

# COVID-19 Company Risk Assessment

# **Working Safely**

### The 5 Steps

Assessing the Additional Hazards of COVID-19

Putting Controls in Place

Consulting, Training, and Informing Employees

Completing the Risk Assessment and Checklist

Reviewing the Position Regularly

## **Practical Application of Control Measures**

## **COVID-19 Company Risk Assessment**

Checklist and Risk Assessment for Individual Worker re Covid-19



## **Working Safely**

At the time of writing the government guidance remains, that if employees can work from home then they should; however, we recognise that homeworking is not suitable in all of our roles and many of our roles fall under the key worker categories.

Apart from specific businesses, the government are NOT asking ALL businesses to close if they cannot work from home.

The guidance says: During this time of unprecedented disruption, the UK Government is not asking all businesses to shut – indeed it is important for business to carry on. Only some non-essential shops and public venues have been asked to close – see more detailed information on the businesses and venues that must close, and those that are exempt.

The Chief Medical Officer has stated that the risk of catching COVID-19 in the workplace is low. However, we are aware that employers have a statutory duty to protect the health and wellbeing of employees and never has this been so important in preventing the spread of the virus.

How working is managed both during and following the COVID-19 pandemic is important to ensure that we as a company are meeting our Health and Safety obligations to their employees.

This document helps us to consider the risks associated with the workplace and to help ensure that we have in place controls to reduce those risks to a minimum and acceptable level.



### **The 5 Steps**

We have followed 5 steps:

- Step 1 Assessing the additional hazards that COVID-19 poses to our staff within the workplace
- Step 2 Putting in place controls to reduce the risks as far as possible
- Step 3 Consulting, informing and, where suitable, training staff in the new measures in place
- Step 4 Completing a risk assessment and checklist, and keeping them as part of our health & safety records
- Step 5 Reviewing the position regularly and updating as necessary

### 1. Assessing the additional hazards that COVID-19 poses to our employees

From a health & safety perspective, a risk assessment is always the first place to start when introducing a new piece of equipment or working practice, an incident or near miss has occurred, or, as in this situation, a significant change has occurred in the risks that staff are exposed to. In many cases COVID-19 has radically increased the hazards and risks that the workforce faces both on their journeys to and from work and whilst in the workplace; and the severity of these additional hazards is clear in the UK infection rate, the rate of spread and, sadly, the number of deaths.

We have been completing both individual risk assessments and a company-wide risk assessment to identify the risks that employees could face in the workplace.



The company wide risk assessment will identify suitable controls that take into account the government's guidance on staff health, social distancing and other associated risks in the workplace.

### 2. Putting in place controls to reduce the risks as far as possible

There are several practical, cost-effective measures that we have been putting in place to reduce the hazards that COVID-19 brings to the workplace.

### 3. Consulting, informing and, where suitable, training staff of the new measures in place

Through the issuing of guidelines to all staff and the individual risk assessments that have been discussed with employees and their managers, we have consulted with employees about the additional risks that they may be exposed to, informed them of the possible consequences of these risks and trained them in the new controls that have been put in place to minimise those risks.

### 4. Completing a risk assessment and checklist, and keeping them as part of our health & safety records

We have been collating the individual risk assessments and completing a risk assessment and checklist for the overall Company.

### 5. Reviewing the position regularly and updating as necessary

This unprecedented situation is changing regularly, so it is critical that we keep the situation under regular, formal review. We discuss the ongoing situation in all Business Continuity Meetings and the monthly Managers Meeting.

We are constantly keeping up to date with government and HSE guidance. As the situation develops, we may need to revise our ways of working; this could include putting in additional controls or relaxing measures that have been put in place as the threat recedes.



