



Occ. Health/Medical Dept. tel: internal 3298/3333

Boulby Control Room Operator 01287 646552 Medical Centre 01287 646523

Teesdock Control Room Operator: 01642 770500 (internal 4500)

sickness absence line on **01287 646 652**

Date: 4th November 2020 # 19

Coronavirus (COVID-19): Latest information and advice.



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Introduction

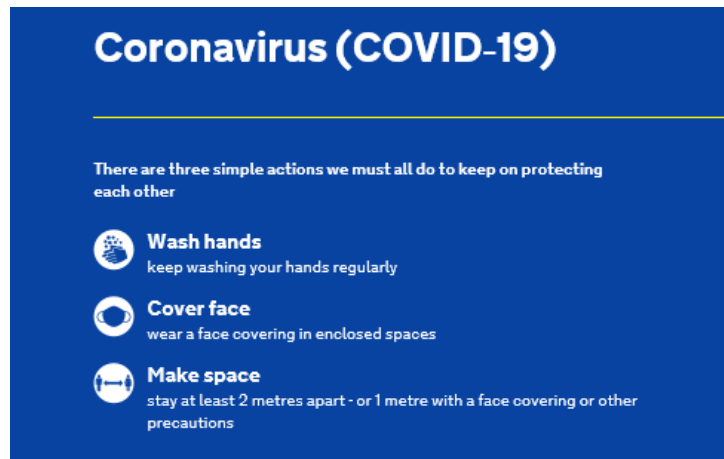
Assume that all individuals are asymptomatic (everyone has the virus) can you have assurance from your barriers of control that they are suitable to prevent the transmission of the virus. Don't put yourself in that situation and constantly review your barriers of control and improve where needed. This includes during break times as well as during the daily activities. Don't break the 2m rule unless you have additional precautions in place.

Government changes to Covid restrictions due to take effect on **Thursday 5th November** which include an England lockdown <https://www.gov.uk/guidance/new-national-restrictions-from-5-november>. The new

measures will **apply nationally for four weeks up to Wednesday 2 December**. At the end of the period, the government will review the situation based on the latest data.

Symptoms and behaviours

It is critical that everybody observes the following key behaviours, if not the virus will become more prevalent in our environment. The prevalence of the virus is down to us ALL. We must comply with the barriers of control and reduce our tolerance to 'complacency'.



Visitors

The site will not be accepting any visitors from **Thursday 5th November 2020**. Acceptance of visitors will only be by strict approval of a member of the Senior Leadership team (SLT).

Contractors

A review is currently being carried out by Grahame Wallace on contractors on site, establishing those who are essential, which contractors can work in their own work bubble and which activities where possible can be put on hold for the time being during the lockdown period. More information on this will come out in due course.

Change to gatehouse procedure regarding Temperature Checks.

The procedure involving temperature checks at the gatehouse has changed, if you fail the temperature check at the box this may be because you are wearing extra layers and travelling with your car heater turned up, at this point you will be asked to;

- Pull into the layby and wait a short period (10 minutes) with your vehicle switched off giving time for your body heat to become normal.
- You will then undergo a second temperature test if this is also high you will be given the choice of two options;
 1. Go home and return to work the next day and try again
 2. We can ask the medic to attend the gatehouse and undertake a further test, using an in-ear thermometer machine (tympanic)
- Should you show a high temperature on this occasion you will be sent home where you should arrange a Covid 19 test.

- I would like to take this opportunity to remind you all of the first barrier of control, this is of course **you!** Should you feel unwell in any way then please **do not** come to work.

Logging of Employees self isolating

It is the Line Managers responsibility to continually update the Covid absence log which can be found here <W:\Corona Virus absence log\Corona Virus Log.xlsx>

Where there is a positive Covid case for an employee the Line Manager must also complete the Covid Checklist – Appendix 1, then when the employee returns to work complete the return to work form and send to HR.

Working from home

Individual heads of department are to work with their teams to identify who within their non-operational team members can work from home and what frequency would be required to reduce footfall.

In any discussions, please ensure the following are covered:

- Can the employee work from home and will they be productive – what measures can be taken to ensure productivity?
- Do they have the correct equipment and facilities?
- Would working from home cause any issues (i.e. isolation, or personal issues) and how can these be mitigated <https://www.mentalhealth.org.uk/coronavirus/mental-health-tips>
- What is the right blend between working from home to reduce footfall whilst also ensuring that tasks are completed?

