



COVID-19 Safe Workplace Checklist

As the Government and NI Executive contemplate easing COVID-19 related workplace restrictions, employers must start considering how best to cope with an array of issues including how to restart operations, reconfigure the workplace, reintegrate remote-working or furloughed employees, implement new safe working practices, ensure on-going compliance to social distancing measures etc. Employers who proactively plan for these challenges will be best positioned to adapt to the "new normal".

While not exhaustive this checklist is focused on helping employers identify practical measures to consider in order to make their workplace safe. You must, of course, ensure that your business is complying with all the latest guidance, rules and restrictions on when and how it can operate. We therefore suggest that you complete this checklist in tandem with reading the guidance below and any other guidance that is relevant to your business / sector.

| www.gov.uk | gov.uk guidance COVID-19 working safely |
|--------------------------------|---|
| NI Direct | nidirect.gov.uk COVID-19 |
| nibusinessinfo.co.uk | nibusinessinfo.co.uk |
| Health and Safety Executive NI | hseni |
| Public Health Agency | pha |
| Health and Safety Executive | hse |

Hierarchy of Risk

Risks should be reduced to the lowest reasonably practicable level by taking preventative measures. The table below sets out the order to follow when planning to reduce the risks from COVID-19. Consider the headings in the order shown, do not simply jump to the easiest control measure to implement i.e. providing PPE.

| 1. Elimination | Redesign the job, workplace or workflow so that the hazard is removed or eliminated. For example, create one-way flows and move tables, desks, equipment to respect respect the social distancing requirements. |
|--|--|
| 2. Substitution | Replace the material, process or practice with a less hazardous one. Care should be taken to ensure the alternative is safer than the original. |
| 3. Engineering Controls | Use equipment or other means to control risk. Separate the hazard from workers by methods such as enclosing, guarding, screening etc. |
| 4. Administrative Controls | Reduce the time employees are exposed to the hazard. For example, job rotation, split shifts, stagger start / finish times / breaks etc., increase safety signage and performing regular risk assessments. |
| 5. Personal Protective Clothing and Equipment | PPE should not be your starting point. If chosen, PPE should be selected and fitted by the person who uses it. Your people must be trained in the correct function and limitations of each item of PPE, including - correct donning and doffing. |





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Businesses need to ask some critical questions about their workplaces and how they will be able to comply with COVID-19 social distancing measures when they resume working. Use this checklist to identify possible areas that you will need to action to comply with COVID-19 measures and restrictions in the workplace.



Consider the following questions and answer either **YES** or **NO**. Where you have answered **NO** this might identify potential actions you need to consider to protect your employees and workplace. You can use the planning template after each section to capture action areas you need to consider.

1. COVID-19 Workplace Risk Assessment:

YES NO

| Have you read the latest guidelines on making your workplace COVID-19 secure? | YES | NO |
|---|-----|----|
| If NO please follow the links on the front page of this checklist and any other relevant guidelines. | | |
| Have you conducted a COVID-19 risk assessment for the workplace and associated areas? | YES | NO |
| Did you involve workers, Trade Unions etc. in the risk assessment? | YES | NO |
| Have you communicated the results from the risk assessment? | YES | NO |
| Have you incorporated or acted on any feedback received? | YES | NO |
| Have you established a process for continuing risk assessment as guidance changes? | YES | NO |
| Have you identified a process and system to conduct COVID-19 daily / weekly checks or audits? | YES | NO |

2. COVID-19 Workplace Risk Management and Mitigation:

YES NO

| Have you established an action plan based on the results from your COVID-19 risk assessment? | YES | NO |
|--|-----|----|
| Have you communicated this action plan to your employees? | YES | NO |
| Have you implemented this plan in full? | YES | NO |
| Have you reviewed the effectiveness of the measures implemented in reducing the risk? | YES | NO |
| Have you involved your employees in providing feedback on the effectiveness of these measures? | YES | NO |
| Have you a process in place for people to raise concerns or improvement ideas? | YES | NO |

| Area / Issue to Consider for Action | Who | When |
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3. COVID-19 Preparing the Workplace:

