiplying the two together (A x B = Risk rating)

The following scale has been applied to the severity of each identified hazard and the likelihood of coming into contact with the hazard. The applied grading is based upon the following:

Likelihood		Severity	
5	Common	5	Death or permanent disability
4	Regular	4	Serious permanent injury
3	Frequent	3	Major injury
2	Occasional	2	Minor injury
1	Low	1	Slight injury

Likelihood (1-5) X Severity (1-5) = Risk Rating

- Green = Low risk – 1 - 8
- Amber = Medium risk – 9 - 12
- Red = High risk – 15 - 25

Likelihood (A)						
	Common - 5	5	10	15	20	25
	Regular - 4	4	8	12	16	20
	Frequent - 3	3	6	9	12	15
	Occasional - 2	2	4	6	8	10
	Low - 1	1	2	3	4	5
		Slight/Near Miss - 1	Minor - 2	Major - 3	Serious - 4	Critical - 5
1	Severity (B)					

A hierarchy of controls have been applied to reduce the risk rating. If hazards/risks cannot be eliminated they should be reduced as far as reasonably practicable

The thick black line is the "line of tolerance". Risks plotted above this line are "out of tolerance" and must be referred to the Contracts Manager and the client and brought to the attention of the Quality & Compliance Manager

After identifying the hazards present, a grading scale has been applied to determine the significant risk.

Disclaimer

This report is of an advisory nature and covers recommendations for action on the topics indicated. It is based upon observations made in the workplace, and does not take account of any relevant aspect that the author is not aware of.

Inputs to risk matrices (e.g. likelihood and severity categorisations) and resulting outputs (i.e. risk rating) require subjective interpretation, and different users may obtain opposite ratings of the same quantitative risks.

INSPECTION REPORT

The items raised in this report are applicable to all areas visited except where indicated.

The Control of Substances Hazardous to Health (Amendment) Regulations 2004

Regulation 3 - (1) refers:

"Where any duty is placed by these Regulations on an employer in respect of his employees, he shall, so far as is reasonably practicable, be under a like duty in respect of any other person, whether at work or not, who may be affected by the work carried on by the employer "

Regulation 7 - (1) refers:

"Every employer shall ensure that the exposure of his employees to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled "

1.   Various hazardous substances are located within the premises in areas that Corps Security staff may have access

Priority 3

Recommended action

1.   Ensure that suitable control measures to limit access to the substances are in place and Corps Security staff are aware of the dangers associated with the hazardous substances present

2.   Ensure that emergency and escalation procedures are included in the site procedures in the event of the Corps Security staff discovering a leak or spillage of any substances that may be hazardous

3.   Provide hazard data sheets to the Corps Security staff for inclusion within the Assignment Instructions. A review of the existing COSHH assessments needs to be undertaken regularly to ensure they are both suitable and sufficient.

4.   Ensure appropriate Personal Protective Equipment (PPE) is in place with instructions for use and disposal

The Health and Safety at Work Act 1974

Employers have a general duty to provide systems of work that are, so far as is reasonably practicable, safe and without risks to health

1.   Corps Security staff are primarily engaged at the office premises to provide and administrative function and to prevent loss or interruption to the client's operations

Priority 3

Recommended action

1.   It is recommended that a review of the skills-based training available to the Corps staff be undertaken to include:

(i) E-learning training (available via the Corps Security intranet)

Any additional skills-based training as outlined above should be in addition to site specific induction training. The details of any refresher or continuation training delivered to Corps Security employees must be recorded on the individuals training record and the training records must be signed and dated by the trainer and the trainee. E-Learning training records are retained within the system

Health and Safety (First - Aid) Regulations 1981

The above Regulations lay down general duties on employers to:

'Provide first aid'

'Inform employees of the arrangements made in connection with first aid'

Regulation 4 states:

"An employer shall inform his employees of the arrangements that have been made in connection with the provision of first aid including the location of equipment, facilities and personnel"

1. Additional advice has been issued by HM Government regarding the provision of 1st Aid and is referred to in the attachment to this risk assessment

Priority 3

Recommended action

1. Establish the exact contract requirements with regard to the provision of 1st Aid qualified staff and ensure that this requirement is fulfilled

2.   Ensure that any additional requirements for providing 1st Aid in an environment where individuals may be infected with the COVID-19 'coronavirus' are addressed

3.   Maintain a recording system of any 1st Aid treatment administered by Corps Security colleagues

4.   Ensure that the system for recording and reporting of any accidents on site is maintained and appropriate follow up action (including any necessary reporting requirements) is completed and reviewed

The Personal Protective Equipment Regulations 2002

The Personal Protective Equipment Regulations (PPE) introduces minimum health and safety requirements for the use by workers of personal protective equipment in the workplace. Rules on the wearing of mandatory face coverings in other areas have been introduced (although they vary throughout the UK), and Corps staff may be tasked with applying the rules on entry to covered areas by visitors/contractors, etc

