

COVID-19 RE-OPENING PLAN

Revision 3 29th August 2020

Introduction

This document is intended to define the Village Hall Committee (VHC) plan for returning the hall to use as lock-down measures are eased. The VHC acknowledge that much of this plan, in revised forms, will form the 'new normal' for use of the hall going forward.

The risk assessment in section 2 informs the plan elements set out in section 3. The risk control measures are the basis for instructions to stakeholders.

In this document, a hazard is something which is capable of causing or increasing harm, risk is a product of likelihood and severity from the table below and control measures are the actions to be taken by all stakeholders (VHC, Trustees, Hirers, Users and service providers such as cleaners or tradesmen performing work in the hall). A distinction is made between the hirer and users in terms of responsibility.

Risk Assessment 2

Risk is assessed using the following matrix:

Likelihood definitions:

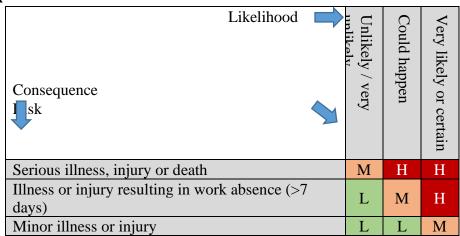
- Very likely or certain
- Could happen
- Unlikely or very unlikely

- Illness or injury resulting in time off work
- Low = Minor illness or injury

• Serious illness, injury or death

Consequence definitions:

Risk Matrix



It is noted that the effect of the SARS-CoV-2 virus varies between people. Around 1 in 5 people who develop the COVID-19 illness need hospitalisation due to respiratory distress (Source: WHO). Therefore in 80% of the population the illness will be relatively minor (if unpleasant) but will automatically result in a work absence greater than 7 days.



The following definitions describe who is at high risk and who is at moderate risk. People at high risk from coronavirus include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

This group is clinically extremely vulnerable (source: NHS).

People at moderate risk from coronavirus include people who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant

This group is clinically vulnerable (source: NHS).

The VHC assume that those who are clinically extremely vulnerable will continue to isolate in accordance with government guidelines, but that clinically vulnerable people may well attend the hall. In addition, there may be persons present who have undiagnosed conditions bringing them into this category.

The VHC therefore believe that the risk assessment must assume that contraction of the virus is most likely to result in prolonged absence rather than a serious illness or death, but the controls are made as complete as possible to cater for the risk that a vulnerable person my disregard advice or be suffering from an undiagnosed condition such as cancer or diabetes. The VHC will ask hirers to monitor their attendees and alert the VHC if they feel that vulnerable people may be present. If that is the case, then this risk assessment will be reviewed to ensure it is still suitable and sufficient.



Our risk assessment assumes that the people affected would be; hirers, users, cricket club players, organisers and visitors, GVH committee, cleaner and tradesmen making repairs in the hall.

The risk controls specify various cleaning and sanitising requirements and the VHC wish to make clear what is recommended as a policy:

- In general, normal household detergent cleaning materials followed by disinfectant will suffice for cleaning if a combined detergent / disinfectant is not to hand.
- For hand sanitising washing the hands for 20 seconds with soap or handwash and water (anti-bacterial products kill bacteria not viruses and are not necessary, but if in a soap solution are acceptable).
- Hand sanitiser with >= 60% alcohol should be used if there is no access to water and soap (e.g. leaving the hall after closing doors) there are many such alcohol-based handwash gels available.
- It is the policy of the VHC that all disinfectants be checked with the manufacturer to ensure that they work against the SARS-CoV-2 and other coronaviruses.
- It is the policy of the VHC to provide disposable cloths with disinfectant spray or wipes for cleaning surfaces. In the event of shortage, re-usable cloths must be soaked and hotwashed (60°C) before returning them to use.
- Used cleaning materials (wipes for example) and gloves should be bagged and placed in the wheelie bin.

For clarity the following are the criteria for the VHC to allow use:

- a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or
- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants. Contact time is important in relation to killing viruses.





