

Principles to Guide the Risk Assessment of a COVID-19 Incident in the Workplace

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PURPOSE

These principles provide a framework on how to approach and handle outbreaks and incidents of COVID-19 in the workplace in a consistent way. They should be applied to all outbreaks and incidents. All principles must be considered together, with input provided from a multi-disciplinary incident management team in order to inform decision-making. Each situation will be different, and some of the principles may assume a higher weighting in certain outbreaks than in others, for example, due to wider local factors.

BACKGROUND

When notified of COVID-19 workplace incidents/outbreaks, local health protection teams should undertake a risk assessment to ascertain if there is a significant public health risk and the extent to which the workplace contributes to that risk by assessing the potential routes of transmission in the workplace. The risk assessment should be continually reviewed and updated over the course of the outbreak and take account of new evidence and information.

The information gathered should include the following:

- Workforce: number of employees, total and by sub-site & shift, sickness records, numbers affected and rate of increase, number of vulnerable employees
- Site configuration: layout of office and work areas, lines/manufacturing stations
- Measures taken to ensure social distancing
- Use of face coverings and Personal Protective Equipment (PPE), where applicable
- Cleaning of the environment
- Compliance with self-isolation guidance for cases and workplace contacts
- Adherence to company policy
- COVID-19 safe home to work travel arrangements
- Employment of staff in other places of employment (agency workers or second jobs)
- Potential routes of transmission outside the workplace

Following the risk assessment, public health advice would be given regarding control measures to reduce the risk of transmission in the workplace and associated

contacts. Where necessary, an Incident Management Team (IMT) will be established involving a range of stakeholders to agree further investigations and make additional recommendations to control the outbreak.

Urgent tracing of all relevant cohorts or segments of a workforce should be a top priority, to enable an accurate, evidence-based assessment of transmission, including whether the workplace is a primary factor in transmission.

The IMT should prioritise close liaison with DHSC on the provision of on-site and mobile testing facilities across the local community for COVID testing where this is needed. The workplace has a responsibility to work closely with the IMT to facilitate early and comprehensive testing. For example, it should make space available for testing, and engage with staff to communicate where they can be tested, stressing the importance of doing so in order that they can continue to work.

If the outbreak is largely confined to one segment of the workforce, it may be possible to limit measures to that group. It should not be assumed that an outbreak in a specific part of a workplace means that everyone in the workplace is a contact. This paper outlines a range of principles that will help guide the decision-making process to control the transmission of COVID-19 in a workplace, including, where necessary, a recommendation to close premises.

These principles have been developed following investigation and learning from a series of workplace incident / outbreaks associated with COVID-19 and from previous infectious disease events. In the absence of a robust evidence base these principles represent professional consensus based on expert opinion and judgment.

PRINCIPLES

All the principles should be considered by an IMT when making decisions on how to respond to an outbreak. It is important to note that not all factors will be relevant to all situations and it would be unusual for a single factor alone to be the only determinant for the recommendation to close. All decisions must be based on all the available evidence, including public health considerations, the impact on the business, critical national infrastructure including security/supply of essential goods and animal welfare concerns, the local community and the welfare of employees.

While public health concerns should always be paramount, the aim should be to keep workplaces open wherever possible, through isolation of cases and their contacts and strengthening implementation of physical distancing and other protective measures where these are found to be inadequate. Where this is not possible, parts of the workplace could be closed where there is evidence that transmission risk is partly workplace based and confined to specific areas or staff groups; for example, facilities, cohorts or shifts. Where there is full or partial closure, the aim should be to reopen at the earliest opportunity, subject to public health concerns being addressed and enough staff to safely carry out the work.

A risk assessment matrix is included in Appendix 1 to help coordinate and quantify the risk assessment.

1. Inherent risk in the workplace and working practices

While evidence is still limited, some manufacturing processes appear to be inherently at a higher risk of transmission in the workplace. Cool/ambient temperature and difficulties in implementing social distancing for some manufacturing processes are some possible factors. Particular focus should be given to parts of the workplace with the highest risk of transmission.