Line Managers are to ensure that a new Remote Working Risk Assessment is undertaken – see attached below or Appendix 2 and the confirmation of who will be working from home logged here <W:\Corona Virus absence log\Corona Virus Log.xlsx>

Auditing of our barriers of control

We have introduced many barriers of control, but these can only be effective if they are followed and the right behaviours are displayed. It is important that we do not become complacent and constantly check that the barriers of control are being followed and where necessary seek opportunities for strengthening these and improving them. The attached audit form below can be used to check barriers of control within our working area and can be used by anyone to check both ICL and contractors working areas. Please help support everyone in keeping the sites safe by using the attached template. <V:\HOD\Corona Virus\Audit aide memoir\audit aide memoir.doc>

Masks in the workplace

You may notice going around site that the sanitation stations are now being kept refilled (by Champions for the Boulby site on the surface), if for whatever reason your local station has ran out of any items then please either contact Champions or your supervisor (Underground and Teesdock). The stations will also be equipped with clinical masks (not underground) for use by employees should they wish to use them, they are not mandatory, however if employees wish to use them then this is encouraged.

Car Sharing

It is difficult to socially distance during car journeys. You should avoid sharing a car with someone from outside your household or your support bubble unless you can practise social distancing. You can reduce the risk of transmission by:

- opening windows for ventilation
- travelling side by side or behind other people, rather than facing them, where seating arrangements allow
- facing away from each other
- considering seating arrangements to maximise distance between people in the vehicle
- cleaning your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch
- the driver and passengers must wear a mask to [wear a face covering](#)
- Anyone needing to car share should seek prior approval from the Head of Operations processing or Mining

Counselling and Bullying

The coronavirus (COVID-19) outbreak is having an impact on everyone's daily lives. During this time, you may be bored, frustrated or lonely. You may also feel low, worried, anxious, or be concerned about your health or that of those close to you. These are all common reactions to the difficult situation we face.

It's important that you take care of your mind as well as your body. Most people will find strategies that work for them and the difficult feelings associated with the outbreak will pass. Below are some links for telephone and online advice and guidance services that you may find useful:

<https://www.nhs.uk/oneyou/every-mind-matters>

<https://www.mind.org.uk/need-urgent-help/what-can-i-do-to-help-myself-cope>

Call Samaritans free on 116 123 or visit the Samaritans website

Shout 85258 offers confidential 24/7 crisis text support for times when you need immediate assistance. Text "SHOUT" to 85258.

We also provide a confidential counselling service which is available to all ICL employees. Please contact the **Medical Dept. on ext. 3296 or 01287 646523** if you feel you may benefit from this service. Or if you prefer to speak direct to a counsellor, you may contact them on the following numbers to make an appointment:

- Karen Lowes 07824 665289
- Julie Woodier 07709 896542
- Martin Holland 07789 390707

We are aware that some individuals, upon returning to work following a positive Coronavirus test and following the prescribed isolation period, have been subject to unfavourable treatment. This is clearly unacceptable, any employee who does test positive will only return to the workplace after following their prescribed isolation period after which they will no longer be infectious.

Whilst workplace banter is important, it is more important to know that there is a fine line and not to cross it. We will not tolerate bullying and harassment. Harassment and Discrimination – Stops here!

<https://www.youtube.com/watch?v=q47u5TRSBZQ&feature=youtu.be>

Appendix 1 - Covid-19 Positive Case Checklist

This form is to be completed by Line Manager and Employee (Please complete all questions as indicated)

| | | | |
|-----------------------------|---|---|--------------------------------|
| Name of Employee: | | | |
| Job Title of employee: | | | |
| Employee works number: | | | |
| Site location of employee: | | | |
| Managers name: | | | |
| Date of form completion: | | | |
| Contact Number for employee | | | |
| 1. | Have you been diagnosed professionally by a registered medical practitioner or a government testing station as having Covid-19, if yes what was the date, time and location of the testing? | Date: Time: | Location: |
| 2. | Have you received written confirmation of your test results? Are you willing to share your written results with us? | | |
| 3. | Have you had any of the symptoms associated with Covid-19? | Yes: Go to question 4 | No: Go to question 7 |
| 4. | What were the signs and symptoms that you displayed? | | |
| 5. | When did you first notice the signs and symptoms? | Date: | Time: |
| 6. | Did you call 111 for advice when the symptoms first appeared? If so, what advice was given? | | |
| 7. | Has anyone else in your household developed symptoms of Covid-19 or tested positive? If so whom and when? | | |
| 8. | Where do you believe you may have contracted Covid-19? | If work, go to question 9 If not work, go to question 10 | |
| 9. | If you believe you contracted the Covid-19 virus in the workplace, then what would make you believe that this was the case? | | |