Risk Assessment

	Hazard	Risk	Control measures
1	Virus present on surfaces	M	Hand sanitiser will be provided in the entrance, toilets and kitchen. Frequently used surfaces such as door handles, scratch plates, window handles, tabletops, chairs, toilet seats, basins, switches, showers, the kettle and security keypad must be cleaned regularly. The cleaner will perform a deep clean weekly on Friday. A deep clean is a thorough clean of all frequently used surfaces and the floor. Hirers and their users should perform periodic cleaning of frequently used surfaces for hires longer than two hours. Periodic cleaning is cleaning items immediately after use as well as cleaning commonly used surfaces (as defined above) on a regular basis throughout a long hire period. This measure is intended to protect users during the hire. Hirers must clean shared equipment when it changes hands. The materials for periodic cleaning of the hall are provided by the VHC, but hirers are responsible for providing the necessary cleaning materials to allow their activity to be safely carried out. Hirers and users must wash their hands regularly using soap and water provided in the toilets. The VHC will allow use of the kitchen but see the requirements below for safe use. No more than one person is allowed in the toilets at any one time (except if young children need assistance or the user has a carer. Users are responsible for cleaning the seat and handle before use to protect themselves. Posters informing hirers and users of these rules to be prominently displayed in the hall and on the front door. Hirers, users and VHC should touch as few surfaces as possible during a hire or meeting.
2	Virus transmitted by contact	M	Face coverings must be worn inside the village hall. "On entering a village hall, you will be required to wear a face covering, and will be required to keep it on, unless you are covered under a 'reasonable excuse'. This could be for a gym class, if you need to eat or drink something, or if you have a health or disability reason to not wear one." (Dept. Health and Social Care). Maintain social distancing. Outside, 2m unless impossible, in which case 1m. Indoors, 2m with face covering if possible, otherwise 1m with face covering. The main door to be used as an entrance and exit during normal hires. The first person in may open and wedge the outer doors so users can see when they may meet someone in the lobby.





	Hazard Risk Control measures		
			For particular events a one-way system may be adopted using the main door as an entrance and the fire door as an exit. These events would include occupancy at or near the maximum, or where there may be a high throughput of people.
			Hirers to be told that users with persistent cough, loss or disturbed sense of taste / smell, sickness or feeling sick or high temperature are not to attend any GVH function.
			A notice will be displayed asking people with persistent cough, loss or disturbed sense of taste / smell, sickness / feeling sick or high temperature not to enter.
			Notice to inform hirers and users of these requirements to be prominently displayed in the hall and on the front door.
			No more than 30 people are to enter the hall at any time to preserve social distancing (see 3.1 below). If more are attending over a period (but no more than 30 at any one time) then the hirer is to place a person at the front door to count people in and then allow one in, one out when the number reaches 28 (this will allow a safety margin in the event of miscount).
			The VHC will provide boxes of disinfectant wipes and extra bins.
			VHC monitor ACRE to ensure that the plan complies with current advice.
3	Virus transmitted by air (e.g. coughs)	M	As per hazard 2.
4	Use of changing rooms	M	The Cricket Club are responsible for assessing risk and setting rules for the use of the changing rooms. Changing rooms will be locked during normal hires (i.e. non cricket club).
5	Committee meetings	M	Tables to be placed to retain social distancing.
	_		First person in hall to wipe commonly used surfaces (as defined above).
			Wipe commonly used surfaces after the meeting – once wiped, wash/sanitise the hands before putting tables and chairs etc. away and wash / sanitise on return to car or home.