2. Attack rate

Where large numbers of the workforce are affected, evidence should be sought for potential transmission in the workplace. This will include cases working in a defined area of the premises, working on the same shift and potential for exposure. Considerations should include whether particular segments of the workforce are most affected, for example, one cohort of staff, or a team working on the same shift pattern, or staff located in a specific physical area of the workplace. If the outbreak is largely confined to one segment of the workforce it may be possible to limit measures to that group. The cohorting of staff by function or area of work may help to mitigate further transmission. Indeed, there are many positive benefits for the management of a workforce in taking a proactive approach to cohorting – so that in the event of a case workplaces can rapidly and easily define their cohorts and minimise risk of wider shutdown. It should not be assumed that an outbreak in a specific part of a workplace means that everyone in the workplace is a contact.

Understanding cohort and shift pattern arrangements is essential to reduce the risk of more than partial closures of businesses as complete closures may have significant impact on food supply and other essential businesses to support the population.

From our understanding (as of 10 September 2020) of 137 reported outbreaks in workplaces with 100 or more staff, the overall attack rate is 2.5%, that is 2.5 cases for every 100 employees. The lowest reported was 0.06% (3 staff in a workforce of 5000 in a car manufacturing plant), and the highest was 52.8% (123 of 233 tested positive in a fruit and vegetable farm). The average attack rate is 3.9%, with a median of 1.9%, indicating a negative skew towards lower attack rates. Eleven of the 137 outbreaks had attack rates greater than 10%, and only 5 were greater than 15%. Of the five with the highest attack rate, three were in food production premises and two in furniture manufacturers.

It is worth noting that attack rates are often calculated over the duration of an outbreak and the decision to test asymptomatic workers can increase the overall attack rate. Hence, the attack rate may change during the course of an outbreak and should not be considered in isolation. It is also not advisable to set a threshold for action, but the attack rate should be considered alongside other principles. Higher attack rates may signify a greater likelihood of transmission in the workplace, unless there is evidence of transmission through contact outside the workplace.

3. Physical workplace risk controls

All workplaces should have implemented control measures. HSE or local authority Health and Safety, or where relevant, the FSA can assess these. The focus should be on the employer's risk assessment, the adequacy of the workplace control measures and the implementation of those measures.

Particular attention should be given to means of transport to work (shared transport), access/entry times to the sites and common areas, including changing rooms, canteen or break areas, changing rooms, toilets, corridors and other shared facilities such as smoking shelters. Some workplaces and work processes are not conducive to appropriate social distancing in terms of the separation of individual members of staff. Mitigations include hand and respiratory hygiene, regular cleaning, social distancing and the installation of Perspex or use of transparent screens. Where social distancing is not possible, measures to limit the duration of exposure should be in place.

4. Transmission risk outside work

Consideration should be given as to whether transmission is occurring in the community rather than the workplace. Outbreaks associated with workplaces may not be caused by workplace transmission but may instead be related to transmission and contact outside work. This may include social mixing outside work, shared accommodation, car sharing or alternative types of home-to-work transport. Where evidence suggests transmission is outside work, the definitive solution is unlikely to be closure of the workplace.

Employers play an important role in providing advice to staff to reduce the risk of transmission outside work and COVID-19 safe home to work travel. The degree to which employers have implemented such measures should be considered.

Consideration should also be given to the behaviour/actions of workers if the premises closes were to close – if there are large numbers of agency workers they may go and work elsewhere, thus actually facilitating the spread of the virus.

The IMT should prioritise support for individuals who are required to self-isolate, taking account of local factors and working proactively with local agencies and partners to ensure that individuals who must self-isolate are supported to do so successfully. This may require extensive support at local agency level, depending on local circumstances and community factors.

If assistance is required, such as provision of welfare support to workers who are instructed to self-isolate, the NHS Test and Trace Regional Team should provide advice. Payments are available for people self-isolating in designated high-risk areas of the country (guidance is [here](#)).

