Guide to Mitigating the Risk of Infection from Covid-19 for community-based activities

Background

This document has been produced in response to requests from various groups as a means to give some practical guidance on potential measures to reduce risk, both to staff and volunteers, and to beneficiaries of infection with Covid-19 during the current outbreak. It cannot be taken as definitive guidance as each activity will have its own attendant risks and should be subject to individual risk assessment. Similarly, this document does not seek to replace guidance on risk assessment published by statutory bodies but rather aims to help groups in applying the principles set out therein to their particular activities.[[1]](#footnote-1)

Methodology

The approach adopted for assessment of workplace risk in “normal” settings remains valid during the Covid-19 pandemic. This is based around the 5-step approach as follows

1. Identify the Hazards
2. Identify who may be harmed and how
3. Evaluate the risks and decide on precautions
4. Record and implement findings
5. Review and update as necessary

The key in the current circumstances is to be clear about who may be harmed and how as well as deciding on appropriate precautions.

Note that the **harm** in this scenario is a person becoming infected

It is important to note that there are 2 groups to whom a duty of care is owed in the scenarios discussed namely

1. staff and volunteers
2. beneficiaries

Infection may occur from direct contact with an infectious person (current government guidance is that a distance of 2m be maintained to reduce the risk of this) or from transfer of virus from one person to another through an intermediary surface or object.

**Evaluating risk**

Risk is defined as a function of the probability of an event occurring (in this case the harm occurring - a person becoming infected with Covid-19) and of the consequence resulting from this occurrence.

The probability is a function the nature of the activity - in other words, how likely is it that by doing something infection can be spread to someone else. The consequence is a function of how vulnerable an individual or group of individuals is to developing severe or critical health effects in the event of infection. The available data shows that the elderly and people with certain underlying health issues (including but not limited to cardiovascular conditions, diabetes and respiratory diseases) are at increased risk. **Therefore, extra attention should be given to any activities that include contact with people in these groups or where volunteers include people in these groups.**

Keep in mind that, because there is a period where those infected with the virus may be asymptomatic but infectious, the only safe approach in the current circumstances is to **proceed on the assumption that everyone is potentially infectious**. Also, because the virus can persist on surfaces for varying lengths of time, **all surfaces**, particularly those with the potential to have been touched by many people, **should be treated as contaminated**.

**Hierarchy of Controls**

Once a decision is taken that it is necessary to implement control measures in order to reduce risks, these should be applied according to the hierarchy of controls.

