**Checklist: Public Health Control Measures**

**Date undertaken: Signed:**

**This checklist can be used to support you in considering which control measures remain proportionate to continue to apply in your workplace or business activities.**

**Whether it remains proportionate to continue to apply a control measure will be determined by your**

* **workplace activities;**
* **whether activities are undertaken indoors or outside;**
* **the time of the year and**
* **the number of people you’re responsible for (staff, visitors and customers)**

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|  | If you have answered yes, please provide explanation  | If no, please provide any actions you plan to take or an explanation as to why you made this decision  | Date |
| Do you have sufficient ventilation in your premises? **YES/NO** What have you done to ensure there is sufficient ventilation?* Are the operating parameters for your mechanical ventilation systems in line with latest industry guidance?
* Consider if any activities can be undertaken outside.
* What means of ventilation do you have inside your setting (include all accommodation staff rooms, toilets, store rooms, all rooms where the public have access.
* Do any areas become frequently overcrowded?
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| Do you have a robust cleaning regime? **YES/NO*** Consider your cleaning schedule in relation to usage and traffic
* Are touch points cleaned/disinfected frequently?
* Are you using the correct contact time and dilution rate for your cleaning fluids?
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| Have you made adequate provision for handwashing and personal hygiene? **YES/NO*** Are there sufficient and accessible hand wash facilities for the number of staff in your workplace?
* Is there an adequate supply of soap, hot and cold water and hygienic drying facilities?
* Are staff provided with or do they have access to hand sanitisers?
* Do you make available hand sanitiser to customers and visitors up on entry or throughout your premises (if applicable?)
* Do staff know how and when to wash their hands properly?
* Do staff understand and have good respiratory hygiene behaviour? i.e. cough or sneeze into a tissue or elbow, bin tissue, wash hands
* Do you have hygienic hand drying facilities available? i.e. disposable paper towels, mechanical hand dryers?
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| Have your undertaken any specific training for or provided instruction/information to your staff in relation to the public health control measures you have adopted? i.e. appropriate ventilation, good hand washing practices, physical distancing etc.**YES/NO** |  |  |  |
| Can any measures be taken to improve physical distancing? **YES/NO*** Is your business able to support any level of physical distancing? i.e. 1m or 2m – 2m offers maximum benefits as a public health control measure
* Where the business operation doesn’t allow this, have you considered implementing any other control measures? E.g. some close contact services wear face coverings when undertaking treatments
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| Are you able to facilitate ‘working at home? **YES/NO*** Consider whether any of the activities within your operation such as administrative activities can be undertaken at home.
* Consider health and wellbeing factors of staff when determining any home working arrangements (including any requirement for staff to return to the work environment)
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| Do you operate a self-isolation policy? **YES/NO*** Do you require staff to notify you if they have symptoms of or test positive for coronavirus?
* Do you require and/or enable staff to work from home if they have symptoms of or test positive for coronavirus?
* Do you require staff to notify you if they are a close contact of someone who has tested positive for coronavirus?
* What other action do you take if staff have symptoms of or test positive for coronavirus?
* Do you require staff to notify you if they have symptoms of other respiratory infections and other communicable diseases? (including flu and norovirus)
* Do you require and/or enable staff to work from home if they have symptoms other respiratory infections and other communicable diseases?
* What other action do you take if staff have symptoms of other respiratory infections and other communicable diseases? (including flu and norovirus)
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| Do you support staff when they have a vaccination appointment?* Do you allow staff time off to have their vaccination?
* Have you pointed your staff towards Welsh Government information on vaccination?
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| Have you discussed with and implemented [**reasonable adjustments**](https://www.gov.uk/reasonable-adjustments-for-disabled-workers) for disabled workers and workers with health conditions?* Have you had a discussion and completed [**the workforce risk assessment tool**](https://gov.wales/covid-19-workforce-risk-assessment-tool) with all relevant workers?
* Did you identify and implemented any reasonable adjustments as a result?
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| Are there any other control measures which your business has implemented to minimise onward transmission in the workplace? **YES/NO*** You may have changed some of your practices, operations, shifts patterns or introduced other controls which are more suitable for your business
* You may be keeping records ensuring that you are aware who is on site for Fire Safety purposes, have you considered whether or not you could use these same records as a way of informing those present if someone has symptoms of a communicable disease (including flu, coronavirus or norovirus) or has tested positive for coronavirus?
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