1.   An assessment of the workplace has identified a requirement for PPE to be issued to Corps Security staff after all other control measures have been implemented

2.   PPE has been supplied and suitable accommodation has been provided to store such items

3.   An individual issue of equipment should be made to each person as required (including trained relief staff) which may include:

- Disposable non-latex gloves
- Safety footwear
- Disposable face shield (if required to deliver 1st Aid)
- Safety glasses/face shield

- Face covering/mask (non FFFP3 standard is sufficient)

Priority 3

Recommended action

1. A review is undertaken of the PPE requirements to ensure that the PPE issued is suitable for the individuals required to make use of it and for the hazards that it is intended to protect against

2. Appropriate training is provided to all users of the PPE

3. A record is maintained to ensure that PPE is issued, maintained and any losses recorded

Miscellaneous items

The following items need to be considered as contributing to the general well-being of the Corps Security staff:

1. Security Operating Procedures/Disaster Recovery Plans should be drawn up and reviewed which identifies the specific requirements of the Corps colleagues' roles and responsibilities in such a situation to include:

    - Disaster recovery
    - Reporting procedures - If in England call **NHS on 111**, if in Scotland call your **GP or NHS 24**, If in Wales call **0845 46 47 or 111** or if in Northern Ireland contact **0300 200 7885** where you will be assessed by an appropriate specialist. NHS guidance is that you <u>do not</u> go directly to your GP surgery, community pharmacy or hospital unless an emergency occurs

COVID-19 Risk Assessments

1. General risk assessments
2. First Aid
3. Maintaining 1st Aid equipment

Site Name					Task/Activity Assessed	General Risk Assessment		Date	02/02/2021

Identified Hazard	Who may be at risk?	Risk before Controls			Controls already in place (include Personal Protective Equipment)	Any further controls required	Actioned by (Name/Dept.)	Completion Date	Risk after Controls		
		L	S	Rate					L	S	Rate
Exposure from others due to: 1) Living with someone with a confirmed case of COVID-19. 2) Have come into close contact (within 2 metres for 15 minutes or more) with a confirmed case of COVID-19. 3) Being advised by a public health agency that contact with a	All roles	3	3	9	● To follow government action including adhering to the Tier Systems relating to self-isolation and only to leave home for the following circumstances: for medical reason; to shop for necessary food supplies; for exercise once per day; and for essential works including those deemed 'Key Workers'. Security Officers are classed as 'Key Workers' and have been issued with a letter from the company outlining this. ● Any existing individual risk assessments (disability, or new / expectant mothers) to be reviewed	On-going monitoring of HM Government guidance with specific Bulletins issued to colleagues and uploaded to company intranet Specific guidance from the Royal College of Obstetricians & Gynaecologists issued and updated as required. Review maternity risk	Company wide	Ongoing	3	2	6

| diagnosed case has occurred. This may be as a result of the use of the track and trace application | | | | | • Maintain contact with line management and Human Resources (HR) and follow company policy / guidance.
• Travel is only required for essential travel; reduce the amount of time using public transport and implement social distancing where possible (2m clearance from persons and not to travel in groups of more than 2 unless it is immediate family from 05th January 2021
• To continue following ongoing Government guidance
• Stay at home and only attend hospital in an emergency. Do not attend GP surgery and phone NHS line (111) if further advice is required
• Company to monitor clinically extremely vulnerable persons (Solid organ transplant recipients; people with specific cancers: people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer; people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment; people having immunotherapy or other continuing antibody treatments for cancer; people having other | assessments and consider further controls including furloughing new or expectant mothers | | | | | |

					targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors; people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drugs; People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD; People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell); People on immunosuppression therapies sufficient to significantly increase risk of infection; Women who are pregnant with significant heart disease, (congenital or acquired.) Those shielding themselves are following their specific medical advice issued to them. ● Follow good NHS hygiene measures at all times ● Avoid all visitors to your home unless they are providing an essential service ● Do not approach delivery staff, allow packages to be left on the doorstep ● Do not take any 'alternative					

					medicines' as they do not work against viruses.						
Suspected case of COVID-19 whilst working on site	All roles	2	3	6	If a worker develops a high temperature, loss of taste/smell or a persistent cough while at work, they should: 1) Return home immediately 2) Avoid touching anything 3) Cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow. They must then inform their line manager or Corps Support Centre and follow the guidance on self-isolation. Do not return to work until period of self-isolation has been completed.	Corps Security to inform site-based colleagues and the customer of the situation	Company wide	Ongoing	2	2	4
General travel	All roles	4	3	12	• Do not travel unless you cannot work from home or deemed a 'Key Worker' – implement teleconferencing for meetings • Where an individual has recently visited the list of high-risk countries, they should self / home isolate themselves until further notice from the Government (Lockdown measures continue to apply in a number of countries including the UK)	Corps Security has introduced TEAMS working and furlough or ask colleagues to work from home.	Company wide	Ongoing	3	3	9