# **Practical Application of Control Measures**

### Travel to and from the Office

- Employees should take their temperature every morning before leaving for work; if the temperature is raised, he/she should stay at home
- Where possible employees should avoid using public transport
- If public transport must be used, then gloves and masks can offer a greater level of protection
- Coats and other outerwear should be stored away from employees
- All employees should wash their hands thoroughly and for a minimum of 20 seconds when arriving at the office or into a school and at frequent intervals throughout the day
- Hand sanitiser can also be used as an extra precaution

#### Hand Washing

- Employees are provided with access to hot water, soap, and bins to dispose of used tissues
- Employees are reminded of the importance of handwashing
- Posters placed in our offices are an effective way of reinforcing the handwashing message



Paper towels or hand dryers are made available for drying hands

• Washable towels should be avoided in the workplace, even in kitchen areas, as they are a breeding ground for germs, and these will be replaced with paper towels

### Hand Sanitiser

• Where possible, employers should make hand sanitiser available for employees to use while at work

### Social Distancing

- The government guidance states that employees should stay at 1 metre plus apart (best practice 2 metres) as much as possible (at the time of writing).
- Employees and/or employees should work side by side or back to back, rather than face to face as a further precaution
- Desks should be kept apart to provide added protection for employees
- At time of writing we are encouraging staff to only use the office if necessary
- Staff visiting schools should be careful to ensure that they read policies and procedures at the school and follow school guidelines

### <u>PPE</u>

- If social distancing can be maintained effectively within the office environment, then PPE is not necessary
- IOSH recommend that if employees and/or employees cannot maintain 1 metre plus rule, PPE should be provided, and masks should be mandatory



• As a minimum PPE should include face masks and latex gloves

• In offices, there will be a supply of face masks and gloves for staff to use if desired

• Staff that travel to schools have been provided with an initial supply of PPE, this will be topped up where needed either via their manager and HR or by buying PPE themselves at a reasonable price and expensed

### **Cleaning in offices**

- The offices will be cleaned more thoroughly than usual
- Offices will have supplies of spray disinfectant, antibacterial wipes, antibacterial foam or gel and paper towels available
- Employees will be encouraged to regularly clean their desks, especially prior to eating
- All desks will have antibacterial wipes on them to allow staff to regularly clean their equipment and desks
- Toilets and kitchen areas should be cleaned professionally on a regular basis and can be topped up internally by competent employees and/or employees where required

### Breaks & Lunch breaks

- Lunch and/or other breaks should be staggered to avoid employees congregating in communal areas
- There will be restrictions on the number of people allowed in the communal areas at any one time
- Eating at desks is allowed



- During this time, people should bring in food for themselves only and not share cakes or biscuits unless they are individually wrapped
- Hot food preparation should be avoided, and food preparation should occur prior to arriving at the workplace
- Staff are asked to bring in their own crockery and cutlery to reduce the chance of cross contamination

#### **Regular Communication & Consultation**

• It is important to continually remind employees that if they experience a new persistent cough and/or a high temperature they must not come to work and are to isolate as per the government guidance – remembering to follow the organisation's process for reporting absence

• This risk assessment will be shared with all staff and managers will talk this through with their teams

### **Visitor Policy to Offices**

- It is still essential to keep the number of visitors to the office to a minimum
- If you do invite a visitor to the office consider the extra precautions that need to be in place should a face to face meeting need to occur
- Avoid physical contact e.g. handshakes
- Reduce the number of people that attend meetings to those who are critical
- Ensure that you have supplies of soap, hand sanitiser and tissues
- Ask visitors to self-declare that they are not experiencing the symptoms prior to the meeting



- Space seats at least 1 metre plus apart (best practice 2 metres)
- Record contact details of visitors for 1 month in case you need to contact them in relation to a positive case of COVID-19

### A Positive Case of COVID-19

- We have a business continuity/emergency plan for if an employee and/or visitor tests positive for COVID19
- HR is aware of the RIDDOR reporting rules in place if an employee tests positive for COVID-19 and will follow these guidelines

### Mental Health & Stress

- Employers should be mindful that a reduced workforce can mean a heavier workload for those who are continuing to work, and this can lead to stress and/or poor mental wellbeing
- Our policies are being reviewed to ensure that they are fit for purpose
- All employees are encouraged to reach out to their manager or HR if they have any concerns or worries and to get involved in team meetings



### **COVID-19 Company Risk Assessment**

The Management of Health & Safety at Work Regulations 1999 places a legal duty on employers to carry out risk assessments, and to make a written record if there are more than 5 employees. COVID-19 adds a set of new hazards and risks to employees and/or employees, especially when at work, and as a result a risk assessment needs to be carried out with the aim of identifying sensible controls to reduce the risk that employees and/or employees are exposed to.