5. General hygiene measures

The business should have facilities to promote good personal hygiene, including the adequate provision of hand sanitiser, toilets and hand-washing facilities, and regular environmental cleaning. Inadequate provision of facilities should be considered in the risk assessment. Monitoring and verification of the effectiveness of the cleaning and hygiene should be undertaken by the management of the business and considered as part of the risk assessment.

6. Degree of confidence in the management team of the business

The leadership and engagement of the management team for the business are critically important in implementing control measures to protect staff from COVID-19 in the workplace. The degree of confidence is demonstrated by the measures put in place prior to the outbreak, the pace of action in response to the outbreak, the level of engagement with the HPT / LA and the implementation of recommendations made by the IMT.

7. Quality and ease of communication with staff

Good communication and engagement with workers is an important aspect of control of transmission in the workplace. These should be regular, appropriate and effective. Two-way communication should be encouraged. Such communications should include consideration of members of workers for whom English is not their first language or who have poor literacy.

8. Level of staff anxiety

Workers may be anxious about the work environment and may not be confident in the measures that have been implemented. An IMT should seek to understand the reasons for the anxiety, either directly or indirectly through staff representatives or unions, and support successful implementation of the measures.

9. Number of public contacts

Where workplaces are accessed by members of the public, the degree to which the public mix with members of staff should be considered. Social distancing measures for the public should be reviewed as part of the risk assessment. Where central government/agencies or local authority staff are required to work on site, each organisation should have risk assessment and mitigation controls in place for their staff.

10. Level of media, public interest or concern

Outbreaks in workplaces are often reported in the media, including broadcast, printed and social media. Where this is significant and adverse, the IMT should develop an understanding of the reasons for the coverage.

11. Critical National Infrastructure (CNI)

CNI assets are essential for the functioning of society and the economy. These include food production and distribution, water supply, electricity generation, transmission and distribution, telecommunication, healthcare and emergency services.

For outbreaks in premises related to Critical National Infrastructure (CNI), additional considerations will apply. Decisions should be considered with input from the relevant government department/s.

12. Sector-specific issues

There may be additional issues that are specific to a sector. These are included as appendices in this document and should be considered alongside the other principles. See Annex 1: Food and Farm Settings. Guidance for the response to a workplace COVID-19 incident.

RECOMMENDED ACTIONS

Recommendations for actions to reduce the risk of COVID-19 in the workplace and amongst staff should be considered by an appropriately represented IMT¹, recorded in the minutes of the meeting and communicated formally by the chair of the IMT to the business. The IMT should ensure that the appropriate regulators (Health and Safety Executive or local authority Health and Safety) are involved in the decisions.

A recommendation to close a workplace should not be taken lightly and should be made after due consideration is given to all the principles in this paper. Ideally, there should be consensus among IMT membership on whether to recommend closure. However, if agreement cannot be reached the ultimate decision regarding whether to recommend closure rests with the chair of the IMT. The final decision to close should be made in conjunction with the relevant regulator(s) and the appropriate agencies and government department(s), such as FSA, DEFRA, BEIS, HSE and MHCLG.

Businesses may wish to close voluntarily due to business continuity reasons, for example, where there are insufficient staff to continue working safely. If a business does not close voluntarily then an assessment should be made as to whether it is appropriate and proportionate to use legislation. Where necessary, steps should be taken to enforce closure using the powers outlined below.

POWERS TO ENFORCE CLOSURE OF A BUSINESS

Guidance is available on the closure of specific premises or public places².

¹ [Communicable Disease Outbreak Management Operational guidance. PHE 2013.](#)

² Closing certain businesses and venues in England. <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/closing-certain-businesses-and-venues-in-england>

“Both a local authority or the Secretary of State for Health and Social Care have the power to direct the closure of, or to restrict access to, a specific premises or public outdoor place where this is necessary and proportionate to manage a serious and imminent threat to public health relating to coronavirus in England. Exercise of this power is subject to a right of appeal by an owner or occupier to a Magistrates Court (or, if used by a local authority, through representations to the Secretary of State). Where this power is used, people will not be allowed to enter or remain in the premises or outdoor place without reasonable excuse (such as that the person lives or works in the restricted area). Local authorities must advertise the extent of the restriction and they and owners/operators of the place subject to the restriction must take reasonable steps to restrict access of people visiting the area. Failure to comply can be a criminal offence”

The Health and Safety Executive (HSE) and Local Authorities have regulatory responsibilities for workplaces, which is set out in a summary document³.