	Hazard	Risk	Control measures	
6	Deep cleaning (by employed	L	Wear gloves and plastic apron for deep cleaning activity.	
	cleaner working alone)		Face coverings are not required unless others are indoors with the cleaner.	
	Described to the southern t	M	Use cleaning materials approved by VHC (see note on policy on page 3) to clean and disinfect the commonly used surfaces (see definition above).	
	Deep cleaning (by employed cleaner with others present)		Place used wipes and other cleaning waste in a bag as work progresses.	
			When cleaning is complete place apron and gloves in the waste bag and tie it up, then sanitise or wash hands. Leave the bag in the wheelie bin.	
			Report to the VHC if there is evidence that hirers are not following instructions.	
7	First aid provision	Н	Provide gloves, and disposable plastic aprons – to be placed in a bag near the first aid kit.	
			Purchase a breathing barrier device for rescue breaths during CPR.	
			Place a note in the first aid box to use the above provisions.	
			The First aid kit / bag will contain the following:	
			• Face covering & pair of plastic gloves x 2 each set in a plastic bag (for responder and patient)	
			Plastic face shield for the responder	
			Breathing barrier for the responder	
			Pocket pack of tissues	
			Hand soap in pump dispenser	
			Small hand sanitiser gel	
			Disposable apron e.g. plastic sleeveless or cheap overalls	
			Small packet anti-bacterial wipes	
			Rubbish bags x 2 (so disposables can be double-bagged).	
8	Accounting for people in the event of an outbreak	M	Hirers are responsible for making and retaining a list of people who attended their event so that details can be passed to test and trace in the event of an outbreak. Blank forms are provided if hirers forget their own. The VHC have placed a number on the windowsill nearest to the kitchen.	





	Hazard	Risk	Control measures	
9	Use of the kitchen	M	Hirers are responsible for cleaning before use and the following rules apply:	
			 No more than two people are to be in the kitchen at any one time; 	
			 hirers should ask users to bring their own food, drink and utensils if possible, to reduce onsite exposure; 	
			 If not bringing their own utensils, hirers should wash surfaces, cutlery and crockery before and after use; 	
			 Where making beverages hirers should wipe the kettle with disinfectant (on handle and lid) before use, washing crockery, cutlery and surfaces before and after use; 	
			Hirers should bring their own tea towels; and	
			 Crockery and eating utensils should not be shared. 	

Risk Assessment Team				
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Date of assessment	29th August 2020			



3 Forward Plan

3.1 Maximum numbers

The maximum number of people allowed in the hall is 30.

3.2 Cleaning

The hall will be deep cleaned weekly on a Friday.

3.3 Hirers

The requirements for hirers are set out in the Special Conditions and Advice to Hirers document sent out with every booking.

3.4 Users

Do not enter the hall if you have or suspect COVID symptoms.

Maintain social distancing at all times, the outer doors may be propped open during arrival and leaving to allow people entering sight of the lobby.

Users must wash their hands regularly using soap and water provided in the toilets.

Hirers and their users must perform periodic cleaning of frequently used surfaces for hires longer than two hours. Periodic cleaning is cleaning items immediately after use as well as cleaning commonly used surfaces (as defined above) on a regular basis throughout a long hire period. This measure is intended to protect users during the hire.

If you need to cough or sneeze, please use a tissue (dispose of in one of the bins provided) or handkerchief (wash it at above 60°C when you get home). If you are caught out use the crook of your elbow. Remember – Catch it, bin it, kill it!

No more than one person should enter toilets at any one time. This is because the entrance is a pinch point in a relatively high-hazard area. Users are responsible for cleaning the seat and handle <u>before</u> use and the wipes can be disposed in the bins provided.

Please minimise the number of surfaces you touch whenever practicable.

3.5 Exemptions to wearing face coverings

The exceptions to wearing face coverings are listed below:

- children under the age of 11 (Public Health England do not recommend face coverings for children under the age of 3 for health and safety reasons)
- people who cannot put on, wear, or remove a face covering because of a physical or mental illness or impairment, or disability
- employees of indoor settings (or people acting on their behalf, such as someone leading part of a prayer service)



- police officers and other emergency workers, given that this may interfere with their ability to serve the public
- where putting on, wearing, or removing a face covering will cause you severe distress
- if you are speaking to or assisting someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others including if it would negatively impact on your ability to exercise or participate in a strenuous activity.