YES NO

| Have you considered who is essential to be on-site? i.e. office staff should work from home if at all possible. | YES | NO |
|--|-----|----|
| Have you planned for the minimum number of people needed on site to operate safely and effectively? | YES | NO |
| Have you considered bringing in shift patterns so less staff are in the workplace at once? | YES | NO |
| Is there a communication plan for keeping those who are working from home updated helping them stay connected with the rest of the workforce? | YES | NO |
| Have you established a comprehensive operational plan to reopen the workplace which covers essential maintenance, air conditioning, legionella, safety testing etc.? | YES | NO |
| Have you activated this plan? | YES | NO |
| Have you considered introducing some basic checks before permitting entry i.e. thermal screening? | YES | NO |
| If yes have you considered how you might do this in a practicable manner? | YES | NO |

| Area / Issue to Consider for Action | Who | When |
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4. COVID -19 Workplace Social Distancing:

a. Coming to work and leaving work:

YES NO

| Have you considered staggering arrival and departure times at work to reduce crowding on routes to and from the workplace? | YES | NO |
|---|-----|----|
| Have you considered providing additional parking, bike-rack facilities etc. to comply with social distancing requirements? | YES | NO |
| Have you considered reducing queues, for example by having more entry points to the workplace? | YES | NO |
| Have you considered introducing some basic checks prior to permitting entry i.e. thermal screening? | YES | NO |
| Have you considered providing more storage for employees for clothes and bags? | YES | NO |
| Have you considered using markings and introducing one-way flow at entry and exit points? | YES | NO |
| Have you considered providing hand sanitation at entry / exit points and reduced usage of touch-based security devices such as keypads? | YES | NO |
| Have you considered defined process alternatives for entry / exit points where appropriate (e.g. deactivating turnstiles requiring pass checks in favour of showing a pass to security personnel at a distance) etc.? | YES | NO |
| Have you considered limiting passengers in corporate vehicles (e.g. work minibuses), for example leaving seats empty? | YES | NO |

b. Moving around buildings and worksites:

| Have you reduced movement by discouraging non-essential trips within buildings and sites? For example, restricting access to some areas, encouraging use of radios or telephone etc.? | YES | NO |
|---|-----|----|
| Have you reduced job and location rotation? | YES | NO |
| Have you introduced one-way flow through buildings / workplaces? | YES | NO |
| Have you revised maximum occupancy for lifts and ways of operating lifts? | YES | NO |
| Have you reduced occupancy of vehicles used for onsite travel (e.g. vans, buses etc.)? | YES | NO |

c. Workplaces and Workstations:

| Is it still possible to get to and from toilets, canteen, photocopier, etc. while still maintaining social distancing from those at their workstations? | YES | NO |
|---|-----|----|
| Are workstations assigned to an individual and not shared? | YES | NO |
| If they need to be shared are they shared by the fewest possible number of people? | YES | NO |
| Are they cleaned / sanitised before a change of personnel? | YES | NO |
| Where it is not possible to keep workstations suitably separated, has extra attention been paid to equipment cleaning and hygiene to reduce risk? | YES | NO |
| Has there been a review of layouts or line set-ups or processes to let employees work further apart from each other? | YES | NO |
| Have you used floor tape, paint or marking areas to help maintain social distancing? | YES | NO |
| Have you avoided employees working face-to-face for example, working side-by-side, back-to-back or facing away from each other? | YES | NO |

| Have you used a buddy system if people have to work in close proximity (e.g. during two-person assembly, or lifting or maintenance activities that cannot be redesigned)? | YES | NO |
|--|-----|----|
| Have you put up posters around the workplace on maintaining social distancing? | YES | NO |
| Have you nominated a person on the work floor to be responsible for reinforcing the requirement to maintain social distancing? | YES | NO |
| Have you considered how to remove the need to touch solid surfaces i.e. doors – wedge open, remove handles, affix toe brackets for opening etc. and still comply with fire safety regulations? | YES | NO |
| Have you considered mobile screen enclosures for instances when close inspection / proximity is required? | YES | NO |
| Have you erected signs at the entrances to lifts and meeting rooms to ensure the maximum safe capacity is not exceeded? | YES | NO |