Likelihood: how likely is it that the harm presented by the hazard will	Severity: what impact or damage could the harm presented by the hazard
occur?	have on a person or persons?
High (3): Harm is certain, or near certain, to occur	High (3): Death or major injury
Medium (2): Harm will often occur	Medium (2): 7-day injury or illness
Low (1): Harm will seldom occur	Low (1): All other injuries or illnesses

Risk rating: Once the likelihood and severity have been determined, the risk can be calculated as shown below:								
	Likelihood	Likelihood						
Severity	3	2	1					
3	High	High	Medium					
2	High	Medium	Low					





1	Medium	Low	Low

Hazard	Significant	People affected	Risk ra	Risk rating		Control Measures	Residual risk rating				
no	Hazards (those that you could reasonably expect to result in significant harm)		L x S =	R		e.g. physical safeguards, training, PPE etc.	L X S =	R			
			L	S	R		L	S	R		

1	Spread of virus	Employees	3	3	Н	Manager identifies employees who may be	1	3	Μ
	from co-workers	Clients visitors				<ul> <li>at risk e.g. underlying health conditions; such employees instructed not to come to work</li> <li>Employees should try to avoid public transport where possible or use PPE</li> <li>Employees instructed not to come to work if they feel unwell</li> </ul>			



						<ul> <li>Employees maintain 2m distance from all in the workplace</li> <li>Disposable PPE available for all staff</li> <li>Office or school guidelines in place</li> </ul>			
2	Contracting virus in the offices e.g. from surfaces, being in schools	Employees Clients Visitors Employees families	3	3	H	<ul> <li>Employees provided with disposable PPE</li> <li>Employees provided with hand washing guidelines and given access to suitable washing facilities</li> <li>Currently staff are expected to work from home wherever possible</li> <li>When offices reopen external visitors should be kept to a minimum and must follow the visitor policy</li> <li>Homeworking arrangements have been made</li> <li>Hygiene supplies bought for all offices including wipes, gel, paper towels, no touch sanitiser dispenser, signage, tape etc.</li> <li>Employees to keep own workstations clean</li> <li>One-way systems introduced where possible</li> </ul>	1	3	M



<ul> <li>Staff to be careful when using the kitchen</li> <li>Paper towels to be used in the kitchen (no fabric towels)</li> <li>Meetings to be remote wherever possible</li> <li>Training to be remote where possible</li> <li>Regular cleaning to be arranged in the offices</li> <li>Employees who become ill at work instructed to self-isolate immediately and inform Line Manager by phone</li> <li>Emergency response plan implemented</li> <li>Employees who need to shield to make arrangements with their manager (discussed in individual risk assessment)</li> </ul>		<ul> <li>Paper towels to be used in the kitchen (no fabric towels)</li> <li>Meetings to be remote wherever possible</li> <li>Training to be remote where possible</li> <li>Regular cleaning to be arranged in the offices</li> <li>Employees who become ill at work instructed to self-isolate immediately and inform Line Manager by phone</li> <li>Emergency response plan implemented</li> <li>Employees who need to shield to make arrangements with their manager</li> </ul>
---	--	---



3	Contracting virus in a school	Employees	3	3	H	<ul> <li>Individual risk assessments carried out with manager</li> <li>Employees instructed to follow school guidelines, processes, and procedures</li> <li>Employees provided with disposable PPE</li> <li>Employees provided with hand washing guidelines and given access to suitable washing facilities</li> <li>Employees clean surfaces with disinfectant</li> <li>Employees to carry charged mobile phone at all times</li> <li>Employees who become ill at work instructed to self-isolate immediately and inform Line Manager by phone</li> <li>Emergency response plan implemented</li> <li>Employees who have family members with underlying health conditions to continue to discuss with manager</li> <li>Regular guidelines to be sent out</li> </ul>	1	3	M
4	PPE shortage or accessing PPE	Employees Clients	3	3	Н	<ul> <li>Stock held at offices</li> <li>Employees to purchase PPE (at reasonable cost) where needed</li> </ul>	1	3	Μ