					• Continue to follow any further Government advice provided • Where an occupational health (OH) service provider has been appointed, seek additional advice or through this service • All persons to limit their use of public transport. Where travel is essential, adopt social distancing where possible • Maintain good personal hygiene routines and avoid touching face after contact with surfaces. Consider the use of non-latex disposable gloves and face coverings which should not be re-used and must be disposed of correctly						
Access / egress to site	**All roles**	4	3	**12**	Where possible, consider and implement the following practices: 1) Stop all non-essential visitors 2) Introduce staggered start and finish times to reduce congestion and contact at all times 3) Monitor site access points to enable social distancing – consider changing the number of access points, either increase to reduce congestion or decrease numbers to enable	Continue using self-assessment medical questionnaires and consider introducing temperature testing (Fever Screening) equipment and other testing means, including Lateral Flow	Company wide	Ongoing	3	2	**6**

					monitoring 4) Remove or disable entry systems that require skin contact e.g. fingerprint scanners 5) Require all workers to wash or clean their hands before entering or leaving the site 6) Allow plenty of space (two metres) between people waiting to enter site 7) Regularly clean common contact surfaces in reception, office, access control and delivery areas e.g. scanners, turnstiles, screens, telephone handsets, desks, particularly during peak flow times 8) Reduce the number of people in attendance at site inductions Drivers should remain in their vehicles if the load will allow it (i.e. non-refrigerated loads) and must wash or clean their hands before unloading goods and materials.	Testing (guidance available) Complete office re-occupation checklists and update as and when required Display Working Safely During Coronavirus posters in offices to demonstrate our commitment to applying a hierarchy of controls during this situation				
Inclement weather – cold temperature allows disease to survive	All roles	3	2	6	● All persons to dress appropriately for the weather conditions ● Welfare facilities provided to shelter from the elements ● Maintain good hygiene	Apply appropriate guidelines and control measures	Company wide	02/02/21	2	1	2

					measures at all times ● Appropriate respiratory protective equipment (RPE) masks to be considered as last resort however face fit test (FFT) must be completed to ensure mask effectiveness						
Poor hygiene	**All roles**	3	3	9	● Wash hands thoroughly and regularly. Use soap and water for at least 20 seconds. Use alcohol-based hand sanitiser if soap and water is not available and hand washing technique to be adopted as directed by NHS posters ● Avoid touching your face/eyes/nose/mouth with unwashed hands and cover your cough or sneeze with a tissue then throw it in the bin. ● Provide additional hand washing facilities to the usual welfare facilities if a large spread-out site or significant numbers of personnel on site ● Regularly clean the hand washing facilities and check soap and sanitiser levels ● Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal. ● Sites will need extra supplies of soap, hand sanitiser and paper towels and these should be	Distribute and display hand washing and hygiene posters to all sites. Provide cleaning materials if landlord won't or can't Initial reports of shortages of cleaning materials due to panic buying and supply chain issues appear to have been resolved Refer to specific guidance on cleaning available via the Quality Manager	Company wide	Ongoing	3	2	6

					securely stored to prevent theft ● Restrict the number of people using toilet facilities at any one time. Wash hands before and after using the facilities. Enhance the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush. Portable toilets should be avoided wherever possible.					
Food outlets / Canteens/ public areas - exposure from large numbers of persons	All roles	3	3	9	1) Colleagues should be required to stay on site once they have entered it and not use local shops. 2) Dedicated eating areas should be identified on site to reduce food waste and contamination 3) Break times should be staggered to reduce congestion and contact at all times 4) Hand cleaning facilities or hand sanitiser should be available at the entrance of any room where people eat and should be used by everyone when entering and leaving the area 5) Colleagues should consider bringing pre-prepared meals and refillable drinking bottles	Consider enhanced cleaning routines (see above) in multi tenanted offices where there are shared facilities	Company wide	Ongoing	3	2	6

					from home 6) Individuals should sit 2 metres apart from each other whilst eating and avoid all contact 7) Where catering is provided on site, it should provide pre-prepared and wrapped food only - Payments should be taken by contactless card wherever possible and disposable crockery, eating utensils, cups etc. should not be used where possible 8) Drinking water should be provided with enhanced cleaning measures of the tap mechanism introduced 9) Tables should be cleaned between each use 10) All rubbish should be put straight in the bin and not left for someone else to clear up. All areas used for eating must be thoroughly cleaned at the end of each break and shift, including chairs, door handles, etc						
Use of changing facilities, showers and	**All roles**	3	2	6	1) Introduce staggered start and finish times to reduce congestion and contact at all times	Individuals to maintain good personal hygiene routines with	Company wide	Ongoing	2	2	4

