Infectious disease control workplace checklist

Documentation and procedures

| Question | YES | NO | Comments and detail |
|--|-----|-----|---------------------|
| 1a. Do you have a risk assessment which includes infectious disease cases and preventative control measures? | | | |
| 1b. If YES, have you undertaken individual risk assessments in consultation with employees who may be at higher risk, including vulnerable workers? | | | |
| 1c. If YES, what additional arrangements or controls are in place to protect vulnerable workers? | n/a | n/a | |
| 2a. If you have an infectious disease control risk assessment, is it reviewed (and if so when)? | | | |
| 2b. If YES, does the review take into account seasonal infectious disease control risks, in particular the winter COVID-19 and flu season? | | | |
| 2c. If YES, what additional control measures do you introduce for the winter period? | n/a | n/a | |
| 3a. Do you undertake staff training for infectious disease control measures in the workplace? | | | |
| 3b. If YES, do you keep records of the training? | | | |
| 4. Do you have documented procedures in place for dealing with both infectious disease control cases and outbreaks in the workplace, including COVID-19 and flu? | | | |

Staff arrangements

| Question | YES | NO | Comments and detail |
|--|-----|----|---------------------|
| 5. Have staff been encouraged to take up COVID-19 vaccinations and boosters? | | | |
| 6. Do you know what proportion of the workforce have received vaccines, and those which have not? | | | |
| 7. Have staff been encouraged to take up flu vaccinations? | | | |
| 8. Do you provide adequate hand washing facilities and materials for the number of staff in the premises? | | | |
| 9. Do you provide antiviral hand sanitisers for staff (such as 60%+ alcohol gel)? | | | |
| 10. Do you provide PPE face masks for staff who want to wear masks? | | | |
| 11. Do staff regularly share transport together to and from work? | | | |
| 12. Do staff regularly share accommodation together for work purposes? | | | |
| 13. Are staff able to work from home (such as hybrid working/days at home/days at work)? | | | |
| 14. Are staff able to work separately within the workplace from others in the event of either suspected or positive COVID-19 case or flu identification? | | | |
| 15. Are staff able to isolate at home in the event of either suspected or positive COVID-19 or flu infection? | | | |

Workplace design and layout

| Question | YES | NO | Comments and detail |
|---|-----|----|---------------------|
| 16. Have you considered the safe maximum capacity of each individual room/area within the premises, as well as the building as a whole (with particular attention to shared facilities, and spaces used for several hours)? (The World Health Organisation recommends keeping a physical distance of at least 1 metre from others)? | | | |
| 17. Have you introduced any control measures to reduce prolonged close interactions between staff or members of the public? | | | |
| 18. In areas or spaces, or for activities where close contact is required, have other mitigation measures been implemented (such as screening, increased ventilation, PPE mask wearing)? | | | |
| 19. Have you considered the layout of facilities to reduce the number of worker groups sharing spaces (such as welfare rooms, kitchens, toilets, and meeting places used by separate groups of staff to reduce mixing)? | | | |
| 20. Do staff work in bubbles during shifts (without mixing with other groups of people)? | | | |
| 21. Have you considered the use of different or multiple entry and exit points to reduce people congestion? | | | |

Ventilation

| Question | YES | NO | Comments and detail |
|---|-----|----|---------------------|
| 22. Have you previously read the HSE guidance on ventilation (Overview - Ventilation in the workplace (hse.gov.uk))? | | | |
| 23. Do you have adequate natural ventilation in all enclosed workspaces? Under regulation 6 of the Workplace Health, Safety and Welfare Regulations, employers must ensure that every enclosed workplace is ventilated by a sufficient quantity of fresh or purified air. | | | |
| 24. Do you have a mechanical ventilation system (e.g. air conditioning)? | | | |
| 25. If YES, have you since adjusted ventilation in accordance with the Chartered Institution of Building Services Engineers guidance requirements CIBSE guidance ? | | | |
| 26. Do you have areas that are occupied for several hours by the same group of people? | | | |
| 27. If YES, do you take the opportunity to regularly ventilate the area? | | | |
| 28. If YES, do you ensure that the occupants of such spaces have regular breaks away from the area? | | | |

Cleanliness

| Question | YES | NO | Comments and detail |
|---|-----|-----|---------------------|
| 29. Do you have arrangements in place for cleaning shared hand contact surfaces, facilities, and amenities, to prevent workplace infections? | | | |
| 30. If YES, who is responsible for the cleaning arrangements, for example a cleaning company, or staff, or both? | n/a | n/a | |
| 31. Do the cleaning chemicals used meet BS EN 14476 , as being effective against wrapped envelope viruses, including COVID-19 and flu? | | | |
| 32. Do you implement enhanced or increased frequency cleaning of shared facilities and amenities during the winter period (such as hand contact points on doors and door handles in shared corridors, toilets, and welfare room, equipment, and desk surfaces)? | | | |
| 33. Are staff or cleaning contractors trained on how to clean surfaces effectively and safely? | | | |