Version: 1.0 Release date: July 2020 Review date: September 2020 Authorised by Sally Bannister

H:\Health & Safety\Company COVID-19 Risk Assessment v 1.0.docx



		Visitors				<ul> <li>Manager to withdraw employees in circumstances where the situation is deemed too dangerous</li> </ul>			
5	Workers suffering from stress – workload, worry about virus	Employees Employees Families	2	2	M	<ul> <li>Manager in regular contact with team</li> <li>Employees provided with phone numbers of Manager and HR for use at any time</li> <li>Employees informed of signs of stress to look out for</li> <li>Workloads monitored to ensure individuals are not overworked e.g. covering for sick colleagues</li> <li>EAP available for all staff via app, phone and the newsletter and factsheets are sent monthly by HR</li> </ul>	1	2	L
6	Employees contracting the virus during travel	Employees Employees Families	3	3	Η	<ul> <li>Employees encouraged to walk to work, or to use own vehicle</li> <li>If public transport must be used, employees instructed to maintain 1 metre plus distance from fellow passengers (2 metres if possible)</li> <li>Initial stock of PPE provided to staff in London</li> </ul>	2	3	H



						<ul> <li>Staff instructed to purchase PPE where needed within reasonable cost or to receive help from HR</li> <li>Employees to wash hands for 20 seconds upon arriving at work</li> <li>Cyclescheme available for staff that wish to use the scheme</li> </ul>			
7	Homeworking – back pain, set up and other issues	Employees	2	2	M	<ul> <li>Managers carrying out a homeworking checklist and viability check with all staff.</li> <li>Ensuring that staff have appropriate equipment</li> <li>Reviewing DSE assessments</li> <li>Back pain webinar organised</li> </ul>	1	2	L
8	Lone working – increased risk of stress and lack of assistance if fall ill	Employees	3	3	Н	<ul> <li>Lone employees carry charged mobile phone at all times</li> <li>Lone employees to advise manager if working anywhere on a site on their own (not home) and agree regular calls if that is the case</li> <li>See items in home working (point 7)</li> </ul>	1	3	M
9	Poor communication. Lack of	Employees	3	2	Н	<ul> <li>Senior managers to monitor government website and update employees accordingly</li> </ul>	1	1	L

Version: 1.0 Release date: July 2020Review date: September 2020Authorised by Sally Bannister

H:\Health & Safety\Company COVID-19 Risk Assessment v 1.0.docx



	5
information could	<ul> <li>Regular emails from MD and HR to keep</li> </ul>
lead to raised	employees up to date
stress levels,	Employees provided with phone numbers
incorrect working	of Manager or HR for use at any time
practices, feeling	<ul> <li>Team meetings and calls arranged to</li> </ul>
of isolation	support staff



### Checklist and Risk Assessment for Individual Worker re Covid-19

### <u>Step 1</u>

The checklist should be completed first: this will help you to identify any hazards to the worker. For each point, consider whether it is part of their work and if so, how it may affect them personally. On occasions their work may affect others, and this should also be considered.

### <u>Step 2</u>

Where you have identified a hazard in the checklist and identified there is a hazard and assessed the risk to the worker by determining existing controls/further action required, enter this onto the risk assessment form. You will then be able to put any control measures in place to eliminate the risk or reduce it to an acceptable level for the worker.

### <u>Step 3</u>

Go through any other potential hazards that may not have been included in the initial list.

### Step 4

Ensure that you both sign the form or agree via email

### <u>Step 5</u>

Return to HR and discuss any issues that need further assistance.

### **Further information**

At the end of this form, after the initial risk assessment, you can find information about:

- Minimising risk
- People at Moderate Risk Clinically Vulnerable
- People at High Risk Extremely Clinically Vulnerable
- Guidance from the D of E 12<sup>th</sup> May 2020 re Effective infection protection and control in schools and
- Personal protective equipment (PPE) including face coverings and face masks
- Asthma Shielding Advice

### Note

This checklist is not exhaustive: other issues with the worker's work conditions/place may need to be considered. The risk assessment should be reviewed on a regular basis and any necessary control measures put in place.