sanitary conveniences					2) Introduce enhanced cleaning of all facilities throughout the day and at the end of each day 3) Based on the size of each facility, determine how many people can use it at any one time to maintain a distance of two metres Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.	enhanced cleaning routines in shared facilities					
Housekeeping vehicles, buildings and work stations	**All roles**	3	3	9	Vehicles must be kept clean and tidy and maintained at all times: • Ensure their vehicle fluid / pressure levels are correct prior to the commencement of their shift • Surfaces should be cleaned at the start and finish of each shift by individual drivers • The 'tools of their trade' are functioning - mobile telephone, torch which should all be cleaned at the start and finish of each shift Work areas must be kept clean and tidy at all times. Colleagues:	Enhanced cleaning routines to be adopted. Cleaning materials to be available with disposable non-latex gloves for the use of drivers	Company wide	Ongoing	3	2	6

					• Must ensure desk tops are free from clutter • Pedestrian routes and emergency exits are free from obstruction • That spillages are cordoned and cleaned up • Litter receptacles are not over flowing with rubbish • Ensure, electrical wires are not trailing • Electrical items are switched off when not in use • Sanitary Conveniences are clean tidy and free from fluid spillages with enhanced cleaning routines						
Biological hazards & fluids	**All roles**	2	4	8	Sites may contain various biological liquids hazardous to you and the environment. Do not touch or move unless you are trained to do so. All colleagues must: • Complete site induction • Complete specific process area induction • Wear appropriate PPE • If dealing with substances wear gloves, goggles, face shields. If in doubt do not touch at all, seek advice • Medical response staff must wear protective gloves and masks when dealing with casualties to prevent contact	Additional site-based training must be undertaken where hazardous substances are present in the workplace Refer to guidance for providing 1st Aid including enhanced PPE measures	Site Induction	Ongoing	2	3	6

					with bodily fluids that have the potential to cause serious illness and disease in addition to COVID-19 i.e.: HIV, Hep B & C etc.					
Mental Health and Well Being	**All roles**	3	3	9	Consideration is made of individuals who may be suffering distress during the current situation or longer term regarding their working arrangements, personal and family situation and other associated 'stressors'	Refer individual cases to our Employee Assistance Programme – Health Assured for advice and assistance

Ensure the shielding or furloughed colleagues are kept in touch with and receive regular 'contact calls' | Company wide | Ongoing | 3 | 2 | 6 |
| Black, Asian & Minority Ethnic (BAME) colleagues | **All roles** | 3 | 3 | 9 | Some research to suggest that BAME employees may be at an elevated risk of being affected by COVID-19, although there are numerous socio-economic reasons why this may be. Males over 45 appear to be at more risk from COVID-19, especially if coupled with other health conditions, particularly Type 2 diabetes where the likelihood of complications increases by 2.5 times | Consider if BAME employees are disproportionally represented in certain areas within the company. Consider social interaction if higher levels of older persons living with children in the family home. Consider impacts of shielding and self-isolation on workforce, | Company wide | Ongoing | 3 | 2 | 6 |

						especially BAME males with pre-existing medical conditions. Consider that majority of information is published in English – consider availability of publishing in other languages					
Display screen equipment	All roles	3	3	9	Some colleagues working intensively at computers without adequate breaks risk posture problems and pain, discomfort or injuries, e.g. to hands/ arms, from overuse, improper use or from poorly designed workstations or work environments.	Self-assessment and homeworking questionnaires to be completed (CF6003 & CF6004). DSE e-learning module to be completed	Company wide	Ongoing	3	2	6
Safety information	All roles	2	2	4	Lack of safety information relating to the current situation and the companies approach to managing risk	Provision of the latest information relating to the current and ongoing COVID-19 situation is available to all colleagues in a timely manner and in a range of formats.

The companies approach to reducing risk to the lowest reasonably practicable level by taking preventative measures to achieve a hierarchy | Company wide | Ongoing | 2 | 1 | 2 |

						of control is available to all colleagues					
New Variant Covid-19	**All roles**	4	4	16	Multiple COVID-19 variants are circulating globally. In the United Kingdom (UK), a new variant has emerged with an unusually large number of mutations. This variant seems to spread more easily and quickly than other variants. Currently, there is no evidence that it causes more severe illness or increased risk of death. This variant was first detected in September 2020 and is now highly prevalent in London and southeast England. Public health officials are studying these variants quickly to learn more to control their spread. They want to understand whether the variants: • Spread more easily from person to person • Cause milder or more severe disease in people • Are detected by currently available viral tests • Respond to medicines currently being used to treat people for COVID-19 • Change the effectiveness of COVID-19 vaccines. There is no evidence that this is occurring, and most experts believe this is unlikely to occur because of the nature	Provision of the latest information relating to the current and ongoing COVID-19 situation is available to all colleagues in a timely manner and in a range of formats. Recommend that all Corps Security colleagues take up the opportunity to have one of the licenced anti-viral vaccinations as part of the Government roll out of the public health programme Separate guidance will be made available regarding unwillingness of Corps Colleagues to have the vaccine and any impacts this may have on their ability to attend workplaces. Each case will be reviewed individually	Company wide	Ongoing	4	3	12

					of the immune response to the virus.						

