



BUSINESS REOPENING-WEBINAR REFERENCE MATERIAL

The following is merely an outline of key points detailed in a 60-minute webinar.

You should [view the webinars](#) in full to understand the context in which the information is provided. General information relevant to all sectors appears below, followed by sector specific links.

GENERAL

Employers must mitigate hazards for staff and customers in the workplace. COVID-19 is a hazard and, as such, should be managed in the same way as other workplace hazards. Risk Assessment templates:

- [hse.gov.uk/coronavirus/working-safely/index.htm](https://www.hse.gov.uk/coronavirus/working-safely/index.htm)
- plus [COVID-19](#) signage

Many employees¹ report feeling anxious about returning to work. A fact to consider when consulting with staff about your RA and explore encouraging staff or customers back to your premise.

With both risk mitigation and employee mental health in mind, context is helpful for you and your staff to understand the risks COVID-19 presents to you, your employees and customers.

VIRUS IN A NUTSHELL

Transmission...

..on surfaces

Fomite (surface) transmission is extremely low risk - each contact with a contaminated surface has “less than a [1 in 10,000](#) chance of causing an infection”. Scientists say the initial studies citing the virus survives on surfaces for days need to be [treated with caution](#)² and an extraordinary chain of events³ must occur for transmission to take place. Therefore, excessive cleaning is not warranted as a control measure. Normal handwashing ([soap and water](#) better than alcohol handgels) and standard “pre-pandemic” cleaning processes focused on high-touch surfaces should continue.

...in the air

Transmission commonly occurs in closed indoor spaces. This is due to tiny particles (aerosols), caused when people breathe or talk, which can float around for several hours after people talk, or breathe out.

Risk outdoors is significantly less⁴ than indoors as virus particles are easily diluted by surrounding air. “There are very few examples of outdoor transmission of COVID-19 during everyday life”. For example, walks around a park and to/from shops is negligible risk. There is a higher risk of outdoor transmission when natural social distancing is breached, and gathering size, density and circulation is increased, particularly for extended duration. Further detail available in this SPEAR [Review](#) of the Evidence

¹ see Mental Health section

² most didn't test conditions that exist outside the lab eg. “started out with humongous [amounts](#) of virus, nothing that you would encounter in the real world”; others used “mock saliva and controlled conditions such as humidity and temperature”. “Only a handful of studies have looked for viable virus outside the lab....none of the viral material [found present on surfaces] was actually able to infect cells”.

³ “An [extraordinary chain of events](#) would need to happen to successfully spread SARS-CoV-2 on a surface. A sufficiently large amount of the virus would need to be sprayed by an infected person onto a surface. The surface would need to be the right kind of material, exposed to the right levels of light, temperature, and humidity so that the virus does not quickly degrade. Then the virus would need to be picked up [“within [1-2 hours](#)”] — which you would most likely do with your hands. But the virus is vulnerable there [as skin is a porous surface]. And then it needs to find a way inside you—usually through your nose or your eye—in a concentration big enough to get past your mucosal defences and establish itself in your cells”. Outdoors, surfaces are even lower risk as sun kills 90% of the virus in [7 minutes](#).

⁴ US Center for Disease Control now says there's only a [1 in 10,000](#) chance of catching Covid-19 from a contaminated surface

PRACTICAL RISK MITIGATION CONTROLS

Surfaces and objects

Based on latest knowledge about fomite transmission:

- offering magazines etc in a waiting area is extremely low risk
- quarantining clothes/objects touched by customers is unnecessary

Indoors

Good ventilation is a priority. Alone, it has been proven to decrease transmission of airborne disease by up to 97%.⁵ Ventilation was a critical factor in enabling gym users to exercise without face coverings.

What is good ventilation?

Measurement of CO₂ (in air breathed out from people) is a good indicator of the effectiveness of your ventilation. In communal areas such as offices and retail shops you should aim for around [1000ppm](#) of CO₂. Spaces where there is potential for high aerosol generation (eg. gyms, loud talking or signing) should aim for under 800 ppm - a movement of air that has 8-10 Ltrs/sec/person. For comparison, outdoor CO₂ levels are around 420ppm.

Verifying level of ventilation

CO₂ monitors provide a precise measurement of levels ([see Q4](#) for points to consider). If you do not have a monitor, [pg 7](#) of ECDC guide gives a rough indicator of how effective open windows vs mechanical ventilation and alternatives is at removing 90% of air contamination. Where windows cannot be permanently open, intermittent opening for [10 mins](#)/hour can be effective at reducing the risk from virus in the air. The more windows you can open the better ([Image](#) showing what just one open window does to virus particles).

