

BOHS Advisory Note on Working in the Community – managing the health risk from Covid (SARS-CoV-2) following the relaxation of public health precautions

Introduction

The relaxation of public health precautions may result in enhanced risk to those who work in public-facing settings, particularly those who work within 2m distance of others. As individuals become less vigilant and return to normal behaviours with less attention to preventing virus transmission, so those who are required to work in the community may be at increased risk. Employers should up-date their Covid risk assessments to take this change in situation into account.

This Advisory Note brings attention to some additional risk considerations when up-dating the Covid risk assessment for public-facing workers, those working in the community and front line workers in public services.

Community Workers – Aspects to take into account in reviewing Covid risk assessments

These considerations may bring some activities into higher risk bands than they might previously have been. Reference to the BOHS Covid-19 risk matrix remains a good basis on which to review your risk assessment, however, public health rule changes mean that employers may wish to also take the following into account:

- 1) That risk assessments based on community transmission data may be less accurate because of the increased rapidity of spread (arising from fewer public health restrictions and less usage of the NHS app) and the lag in collating data to public reporting mechanisms;
- 2) That, as front line workers are now not required to isolate, the reliance on lateral flow testing or other forms of Covid tests for these workers could indeed increase the risk of infection between colleagues and/or different workers where there are multi-agency support for those with a number of care needs.
- 3) That reduced social distancing and respect for keeping one's distance may bring community-based workers into closer contact with more people which will be exacerbated by diminished mask-wearing especially in multi-person households;
- 4) That vaccination although reducing infection rates, also increases the proportion of people who are likely to be symptomatic and that noting this situation, rather than specific symptoms may be a better indicator of risk;
- 5) That the changes in track and trace can result in more people in the community with infections who are not isolating and asking whether someone has been in contact with someone who has Covid within a longer timeframe may be a sensible control before engaging with the delivery of service in the community;
- 6) That in-community controls are likely to be non-existent, which has an impact on the hierarchy of controls available – it may be that the only options are advising staff to meet in large well-ventilated areas and distancing where that is possible, but where it is not possible to have PPE appropriate to the situation available.

Follow up action

Further guidance on COVID controls is available on the BOHS website ([COVID-19 Hub - British Occupational Hygiene Society \(BOHS\)](#)), the HSE website ([Coronavirus: latest information and advice - HSE news](#)) and from professional bodies and trade associations.

Maintaining an up-to-date risk assessment which is communicated to staff is an important aspect of employer's legal duties and will have a significant effect on managing business continuity.

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