3.6 Action if someone becomes ill

In the event of someone becoming unwell with suspected COVID-19 symptoms while at the hall you should:

- 1. Send them home immediately;
- 2. Ask all members of your group to provide their contact details if you do not have them already;
- 3. Ask the rest of your group to leave the premises, observing the usual hand sanitising and social distancing precautions;
- 4. Advise them to launder their clothes when they arrive home; and
- 5. Inform the bookings secretary who is to inform the Chair of the VHC so that the ongoing arrangements and waste disposal can be checked.

If the unwell person needs to wait for a lift:

- 1. Remove them to the disabled toilet;
- 2. Put on a mask, face shield, gloves & apron to protect yourself (see first aid kit); and
- 3. Provide them with tissues, a plastic rubbish bag, and paper towels.

Once they have been collected:

- 1. Remove gloves, apron and face mask to the rubbish bag (this waste must be double bagged, marked COVID-19 Waste and retained for 24hrs before placing in a waste bin);
- 2. Disinfect the face shield and leave it in the disabled toilet;
- 3. Wash your hands for at least 20 seconds with warm soapy water;
- 4. Wait for a member of the VHC to arrive; and
- 5. Once home launder all your clothes ($>=60^{\circ}$ C) and wipe down or disinfect your car.

3.7 Cleaning after a person with symptoms has left

3.7.1 Personal protective equipment (PPE)

The minimum PPE to be worn for cleaning an area after a person with symptoms has left the hall is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.

The VHC must seek advice from the local Public Health England (PHE) Health Protection Team can advise on extra measures if there are any unusual circumstances or difficulties.

PHE North Yorkshire and the Humber Health Protection Team,

Phone: 0114 3049843



3.7.2 Cleaning and disinfection

Public areas where a symptomatic person has passed through and spent minimal time, but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction. Use one of the options below:

• a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)

or

 a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into waste bags as <u>outlined below</u>.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

3.7.3 Waste

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

- 1. Should be put in a plastic rubbish bag and tied when full;
- 2. The plastic bag should then be placed in a second bin bag and tied; and
- 3. The bag should be put in a suitable and secure place and marked for storage until the individual's test results are known.

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be put indisposed of immediately with the normal waste. If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.

If during an emergency it is required to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:

- keep it separate from your other waste
- arrange for collection by a specialist contractor as hazardous waste



3.8 General cleaning of the hall

The hall will be thoroughly deep cleaned before reopening. After that it will be periodically cleaned by hirers and users as defined in this plan.

In addition, the hall, toilets and kitchen will be thoroughly cleaned once a week by the hall cleaner, including mopping floors in the toilets and kitchen.

The hiring group will be responsible for cleaning surfaces used regularly during and at the end of hire.

As a reminder, the government requirements (here) for cleaning materials are:

- a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or
- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants. Contact time is important in relation to killing viruses.

Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning.

The weekly cleaning tasks are:

- Thorough clean of the kitchen paying particular attention to surfaces and frequently used items such as door and cupboard handles, kettle, switches, taps, work surfaces;
- Mop the kitchen floor;
- Thorough clean of toilets paying particular attention to seats, toilet flush handle, light switches, door handles, the hand dryer and wall/floor below the dryer;
- Mop the toilet floors;
- Sweep the main hall floor and clean with a moist cloth or mop in soiled areas if required;
- Wipe main hall and kitchen windowsills;
- Thorough clean of frequently used or touched areas in the main hall door handles, light switches, push plates on doors, and the brown tabletops.
- Wipe the external door handles and key safe keypad with a disinfectant wipe or disinfectant on a cloth.

3.9 General hygiene

Sanitiser is provided in the entrance for use on arrival and leaving the hall, plus in the toilets and kitchen. Soap and water are available in the toilets and kitchen.

3.10 Plan review

This plan will be reviewed whenever new guidance from government, NHS or ACRE is released. In addition, it will be reviewed should there be a reasonable probability that hirers or users have been, or may be, infected when using the hall.