d. Meetings:

| Do you use remote working tools to avoid large numbers in meetings? | YES | NO |
|---|-----|----|
| If meetings are necessary, do you maintain social distancing and ensure they do not / cannot share objects, such as pens, paper? | YES | NO |
| Have you instructed workers to have meetings by phone or online instead of face-to-face? If this is not possible, can you ensure they meet in a large space, meetings are kept short and social distancing is maintained? | YES | NO |

e. Common Areas:

| Have you staggered break times to reduce pressure on the break rooms or canteens? | YES | NO |
|--|-----|----|
| Have you / can you use outside areas for common areas? | YES | NO |
| Can you create additional space from other parts of the worksite or building freed up by remote working? | YES | NO |
| Have you used protective screening for staff in reception or similar areas? | YES | NO |
| Have you considered using pre-packaged meals or similar to avoid opening canteens? | YES | NO |
| Have you reconfigured seating and tables to optimise spacing and reduce face to face situations? | YES | NO |
| Have you encouraged staff to stay on-site during working hours? (i.e. not leaving site at breaks) | YES | NO |

f. Security and other incidents:

| Are all people aware that in an emergency (fire, break-in etc.), people do not have to maintain social distancing if it would be unsafe? | YES | NO | |
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| Area / Issue to Consider for Action | Who | When |
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5. COVID-19 Workplace Management of Customers, Visitors, Contractors, Suppliers etc: YES NO

| Have you reviewed regular deliveries and requested contactless delivery? | YES | NO |
|--|-----|----|
| Can you establish appointment slots for deliveries where possible? | YES | NO |
| Are check systems for e-invoicing in place? | YES | NO |
| Have you limited / restricted visitor numbers at any one time? | YES | NO |
| Have you encouraged visits via remote connection / working where feasible? | YES | NO |
| Have you suspended, reduced or rescheduled non-essential services by outside contractors? | YES | NO |
| For essential services, have you determined if schedules could be revised to reduce interaction / overlap with workforce? | YES | NO |
| Have you a system to maintain an audit trail of all visitors? Including collecting and maintaining contact details of all visitors in case there's a case on site? | YES | NO |
| Will you provide and explain available up-to-date guidance? | YES | NO |
| Where site visits are required, e.g. inbound supplier deliveries or safety critical visitors, is site guidance explained on or before arrival? | YES | NO |
| Have you established host responsibilities relating to COVID-19, providing any necessary training for people who act as hosts for visitors? | YES | NO |
| Have you allocated a dedicated entry and exit route for customers, visitors and contractors, minimising contact with the workforce? | YES | NO |
| Have you installed social distancing markers on the floor in areas where customers line up or where workers perform tasks? | YES | NO |
| If visitors are expected to wear PPE do visitors have to supply their own or do you need to supply this? Do you let them know the requirements in advance? | YES | NO |
| Are your staff empowered to refuse access if the visitor(s) appears unwell? | YES | NO |
| Have you considered introducing some basic checks prior to permitting entry i.e. thermal screening? | YES | NO |

| Area / Issue to Consider for Action | Who | When |
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6. COVID-19 Workplace Cleaning and Sanitising:

YES NO

| Have you carried out an assessment of cleaning and sanitisation requirements? | YES | NO |
|--|-----|----|
| Do you have appropriate stock of cleaning and sanitisation supplies and an ongoing supply? | YES | NO |
| Have you scheduled the first and regular deep cleans of building, equipment and surfaces? | YES | NO |
| Have you considered how and where you can improve ventilation and air circulation? | YES | NO |
| Have you documented / amended the general and equipment specific cleaning procedures to reflect the increased needs? | YES | NO |
| Have all staff been trained in the procedures for proper cleaning and sanitising? | YES | NO |
| Do your staff have easy access to cleaning and sanitising supplies and equipment? | YES | NO |
| Have you identified areas for improvement to cleanliness such as reduced door handle contact, less shared equipment or clear workspaces? | YES | NO |
| Do you have adequate cleaning stations near door handles, shared equipment or workspaces? | YES | NO |
| Do you have appropriate signage to reinforce good hygiene and sanitisation practice? | YES | NO |
| Do you have appropriate areas for handwashing, drying and skin care for all employees? | YES | NO |
| | | |