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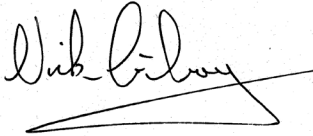| Site Name					Task/Activity Assessed	Administering First Aid		Date	02/02/2021		

Identified Hazard	Who may be at risk?	Risk before Controls			Controls already in place (include Personal Protective Equipment)	Any further controls required	Actioned by (Name/Dept.)	Completion Date	Risk after Controls		
		L	S	Rate					L	S	Rate
Use of Latex Gloves – Anaphylactic/ dermatitis reaction	1st Aider/patients	1	4	4	Review to previous medical history of First Aider.	Washing of hands after wearing gloves. Provision of non-latex gloves where required.	1st Aid staff	On-Going	1	3	3
Dealing with open wounds/blood – Transmission of Infectious diseases	1st Aider/patients	2	2	4	Ensure gloves are worn at all times, washing of hands after First Aid Administered.	Clinical waste to be disposed of in yellow clinical waste bags and collected by specialist waste handler.	1st Aid staff		1	2	2
Dealing with Bodily fluids i.e. Vomit - Transmission of Infectious diseases	1st Aider/patients	2	2	4	Ensure gloves are worn at all times, washing of hands after First Aid Administered.	Clinical waste to be disposed of in yellow clinical waste bags and collected by specialist waste handler.	1st Aid staff		1	2	2
Delivering of rescue breaths in Cardio Pulmonary Resuscitation (CPR) – Transmission of Infectious diseases	1st Aider/patients	2	2	4	Do not administer rescue breaths without using face shield as minimum protection – where no protection available deliver compression only CPR.	Ensure appropriate emergency services are called. Provision of pocket mask with filter for all First Aid Stations/carried in portable 1st aid kits	1st Aid staff		1	2	2
Use of automated External Defibrillator (AED) - electric shock	1st Aider/patients	2	4	8	Guidance included within all 1st Aid courses now. AED have step by step instructions which must be followed	Undertake site specific/equipment assessment	1st Aid staff		1	4	4

Corps Security (UK) Ltd

Site Name		Task/Activity Assessed	Maintaining First Aid Equipment / Availability of 1st Aid staff	Date	02/02/2021

Identified Hazard	Who may be at risk?	Risk before Controls			Controls already in place (include Personal Protective Equipment)	Any further controls required	Actioned by (Name/Dept.)	Completion Date	Risk after Controls		
		L	S	Rate					L	S	Rate
Items out of date	1st Aider/patients	2	2	4	Provision of regular checks to First Aid Equipment	Establish Inspection regime	1st Aid staff	On-Going	1	2	2
Lack of items in first aid kit	1st Aider/patients	2	2	4	Re-stock equipment following any provision of First Aid Treatment.	Completion of Incident report detailing equipment used.	1st Aid staff		1	2	2
Use of automated External Defibrillator (AED) – Battery Failure	1st Aider/patients	1	4	4	Batteries to be checked/charged in accordance with manufacturer's instructions.	n/a	1st Aid staff		1	4	4
Availability of First Aiders – Holiday/Sickness Cover	1st Aider/patients	2	2	2	Undertake First Aid Risk Assessment to establish First Aid requirements for site	n/a	Site Manager		1	2	2

RECOMMENDATIONS

Matters raised in this report are dealt with in accordance with the priorities listed and that a further inspection is arranged by the Contracts Manager to take place within a 2- month period or as current advice changes

Nick Gilroy
Quality and Compliance Manager

☐ **√ to confirm**   **RETURN TO WORK CHECKLIST**

Returning Colleagues

☐ Have we determined the date for recalling colleagues to work and confirmed with each person?

☐ Have we ensured returning colleagues have declared their health status, particularly if returning after sick leave?

☐ Have we established maximum occupancy in each department/area and advise those affected?

☐ Have we continued to ensure colleagues complete the health declaration questionnaire when attending the office until further notice?