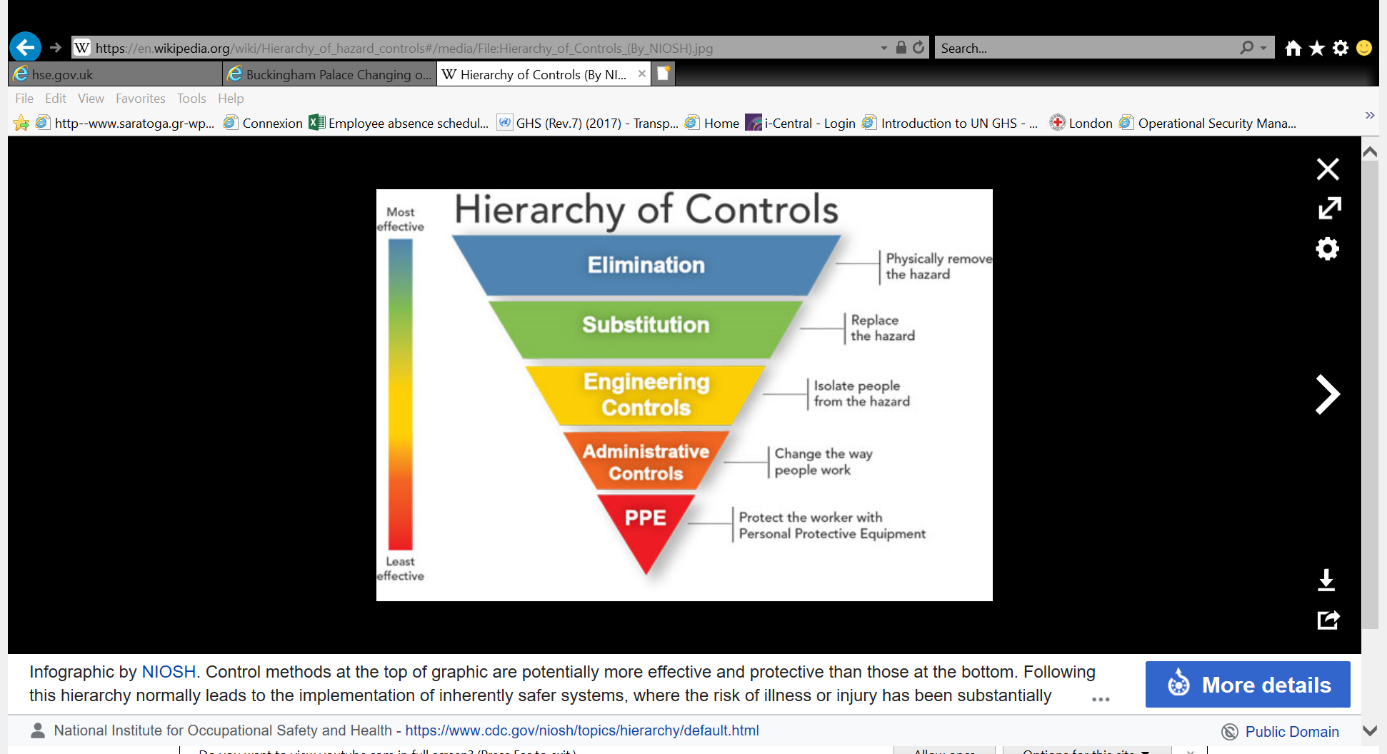


Figure 1 – Hierarchy of Controls

https://www.cdc.gov/niosh/topics/hierarchy/default.html

In the case of the current outbreak, it can be seen that the options of physically removing the hazard (the virus) or replacing the hazard are not possible. **Engineering controls** may include measures such as construction of screens to separate staff from beneficiaries (and vice versa) at distribution centres.

**Administrative controls** include changing systems to ensure that staff and volunteers maintain appropriate distance between each other to prevent infection; to overpack items in additional packages that can either be discarded or decontaminated to prevent spread of contamination; to introduce hand washing at various stages throughout activities etc.

**PPE** should only be considered as a mitigation measure where other measures cannot be applied or in circumstances where, notwithstanding the application of other measures, the residual risk remains sufficiently high to necessitate the wearing of PPE. Any PPE issued **must be fit for purpose** and should comply with the relevant standards.[[2]](#footnote-2) Respiratory protective devices should be individually quantitatively fit tested to the individual and must be replaced at regular intervals. Used PPE must be treated as contaminated waste.

**Risk/Benefit Analysis**

As part of the assessment, an assessment of how critical an activity is against the risk to which people are exposed by undertaking that particular activity. Questions to ask may include

* Does this activity need to be undertaken in the present circumstances or can it be delayed until the risk level reduces? This may involve a delay of several weeks or months in the present circumstances

Clearly, some activities such as the delivery of food or medicines to vulnerable groups must continue as the negative consequences of suspending activities outweighs the risk of continuing. In these circumstances, further questions may include

* Can this activity be undertaken remotely?
* Does the profile of the staff, volunteers or beneficiaries mean that they are at a higher risk? This may involve gathering data on age profiles and underlying medical conditions
* Are there other agencies who may be better placed to carry out this activity due to factors such as level of training and equipment, age profile of staff/volunteers?
* Are there any additional administrative controls that can be introduced to reduce the risk of infection?
* If the residual risk, having considered all other options, remains unacceptable can I train staff and volunteers in the use of and provide them with appropriate PPE?

1. For example see “Risk assessment: A brief guide to controlling risks in the workplace”, Health and Safety Executive available at <https://www.hse.gov.uk/pubns/indg163.pdf> [↑](#footnote-ref-1)
2. Interpretation of standards can be a complex undertaking and advice should be sought from a specialist where appropriate [↑](#footnote-ref-2)