7. COVID-19 Workplace PPE:

YES NO

| Have you reviewed and exhausted the use of social distancing in each of your workspaces, including staggered shifts? | YES | NO |
|---|-----|----|
| Have you reviewed and exhausted the use of engineered/physical barriers in each of your workspaces? | YES | NO |
| Have you reviewed and exhausted all opportunities for employees to work from home? | YES | NO |
| Have you completed an assessment on the heightened PPE requirements for your business? | YES | NO |
| Have you checked the latest official advice regarding PPE? Your risk assessment should reflect the fact that the role of PPE in providing additional protection may be extremely limited. | YES | NO |
| Do you have a current stock of the standard of PPE required and an ongoing supply route in place? | YES | NO |
| Is the appropriate PPE easily accessible to the employees and visitors that are required to use it? | YES | NO |
| Do your work policy and procedures reflect the use of PPE as required? | YES | NO |
| Do you have heightened PPE audits to ensure 100% compliance? | YES | NO |

| Area / Issue to Consider for Action | Who | When |
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8. COVID-19 Work Force Management:

a. Organise work to minimise contact between employees:

YES NO

| Can you split staff into teams or shift groups? | YES | NO |
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| Can you fix these teams or shift groups so that where contact is unavoidable, this happens between the same people? | YES | NO |
| Have you identified areas where people have to directly pass things to each other (e.g. job information, spare parts, samples, raw materials)? | YES | NO |
| If you have identified areas where people have to directly pass things to each other have you considered how to eliminate the need to or identified ways to reduce the risk? | YES | NO |
| Shared tools and equipment: Can you look for ways to remove direct contact through use of drop-off points or transfer zones? | YES | NO |
| Do you have a nominated person or team dedicated to infection control? | YES | NO |

b. Work related travel, field workers, accommodation and visits:

| Avoiding unnecessary work travel: Have you considered what would justify travel between locations? | YES | NO |
|---|-----|----|
| If your field workers have to share vehicles between shifts or rotas, do you have a cleaning routine for the vehicles between each use? | YES | NO |
| Where staff may be required to stay away from their residence overnight, do you keep records? | YES | NO |
| Do you audit / check this accommodation to ensure they can meet social distancing & hygiene requirements? | YES | NO |

| Area / Issue to Consider for Action | Who | When |
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9. COVID-19 Workplace – Inbound and Outbound Goods:

YES NO

| Have you considered how to help staff maintain social distancing guidelines and hygiene practices when they have to deliver to, or receive from other sites or customer premises? | YES | NO |
|---|-----|----|
| Have you considered procedures to allow drivers to minimise contact during deliveries? | YES | NO |
| Are your staff empowered to refuse delivery / acceptance if the recipient / deliverer appears unwell? | YES | NO |
| Have you considered using electronic payment methods and electronically signed and exchanged documents to eliminate contact during payments and exchange of documentation? | YES | NO |

Where you have responded NO what are the areas / issues you need to consider for action?

| Area / Issue to Consider for Action | Who | When |
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DISCLAIMER:

This checklist is for guidance purposes only and does not constitute, nor should be regarded as, a substitute for advice that is tailored to your particular circumstances. Please note, this checklist is provided on the understanding that you undertake your own independent research in line with the up to date government guidelines in effect from time to time so as to ensure its accuracy. You assume sole responsibility for the use of this checklist and the results obtained and conclusions drawn from its use.

If you have any queries or would like to discuss further please contact opexquery@investni.com