☐ Have we re-configured desks/seating if required to ensure minimum distancing (2 metres) **where possible.** *Colleagues should work side by side or facing away from each other rather than face to face where possible. Existing Teams should continue to work together (cohorting) wherever possible.*

☐ Has surplus furniture been removed to ensure that distancing can be easier to accommodate with more room to move about?

☐ Have spare chairs been removed from desks to discourage colleagues sitting close to each other?

☐ Can start/finish times be staggered to limit contact or overcrowding and use of public transport?

☐ Have colleagues got access to facial coverings when commuting? Do we need to provide them?

Consider modifying working hours for office-based colleagues to accommodate travelling. Homeworking should continue wherever possible in the short term.

'Hot desking' should be discouraged. Food should not be eaten at desks to limit contamination

☐ Have we limited meetings in the office*? Meeting room bookings must be limited to accommodate distancing. Continue to conduct meetings via TEAMS, telephone, etc*

☐ Ensure e-learning modules are completed on Coronavirus Awareness and Prevention

There should be no requirement for additional temporary screens to be fitted in offices, however, facial coverings may be appropriate to be worn

Visitors, Facilities, Cleaning and Sanitising

☐ Ensure external and internal signs are in place alerting visitors to restrictions on entry and movement around the building.

☐ Are access requirements shared with visitors in advance?

☐ Are external doors locked where possible to prevent 'walk-in' visitors?

Visitors should be by appointment only.

☐ Are visitors asked remain in a separate area where possible (reception area/side room) and asked to complete a health declaration questionnaire?

Limit the number of visitors to ensure occupancy limits in departments/common areas are not exceeded

☐ Have additional measures been put in place for postal/courier deliveries/collections? What are they?

☐ Have personal deliveries (i.e. Amazon) been stopped from delivering to offices?

☐ Are hand sanitisers available at entry points?

☐ Have cleaning routines been established/re-established with thorough cleaning of shared surfaces throughout the office and common areas in shared property – particularly hard surfaces (desks, work tops, photocopiers, etc), shared facilities (kitchen areas) and sanitary conveniences?

☐ Are cleaning routines in place for vehicles and shared equipment?

An initial thorough disinfectant clean should be undertaken with on-going wipe down of work areas. Appropriate Personal Protective Equipment (PPE) may need to be provided when using cleaning products (disposable non-latex gloves, etc)

☐ Have COSHH assessments been undertaken of any hazardous products with the controls made available to all users of the products?

All disposable cleaning materials (wipes/cloths, etc) and any PPE that is disposed of need to be put into a rubbish bag that is then tied up, safely stored for 72 hours and then disposed of according to local procedures

☐ Are disinfectant wipes, hand sanitiser, cleaning materials and soap and water with a means of drying hands available? What procedure is in place to replenish stocks?

Ensure adequate supplies of drinking water are available. Break out/rest areas must not be overcrowded (stagger break times) and must be cleaned after every use

Best Practice

☐ Are all colleagues aware of the reporting procedure if they demonstrate symptoms of COVID-19 while at work, have recently been at work and tested positive or have been in contact with a confirmed COVID-19 case?

☐ Has a master schedule for all colleagues who attend the office (record of days they attend, not times) been created?

This will enable contact tracing and can be used to support the Application that is being initiated by the Government

Colleagues should refrain from using lifts or congregating on staircases wherever possible to maintain social distancing

☐ Is social distancing being implemented while colleagues are having smoke breaks?

Equipment checks

☐ Have plant and machinery checks re-commenced, including:
- Gas equipment
- Electrical equipment
- Lifting equipment (lifts)
- Fire Fighting equipment
- Vehicle servicing
- Alarms/detectors/CCTV
- Water system checks – particularly if the water system has not been used regularly. Legionella checks need to be maintained as required for water and air conditioning systems

☐ Have emergency procedures been reviewed to ensure social distancing is maintained (i.e. fire evacuation from an office)?

Other site-specific requirements may become apparent – please add an amendment to this checklist!

Name and signature of person completing this form …………………………………………………………

Date completed …………………………………………………………………………………………..

Corps Security (UK) Ltd

HOME WORKING SELF-ASSESSMENT		
Name of Colleague:	Date of Assessment:	Home Working Address
Home Contact Number:	Name of Line Manager:	

*where the home working takes place; a new assessment will be required for each address and any change of address.

To ensure the health and safety of Occasional or Permanent Home-Workers, this Self-Assessment is required, and must be undertaken only **after** completion of the Display Screen Equipment on-line training and Home Working Self-Assessment Checklist.

Completed, signed and dated forms should be returned to your Line Manager who will review and highlight any risks to the Health & Safety Manager and HR Department. Any identified risks must be controlled so that a safe system of work is agreed, recorded and in place **before** Home Working is carried out.

A copy of this form will be retained on your Personnel File and should be completed again at least annually – and/or when there is a change of home-working address.