“Inspection and enforcement of health and safety law is allocated to either HSE or LAs by the Health and Safety (Enforcing Authority) Regulations 1998, according to the main work activity being undertaken. HSE has a central policy role for the regulation of health and safety at work in Great Britain. This includes setting the risk-based regulatory approach that should be adopted by LAs, which is outlined in the national LA Enforcement Code ⁴.

If closure is recommended but the business declines to comply then consideration needs to be given about whether the use of legislation is appropriate and proportionate. Legislation which might apply includes:

- Health and Safety at Work Act 1974
- The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020⁵
- The Health Protection (Part 2A Orders) Regulations 2010⁶

HSE have published specific guidance on its role in test, trace and outbreak response⁷. “HSE has powers to stop activities which involve a risk of serious personal injury (Prohibition Notice) and to require improvements to risk control where there is a breach of the law (Improvement Notice). The minimum statutory period for compliance with an Improvement Notice is 21 days. HSE would be acting outside of the law if it used those powers to act on public health matters which are outside the purpose of HSWA.”

³ [Regulation of Health and Safety at Work. HSE 2014.](#)

⁴ [National Local Authority Enforcement Code.](#) Health and Safety at Work

⁵ Local authority powers to impose restrictions: [Health Protection \(Coronavirus, Restrictions\) \(England\) \(No.3\) Regulations 2020.](#) DHSC 2020.

⁶ [The Health Protection \(Part 2A Orders\) Regulations 2010](#)

⁷ Guidance for public health bodies explaining HSE’s role in test, trace and outbreak response. <https://www.hse.gov.uk/coronavirus/assets/docs/public-health-audience-hse-role.pdf>

It should be noted that some premises are categorised as essential infrastructure and may not be closed using the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 powers - <https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020>.

However, the list is not exhaustive, and local authorities should use their discretion to consider whether premises could be considered essential local or national infrastructure before using the power.

CONSIDERATIONS FOR RE-OPENING

Every effort should be made to provide support for the planning for the re-opening of the business if closed in part or fully as soon as any discussion on closure or part closure is made and guidance on how to reopen should be provided as quickly as possible.

Confirming the re-opening of a premises should be a decision of the IMT, together with the appropriate regulatory body based on the following:

- Compliance with any recommendations or improvement notices regarding exclusions and the installation of cleaning facilities to promote good personal hygiene, including the adequate provision of hand sanitiser, toilets and hand washing facilities; and environmental cleaning to a satisfactory level.
- Implementation of a COVID-19 safe environment to ensure that the risk of further transmission in the workplace is reduced to a minimum. Guidance available [here](#).

Appendix 1: Risk Assessment Matrix – Principles to guide of the assessment of risk in workplace premises affected by COVID-19

Considerations	Level of Risk*		
	Low	Medium	High
1. Inherent risk in the manufacturing process			
2. Attack rate			
3. Physical workplace risk controls			
4. Transmission risk outside work			
5. General hygiene measures			
6. Degree of confidence in the management team of the business			
7. Quality and ease of communication with staff			
8. Number of public contacts			
9. Level of staff anxiety			
10. Level of media, public interest or concern			
11. Critical national infrastructure			
12. Sector-specific issues (refer to annexes)			

** Further work is being developed to describe the weighting and thresholds for the rating of each risk.*

Annex 1: Food and Farming Settings: Guidance for the response to a workplace Covid-19 incident. DEFRA.

PURPOSE OF THIS DOCUMENT

In the event of an outbreak at a food and farming site, this Annex should be considered alongside guidance set out within the 12 Principles to guide an assessment of the response to a workplace Covid-19 incident before any decisions are made on the appropriate actions to take.

It should also be considered in conjunction with the current, more general PHE guidance on Covid-19 for food businesses, which can be found at:

<https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses>

Risk-assessments should cover all the aspects below and should be undertaken by multi-disciplinary IMT teams.