### Individual Worker Risk Assessment

Employee's name:	Date:
Job title:	Line Manager's Name:
Form completed by:	

Any known recommendations made by Doctor and/or Occupational Health Specialist:

Covid-19 exposure		Yes/No	Existing control/Further Action Required		
Where needed identify the additional control measures introduced to mitigate the risk.					
1.1	<2m distancing: Are employees required to carry out work in breach of 2 metre social distancing from both work colleagues and non-employees				
1.2	Contaminated surfaces: Does the work involve touching surfaces that are potentially contaminated				
1.3	Inadequate welfare facilities: Are welfare facilities inadequate to facilitate regular handwashing e.g. lack of number of facilities or lack of soap and hot water				
1.4	Pre-existing chronic conditions: Does the employee have any known pre-existing chronic condition (listed below) that may make them more vulnerable if exposed to the covid-19 virus				
1.5	Increased vulnerability: Has the employee expressed concern about any other condition which they feel would make them more vulnerable e.g. mild asthma				
1.6	High risk work environment: Is there a higher risk of infection due to the work environment e.g. hospitals, mortuaries, densely populated workplaces etc				



1.7	High risk of infection: Is there a higher risk of infection due to the geographic location e.g. areas with high infection rates	
1.8	Has the site where the employee is working had appropriate measures put in place? If unsure, please ask HR for the office risk assessments or ask the school for their measures and procedure documents.	
1.9	Travel: is it possible for the employee to avoid public transport. If the employee needs to use public transport discuss ways of minimising the risk and reducing the need to travel where possible.	

### **Any Further Identified Risks**

Source of Hazard	Control measures in place now	Still moderate or high risk?	Further action required, by whom, timescale or refer to other assessment

Signed by Line Manager.....Signed by Employee

.....

(the employee understands that this may be shared with schools where needed or requested)



### How to minimise the Risk

When assessing the infection risks to staff the following controls should be considered:

- avoiding having to work in areas where there is a known covid-19 sufferer where possible
- always ensure safe distance (2 metres) is maintained between individuals, if not possible for certain activities then minimise time spent in closer proximity
- wearing gloves, where practicable, to prevent contact with potentially contaminated surfaces
- ensure employees have the facilities to carry out regular hand washing or hand sanitiser
- provide employees information about the symptoms and the control measures required
- provide employees with the correct PPE where needed
- employees to report situations which they feel may have exposed them to the virus

The level of risk will depend on.

• the work environment; the type of work carried out; the distance that can be maintained between the employee and any possible source of infection; the level of hand cleaning regime in place; the level of information provided; the effectiveness of existing controls that are in place

### People at Moderate Risk (Clinically Vulnerable)

Current advice is those 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. But they can go out to work (if needed) and for food and exercise. If 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 must spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk. Clinically Vulnerable includes those aged 70 and over or those that have several conditions listed on the Gov.uk website found at

https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-athigher-risk-from-coronavirus/

### People at High Risk (Clinically Extremely Vulnerable)

Current advice is if you are at high risk you should have had a letter from the NHS, and you should be shielding and not leave your home for any reason. The list is available from the link above.



### Guidance from the D of E 12<sup>th</sup> May 2020

### Effective infection protection and control in schools

There are important actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, 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)

#### Personal protective equipment (PPE) including face coverings and face masks

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children, and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.



Most staff 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 1 metre plus (best practice 2 metres) from others. PPE is only needed in a very small number of cases including:

- children, young people, and students whose care routinely already involves the use of 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 1 metre plus (best practice 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

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE to operate safely, they may approach their nearest local resilience forum.