1. WORKING ENVIRONMENT (where the home working takes place)			
Risk Factors	YES / NO		Comments/Actions
a. Is there sufficient ventilation in the workspace?	☐	☐	

b. Is there sufficient lighting for the tasks you complete?	☐	☐	
c. Is there sufficient heating?	☐	☐	
d. If portable heaters are used are these stable - positioned to prevent toppling - and away from combustible materials?	☐	☐	
e. Is there sufficient space for all the furniture & equipment used? *Note: As a guide, a minimum area of about 2.5m x 2.6m should be sufficient to accommodate all the required items.*	☐	☐	
f. Is flooring in good condition and free from trip hazards?	☐	☐	
g. Is the area on the ground floor or accessible by the normal stairs? *Note: The area must be accessible within the normal habitable domain, and not accessed, for example, via a loft ladder.*	☐	☐	
h. Does your property insurance policy allow for home working? Note: if home working is prohibited, your request to work from home must be refused until your policy is extended to allow this.	☐	☐	

	YES / NO		
i. Does any rental agreement allow for home working? Note: if not required or not applicable, please confirm this in the comments.	☐	☐	

2.	**ELECTRICAL SAFETY**		

Risk Factors	YES / NO		Comments/Actions
a. Is the fixed electrical system in good condition e.g. no signs of scorching or arcing on sockets?	☐	☐	
b. Are there sufficient numbers of sockets to prevent overloading?	☐	☐	
c. Is the home working address fitted with a circuit breaker consumer unit or fused unit?	☐	☐	
d. Are extension leads used? *Note: Cables and extension leads should be positioned so that they are not subject to excessive wear or damage and do not present a trip hazard. A lead with integral surge protection is preferable and highly recommended.*	☐	☐	
e. Does all portable electrical business equipment display an in-date PAT test label?	☐	☐	

3.	**SAFE POSTURE**

Risk Factors	YES / NO		Comments/Actions
a. Have you completed the eLearning module on Display Screen Equipment, including how to set up your workstation to avoid poor posture? *Note: Training is required before you complete this home-working self-assessment and is available via the company portal*	☐	☐	
b. Can the chair be adjusted so that you can sit comfortably to work?	☐	☐	
c. Is the keyboard separate from the screen? *Note: if not, your work position is less easy to adjust. Make sure you take regular work breaks, and ensure you maintain a good posture while working at your keyboard.*	☐	☐	
d. Is it possible to find a keying position that is comfortable to your wrists?	☐	☐	
e. Is the mouse/trackball suitable and work smoothly?	☐	☐	

f. Do you have to read/refer to/copy from documents placed flat on the desk? *Note: This is likely to lead to awkward neck movements and should be avoided by using a document holder.*	☐	☐	
g. Is there sufficient space below the work surface for your legs to enable them to stretch and change position?	☐	☐	
h. Can your feet rest on the floor or do you need a footrest?	☐	☐	
i. Are you likely to regularly use a handheld telephone whilst also using the keyboard or mouse? *Note: If yes, consideration as to the suitability of home working, or possibility for provision of a headset needs to be made.*	☐	☐	
j. Are you aware of the importance of taking regular breaks from computer-based work before fatigue sets in? Note: Set a timer or other reminder to take regular short breaks, plus a longer break for lunch.	☐	☐	

| k. Have you experienced pain or discomfort when using the equipment while working from home?

Note: please include a summary of this in the comments so that the appropriate more detailed discussions can be arranged with you. | ☐ | ☐ | |

4. VISUAL FATIGUE			
Risk Factors	**YES / NO**		**Comments/Actions**
a. Is the screen positioned at the correct height and viewing distance for you? Note: the top of the screen should be level with your line of sight and at about arm's length	☐	☐	
b. Is the screen free from glare or reflections?	☐	☐	
c. Is the screen free from flicker & are images clear & stable?	☐	☐	
d. Can the brightness and contrast of the screen be adjusted by you?	☐	☐	
e. Have you had a recent eye-sight test?	☐	☐	

| f.   Have you suffered from headaches or visual discomfort when working at the computer at home? *Note: please include details.* | ☐ | ☐ | |

| 5.   STRESS | | | |

Risk Factors	YES / NO		Comments/Actions
a. Are there arrangements in place for keeping in contact with your manager?			
b. Is there sufficient segregation from disruptions in order that you are able to maintain the required work/home-life separation? *Note: When working from home, care for children/dependents/pets should be in place as it would be on the days you are working at the office...*	☐	☐	
c. Is support/advice readily available to you to deal with either IT problems or other specific work queries?	☐	☐	

| 6.   EMERGENCY & FIRE ARRANGEMENTS | | | |

Risk Factors	YES / NO		Comments/Actions
a. Does the accommodation used for home working have a smoke alarm? *Note: This is recommended and should be tested regularly. Also consider having a domestic fire extinguisher or fire blanket.*	☐	☐	

b. Have you identified what you will do in the event of a fire? *Note: You should plan your escape route and what you would do if the route was unavailable due to fire/smoke.*	☐	☐	
c. Do you have access to a phone to make emergency calls if necessary?	☐	☐	
d. Are you aware of the Company's accident reporting requirements?	☐	☐	
e. Do you have access to a first-aid kit?	☐	☐	

DECLARATION

By completing and signing this document, I confirm that I have also completed the required on-line Display Screen Equipment training and Home Working Self-Assessment.

