

## **RGU Covid-19 Health and Safety Risk Assessment V17, August 2022**

Covid-19 is an illness caused by a virus called Coronavirus. Symptoms can be mild, moderate, severe or fatal. It is infectious and passed by respiratory droplets and aerosols. This is the institutional Risk Assessment for managing the current Covid-19 pandemic on RGU premises. This document will change in line with amendments to government guidelines. It is not likely to cover all scenarios and each School and Department should ensure compliance with the recommended control measures as they implement suitable and sufficient health and safety protocols for practical activities. Similarly, contractors or service providers intending to work on RGU premises must provide RGU with risk assessments detailing COVID-19 control measures for review in advance of the work occurring. All protocols should be developed in harmony with [Scottish Government advice](#). Ventilation should be considered a priority control measure in indoor settings.

As required by the university's health and safety policy, the Executive prioritises operational policies and endorses other arrangements, required to achieve the agreed strategic direction. The Executive maintains this overall responsibility and delegates the control measures identified in this risk assessment to the relevant management functions within the university. The Executive also recognises the duty to regularly review health and safety performance throughout the University, including progress and compliance with the COVID-19 risk assessment findings. The OHES team will therefore monitor the application of control measures via regular inspections and report to the Executive.

What are the hazards?	Who might be harmed?	Controls Measures in place	Action by who?	Action by when?
<p>Transmission of COVID-19 via respiratory droplets and aerosols on RGU campus.</p> <p>Mental health and wellbeing effects on staff and students, caused by a return to social settings with close contact.</p> <p>Identification of new variants exhibiting greater levels of infectiousness or the potential ability to reduce the efficacy of vaccinations. Omicron is the current highest risk variant in these respects.</p>	<p>Staff Students Contractors Visitors</p> <p>Evidence shows the following groups have greatest vulnerability and will be subject to an Equality Impact Assessment undertaken by OHES/HR:</p> <p>The campus arrangements will provide protection in line with public health expectations however RGU's COVID Age assessment tool is available to quantify acute personal risk factors, should these be present.</p> <p>Over 45s (96% of deaths) <sup>1</sup></p> <p>Underlying Health Conditions (90% of deaths) <sup>2</sup></p> <p>Men (64% of deaths) <sup>3</sup></p> <p>Body Mass Index &gt;30 (2 x ICU admission rate) <sup>4</sup></p> <p>Pregnant women (mortality rate unknown but considered immunosuppressed)</p> <p>Unvaccinated groups or individuals</p> <p>When a broad range of factors are taken into account, including age, and</p>	<p><b><u>Vaccination</u></b></p> <p>RGU will assist the Scottish Government and NHS Grampian in communicating messages to the University community regarding vaccinations. RGU will support the NHS's rollout of JCVI recommended booster programmes or new vaccines, and if necessary, RGU will support the creation of on-campus vaccination facilities.</p> <p><b><u>Testing</u></b></p> <p>Free Lateral Flow Device Asymptomatic Testing and Symptomatic PCR testing services have ceased. Students on placements with testing requirements may continue to be provided with tests via the placement provider.</p> <p><b><u>Social Distancing</u></b></p> <p>Social distancing is no longer a statutory requirement or a societal norm. However, RGU recognises the 'Distance Aware' badge scheme and encourages that distancing be provided to the wearers of badges where at all practicable.</p> <p>Hybrid working remains one of the most effective infection protections and is available to staff whose work can be performed at home.</p> <p><b><u>Hand Washing</u></b></p> <p>Hand washing facilities with soap and water in place.</p> <p>Campus Users reminded via signage to wash their hands for 20 seconds on a regular basis with water and soap and the importance of proper drying with disposable towels or electronic hand-dryers.</p> <p>Campus users reminded via signage to catch coughs and sneezes in tissues – Follow 'Catch it, Bin it, Kill it' and to avoid touching the face, eyes, nose or mouth with unclean hands. Tissue bags available throughout the campus.</p> <p>Gel sanitisers available at strategic points / locations across Campus.</p>	<p>Comms Team / OHES / Estates &amp; Property Services</p> <p>Placement providers</p> <p>All campus users</p> <p>Estates</p>	<p>During the relevant JCVI group vaccination periods.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

	<p>the data are also adjusted for region, rural and urban classification, area deprivation, household composition, socio-economic position, highest qualification held, household tenure, and health or disability in the 2011 Census, Black males and females are 1.9 times more likely to die from COVID-19 than the White ethnic group. Males of Bangladeshi and Pakistani ethnicity are 1.8 times more likely to die; for females, odds of death are reduced to 1.6 times more likely. Indian ethnicity also increases risk to a lesser degree, however individuals from the Chinese and Mixed ethnic group have similar risks to those with White ethnicity.<sup>5</sup></p> <p>Transmission of COVID -19 is considered to be a greater risk where carriers exhale, cough or sneeze without facial coverings, within 2 metres of another person, or onto a hard surface or touch hard surfaces with contaminated hands.</p>	<p><b><u>Cleaning</u></b></p> <p>Frequent cleaning and disinfecting of objects and surfaces that are touched regularly, particularly in areas of high use such as door handles, light and lift switches and reception areas using appropriate cleaning products and methods (1000ppm chlorine content).</p> <p>The general 72-hour quarantine of objects handled by others is no longer a public health recommendation following the downgrading of surface transmission as a likely infection pathway.</p> <p><b><u>Reduction of Touch Points</u></b></p> <p>Where possible, touch points are reduced.. Sanitising hand-gel provided near areas where large scale frequent contact cannot be avoided.</p> <p><b><u>Ventilation</u></b></p> <p>Where mechanical ventilation systems are present, these are configured in harmony with HSE, CIBSE and other official sources of COVID-19 guidance in order to balance risk, thermal comfort and emissions, using 800ppm CO<sub>2</sub> as an indicative threshold of poor ventilation. The purpose of maintaining good ventilation is to dilute any contamination that could be present.</p> <p>Buildings without mechanical ventilation have had trickle vents opened and users are encouraged to open windows as much as weather conditions allow. Building heating settings will be managed as well as possible to maintain thermal comfort.</p> <p>A programme of monitoring by the Estates/OHES teams is used to assess ventilation levels of spaces during peak usage. Building users are requested to inform the Estates team of any areas where ventilation is of concern, and additional monitoring will be undertaken with reference to the HSE and CIBSE metrics.</p> <p>All multi-occupancy rooms are signed with the ventilation systems in use (e.g. mechanical or natural) and instructions as to any necessary user actions such as opening windows or vents.</p> <p><b><u>Symptoms of Covid-19</u></b></p>	<p>Estates</p> <p>Estates</p> <p>Estates</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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