#### Asthma - Shielding advice for very high-risk groups

Who should be shielding? What if I don't get a letter? What to do if you are shielding Shielding and employment Supporting your wellbeing while shielding

The Government has released guidelines for people who would be at very high risk if they caught coronavirus because they have a severe respiratory condition, including severe asthma. Most people with asthma who are in the very high-risk group have already been contacted by letter or text message. You may also be contacted about shielding in future if your diagnosis changes and you become part of the very high-risk group, or if you are added to the very high-risk group by your doctor.

In Scotland, the criteria for shielding are very slightly different. Please contact your doctor or hospital clinician to discuss your concerns if you think you may need to shield and have not yet received a letter.

Current advice from Government is that:



- If you have already received a letter or text message, you should follow the shielding advice.
- If you have not been contacted and you are concerned, you should discuss your concerns with your GP or hospital doctor. In the meantime, the NHS says you may wish to follow the shielding guidance.
- If you have received a letter, you should register with the Government for shielding support, even if you don't feel you need it. You can register yourself, or on behalf of someone else. You can do this online, or by calling 0800 028 8327, the Government's dedicated helpline.

Who should be shielding?

The NHS now say that you would be considered at very high risk if ALL THREE of these things apply to you:

- You have asthma, AND
- You are taking certain extra controller medicines as well as a preventer inhaler (for example, you are taking Montelukast, salmeterol or formoterol, or you are on a combination inhaler like Seretide, Fostair, Symbicort, Flutiform, Fobumix, DuoResp Spiromax, Combisal, Sereflo, Sirdupla, Aloflute, AirFluSal, Relvar Ellipta, Fusacomb or Stalpex), AND
- You are taking continuous or frequent oral steroids.

The British Thoracic Society also says that you are at very high risk if:

• You are taking a biologic therapy for severe asthma.

We will update this advice if anything changes and we will continue to push for the right people to be identified and contacted, and the right support for people with asthma who need to shield. We will also monitor how all guidance is being implemented to ensure people with asthma are sufficiently protected and supported.

What if I do not get a letter?

If you think that you are at high risk from Covid-19, but have not been contacted, it may be because your GP or hospital clinician is still working through their patient lists or have judged, on the basis of the guidance, that you do not fall into the extremely clinically vulnerable group. If you are still concerned, you should discuss this with your GP or hospital clinician.

There is no cut-off point for being added to the shielding group – you can be added any time, if you have one of the conditions in the agreed clinical list described above.

You may feel frustrated if you think you should be shielding, but your GP or your specialist does not agree. You can make the personal decision to shield but you will not be eligible for government support. You can get support from the mutual aid networkor your local council and you should talk to your employer. This ACAS advice for employees who want to shield may be useful when talking to your employer.



The government advises people to shield only if you fall into the at-risk groups defined on this page. Think about the extra benefit you will get from shielding as opposed to social distancing and weigh it against the impact on your mental and physical wellbeing of the significant loss of social contact and staying at home for a long time.

What to do if you are shielding

- Stay at home at all times and avoid any face-to-face contact with others until the end of June.
- Get food, medicines and other essential items delivered, and have the person delivering them leave them at the door. You can ask friends and neighbours to help with this or use delivery services.
- Register with Government to tell them if you need extra services. If you need to, you can also get support from the NHS volunteer responders or a local mutual aid network.
- Use phone or online services to contact your GP or other services if needed.
- Inside your home, minimise all non-essential contact with other people you live with.
- People who provide essential support for you, such as healthcare or support with your daily needs or social care, can still come to your home. But if they have symptoms of COVID-19, they should not come. You should plan for how your care needs will be met if your carer becomes ill.
- If you get symptoms of COVID-19, which means a fever or a new continuous cough, use the NHS 111 online coronavirus service or call 111 as soon as you get symptoms. Do not wait for your symptoms to get worse.
- If someone else lives with you, they do not have to follow the shielding guidance. They should follow the social distancing guidance very closely and do what they can to support you with shielding.
- There is more information for people who live with you in the government shielding guidance and we would strongly suggest you read it and apply it as much as you can.

#### Shielding and employment

If you have a shielding letter, your employers should be supporting you in shielding. If you can work from home in your job, it is fine for you to continue working while shielding, as long as you are well. If you cannot work from home, you should not be working while shielding.