Employee Signature:	
Manager Signature:	
Date for next assessment	

ACTION TRACKING

Action taken by employee to address any issues *(the employee should list actions to be taken by them below)*		
Action Required	Action Taken	Date Completed
Action taken by manager to address any issues *(the employee should list actions required of their manager below)*		
Action Required	Action Taken	Date Completed

HOME WORKING SELF-ASSESSMENT CHECKLIST

Please compete this form after reading the company Home Working policy. You can find a copy on the Colleague Portal or request from your line manager or HR Department. Once completed, please return to your line manager and HR Department and keep a copy for your records.

Name of employee:	
Job title:	
Payroll Number:	
Line Manager Name:	

Please tick the appropriate boxes below to confirm you will or have carried out the necessary actions:

	YES	NO
I am able to work from home and confirm that I have read and understood the Home Working Policy		
I confirm that I completed Display Screen Equipment e-learning module and self-assessment, and discussed the recommendations with my manager, and agree with them on the suitability of working from home for my individual circumstances		

I will inform my manager of changes to my home or personal circumstances which could affect the suitability of home working for me e.g. change in caring responsibilities, becoming sick		
If required, I will inform my landlord/mortgage provider of my intention to work at home		
If required, I will notify my insurance company of my intention to work at home and inform them of any additional equipment which has been provided by the company		
I agree to take reasonable steps to ensure the safety and security of company equipment, confidentiality and data		
I am aware and understand my responsibility to notify my manager when I am absent from work due to sickness or any other reason.		
I understand that if I have an accident while working remotely, I must inform my manager as soon as is practicable, seek appropriate medical help, and record the incident through completing an CF 2021 A Accident Incident Report		
I have access to a reliable and secure internet connection		

Colleague signature……………………………………….   Date……………………………….

COMMENTS:

……..

To: **As Distributed**

Copy to: **File**

Date:

From: **Nick Gilroy, Quality & Compliance Manager**

Reference:

Subject: **Enhanced 1st Aid requirements**

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1. Additional 1st Aid Guidance

This guidance is for first responders and others who may have close contact with symptomatic people with potential COVID-19. This includes Security Officers and others who, as part of their normal roles, provide immediate assistance to a symptomatic person until further medical assistance arrives.

2. How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person, which may certainly be the case when administering 1st Aid/assisting a casualty

Respiratory secretions (droplets) containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes.

There are 2 routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2m) or possibly could be inhaled into the lungs.
2. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching door knobs then touching own face).

3. What to do if you are required to assist someone who is symptomatic and suspected of having COVID-19

3.1 Providing assistance:

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in an area away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these should be used.

3.2 Personal Protective Equipment (PPE)

Use and dispose of all PPE according to the instructions and training previously provided by your 1st Aid training organisation. Disposable gloves and fluid repellent surgical face mask is **recommended and, if available,** disposable plastic apron and disposable eye protection (such as face visor or goggles) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE.

3.3 Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a "dynamic risk assessment") and adopt appropriate precautions for infection control.

Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2015 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation in asphyxia arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS website.

4. Hand hygiene

After contact with the individual, wash your hands thoroughly with soap and water or alcohol hand rub at the earliest opportunity.

Avoid touching your mouth, eyes and/or nose, unless you have recently cleaned your hands after having contact with the individual.

There are no additional precautions to be taken in relation to cleaning your clothing/uniform other than what is usual practice.

5. Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings. Public areas where a symptomatic individual has passed

through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that the symptomatic individual has come into contact with must be cleaned and disinfected.

6. If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

7. Contacts of the unwell person

If anyone had direct contact with the individual and makes themselves known to you, advise them that if they go on to develop symptoms (cough, fever), they should follow the advice on what to do on the NHS website.

8. What to do if you become unwell following contact with someone who may be at risk of COVID-19

If you have already been given specific advice from your employer or Public Health England (PHE) about who to call if you become unwell, follow that advice.

Otherwise, if you develop symptoms of coronavirus infection (COVID-19), however mild, you will need to stay at home for 7 days - refer to the advice on the NHS website and the Stay at home guidance.

Nick Gilroy
Quality & Compliance Manager