APPLICATION OF PRINCIPLES TO FOOD AND FARMING SETTINGS

While public health concerns should always be paramount, impacts on food supply, animal welfare and businesses should also be thoroughly assessed and accounted for in any decision. The aim should be to keep food factories operating wherever possible, subject to public health concerns being addressed.

To support this approach and recognising the importance of Critical National Infrastructure (CNI) for maintaining food supply, decisions must be considered with input from relevant government departments who should be notified immediately once an outbreak is identified. Relevant departments should also be invited to attend meetings of the IMT or any relevant sub-groups reporting to the IMT:

- On national food supply and food supply chains (Defra)
- On animal welfare, on-site and on supplier farms (Defra)
- On business and wider economic impacts, e.g. on the hospitality sector (BEIS)

Any food supply impacts resulting from a local incident should be considered in a national context, taking into account other concurrent UK outbreaks; e.g. via the participation of relevant government departments in IMT meetings.

The following five steps should be followed in the event of a food plant outbreak:

1. Early decision-making based on known case numbers

Steps should be taken to quickly establish the number of positive cases in the individual workplace. The business should engage fully with the IMT to support rapid testing of the workforce. This will include making space for testing on-site and communicating to staff the importance of engaging with the process. It will be important to communicate fully with staff, utilising appropriate language translation services and methodologies if required, to ensure that the entire workforce is clear about testing requirements, new working arrangements and any additional safety measures in place within the plant.

2. Isolation of positive cases among employees

There should be strict isolation of positive cases together with their contacts at work and in their private life. Where there are positive cases across the plant, steps should be taken to fully understand the extent of the spread and its concentration in particular parts of the factory (e.g. cutting rooms, where risks may be inherently higher).

3. Maintaining food plant operations

It should not be assumed that an outbreak in a specific part of a factory, shift or cohort, implies that all workers in these segments, or the factory as a whole, are contacts. This will depend on the effectiveness of segmentation, social distancing and other protective measures and can be ascertained by Testing and Tracing the contacts of those that are infected. Serious consideration should be given as to whether transmission is occurring in the community rather than the workplace.

Subject to segmentation and protective measures being in place, those testing negative could be allowed to continue working, if the business risk assessment and IMT team suggest it is safe to do so. Where attack rates are higher, and in parts of factories that are inherently more prone to transmission, consideration should be given as to whether a risk-based approach is possible. This could include protective measures, bubble working, ongoing and repeat further testing, and strict self-isolation away from all community and social contacts outside of work (this could be through on/off-site accommodation).

Where there are on-site slaughtering facilities, and those are proven safe to operate, strong consideration should be given to maintaining these for animal welfare reasons, noting that keeping animals on farms or culling them may have repercussions for upstream farms and suppliers and animal health.

4. Workforce - additional support

Investigations may be made as to whether additional staff, e.g. casual staff and/or employees who have been on leave or completed self-isolation, could be brought in to support sites to remain open.

5. Plant Closure - circumstances where closure may be warranted

If the aforementioned mitigation methods have been exhausted or deemed insufficient, consideration should be given to the closure of the facility; for example, where there is a combination of very high positive testing and contact tracing amongst the workforce, with limited evidence that social distancing measures are being implemented. If there is a strong case for closure, interventions should be targeted at those segments of the factory (e.g. shared facilities, cohorts, shifts) where attack rates and risks are highest (e.g. cutting rooms). Closure of a whole factory should be seen as a last resort, and any decision to close should fully account for food supply and animal welfare impacts.

If there is a recommendation to close, it is important to note food premises can be regarded as Critical National Infrastructure. Such a recommendation should be

escalated at a national level to PHE, DHSC JBC and Defra for a final decision with the Secretary of State.

Where full or partial closure is necessary, the aim should be to reopen at the earliest opportunity with social distancing measures in place and test and trace results which allow reasonable evidence to support return of the workforce, subject to public health concerns being addressed.

Defra
Food Farming Sectors and Trade
13th October 2020