| | | | |
|-----|---|---|-----|
| 10. | What were the activities you were involved with on the days leading up to either symptoms being noticed or the date of your test? | | |
| 11. | Did you attend work after first noticing symptoms? If so, what was your reason for doing so? | | |
| 12. | Did you inform work of the situation (either by calling the sickness line or your Manager) and supply HR with information (isolation note)? | Yes: | No: |
| 13. | What is your usual shift pattern and were you working on your usual shift prior to either symptoms being noticed, or your Covid-19 test being carried out? | | |
| 14. | <p>Please list all people (employees, contractors or visitors) whom, in the days leading up to either symptoms being noticed, or your Covid-19 test being carried out, the following apply? You:</p> <ul style="list-style-type: none"> • Were 2 metres or closer to, but further than 1 metre, for more than 15 minutes? • Were 1 metre or closer to for more than 1 minute? • Had skin to skin contact with. | <i>If you have indicated any individual, then please go to Question 15.</i> | |
| 15. | What control measures were in place and being followed by you to prevent the spread of Covid-19? | | |
| 16. | What PPE were you expected to wear during these activities? | | |
| 17. | Were you wearing this PPE? | Yes: | No: |
| 18. | What were the reasons for not wearing PPE if you answered No to the above question? | | |

Once completed, please send to the Medical Department ASAP. For Medical Department use Only

| | |
|--|--|
| Form reviewed by | |
| Title of person carrying out review | |
| Date reviewed | |
| Confirmation of reporting requirements | |

Appendix 2 - Remote Working - Risk Assessment Template

Use the following simple risk assessment to find out how safe your home working space really is. Look at the risks in the first column, answer 'yes' or 'no' as applicable and then make a note of what needs to be done to reduce or remove the risk if necessary.

| | |
|--------------------------|--|
| Employee Name: | |
| Date of Self-Assessment: | |

| RISK | YES/NO | ACTION REQUIRED? |
|--|--------|------------------|
| Desk Area | | |
| Do you have adequate space to work comfortably? | | |
| Is there enough space underneath your desk to stretch your legs? | | |
| Are there trailing electrical cables around your working area that need to be tied up? | | |
| Is your working area warm, well-lit and well-ventilated? | | |
| Do you need a desk lamp to improve lighting? | | |
| Is your working area clutter free so that you can focus easily on the task? | | |

| | | |
|--|--|--|
| Display Screens Set-Up | | |
| Is your desk chair set up correctly? Is your lower back supported, are there armrests and are your feet flat on the floor? | | |
| Do you have enough surface space on your desk to work comfortably? | | |
| Are your keyboard and mouse clean and within easy reach, without having to stretch? | | |
| Is your display screen clean and positioned so there is no glare from a window or light? | | |
| Is your display screen level with your eyes so it doesn't cause discomfort to your neck or head? | | |
| Can you easily reach everything that you need without twisting and straining your upper body? | | |

| | | |
|--|--|--|
| Fire and Electrical Safety | | |
| Are smoke detectors working and checked regularly, e.g. every month? | | |
| Do you regularly dispose of waste, including papers, to prevent a build-up of fire 'fuel'? | | |
| Does any electrical equipment spark or show signs of burns and so needs removing from use? | | |
| Do any wires look damaged or frayed and so need removing from use? | | |
| Do you switch off equipment when not in use? | | |

| | | |
|---|--|--|
| Do you regularly inspect your electrical equipment to check for signs of wear and tear? | | |
|---|--|--|

| | | |
|---------------------------|--|--|
| Stress and Welfare | | |
|---------------------------|--|--|

| | | |
|---|--|--|
| Do you take regular breaks away from your workstation? | | |
| Do you carry out regularly stretches at your desk to avoid stiff or sore muscles? | | |
| Do you sit with a good posture? | | |
| Do you have easy access to first aid equipment if required? | | |
| If you regularly use a computer, do you have your eyes tested every year? | | |
| Do you agree to adhere to the relevant working time regulations in your country and to keep records of such, if required? | | |

| | | |
|-----------------|--|--|
| Security | | |
|-----------------|--|--|

| | | |
|---|--|--|
| Is your home kept secure whilst you're working there? | | |
| Are important files and laptops kept locked away securely when not in use? | | |
| Are there adequate provisions to restrict access to company documentation from non-employees, including family members? | | |

| | | |
|------------------------------|--|--|
| Slips, Trip and Falls | | |
|------------------------------|--|--|

| | | |
|--|--|--|
| Are floor coverings, such as carpets and rugs, secure? | | |
| Are stairways and corridors clear of trip hazards? | | |
| Is the floor area around your desk clear of boxes, papers and wires? | | |

Manager's Approval

| | | |
|---|--|--------------------------------------|
| Based on the above I conclude that the employee: (please tick) | | CAN work from home as agreed. |
| | | CANNOT work from home. |

| | |
|-------------------|--|
| Manager Name | |
| Manager Signature | |
| Date | |