Further Guidance:

- [EDCD](#) evidence of closed spaces risk
- [15 recommendations](#) from REHVA on operating HVAC etc during epidemic
- [Ventilation calculation tool](#) for experts

Social Distancing – in an office environment, people should ideally be at least 1.5m apart.⁶ If not possible, risk can be minimised by people working/sitting back to back (particles breathed out in opposite direction) or side-by-side PLUS 1m apart. If this isn't possible, screens or higher ventilation (8-10 Ltrs/sec/person – equating to under 800 ppm CO₂ in premise) can minimise risk. Reducing time people work closer together also reduces risk.

Other Measures

- [Increasing temperature](#) and humidity helpful, but in most environments this effect is likely to be less important than the ventilation rate

⁵ According to the research, the increase in ventilation was responsible for 97% of the decrease in transmission. The effect of ventilation on a tuberculosis outbreak at Taipei University was explored. Many of the rooms in the school were underventilated and had CO₂ levels above 3,000 ppm. When engineers improved air circulation and got CO₂ levels under 600 ppm, [the outbreak completely stopped](#).

⁶ Cross-infection from 1.5m or more from an infected person can be controlled with adequate ventilation. See pg 4 of [REHVA guide](#)

- HEPA - role of HEPA filters in buildings outside of healthcare settings in preventing transmission of infectious diseases is unclear. Beware of misdescribed purifiers described as HEPA. Buy independently tested brands. See portable air cleaners and [purifiers](#) guide
- UV light - [latest](#) on UV light. [FAQs](#)
- Face Coverings and Shields are required in some sectors – see appendix 1 for details of efficacy

MENTAL HEALTH

Normally one in four of us experience a mental health problem each year. However, the past year the UK has experienced a Mental Health epidemic - people in all age groups have reported feelings of anxiety, stress, depression, isolation and/or hopelessness. Internal staff wellbeing surveys are unlikely to reveal the true picture of employee mental health.⁷

It's vital that businesses are mindful of this as it's highly likely that many of your staff or customers will be affected in some way. This impacts various business considerations and initiatives, including:

- bringing staff back to the workplace
- level of consultation with staff around the risks and your mitigation measures
- encouraging customers back to your premise
- productivity levels and quality of work
- decreasing sick days due to stress, depression or anxiety

There are many drivers of poor mental health. Many employees will not openly share their concerns with their employer. Therefore, it's advisable to make appropriate information and contacts accessible to your employees around the common causes:

- money worries
- job insecurity fears – transparency about state of the business and Government support that enables them to be retained
- feelings of isolation and depression
- vaccination mandated by Government or employer (see below)
- 'fear and anxiety about themselves or a loved one becoming ill' - "the most common concern" for increased anxiety. There are multiple reports of misinformation and fearmongering in social media exacerbating those fears, which may be managed by clear facts from impartial sources

Unless employers are mindful of, and manage those fears, these anxieties will likely lead to conflict when asking employees to return and/or conflict between employees.

⁷ [43%](#) of employees told CIPD that their general mental health has worsened since the coronavirus outbreak. Surveys "outside" of the workplace reveal quite different picture. A TUC survey of 50,000 workers and Mumsnet survey of 1500 found [90%](#) and [76%](#) of women respectively reported a deterioration in their mental health.

Employer vaccination policies

A few employers queried whether they need to explore such policies. Noting up to a third of adults⁸ say they are 'very unlikely' to get the vaccine, any mandate by employers to require staff to vaccinate will likely lead to conflict in the workplace. You may also find yourself subject to reputational damage or legal action under human rights or discrimination laws. This would include policies that coerce staff to vaccinate (eg. refusing them the right to use staff canteen). Advice from [ACAS](#)

Government undertook a [2-week consultation](#), inviting views from the public, to consider the ethical and legal grounds of introducing COVID-status certification. This may require everyone to carry some form of proof of their vaccine status to partake in social activities or other settings. Employers should await the outcome of this work rather than undertake their own policy changes.

FURTHER GENERAL INFORMATION

- [gov.uk/business-coronavirus-support-finder](https://www.gov.uk/business-coronavirus-support-finder)
- [Other grants and funding from](#)
- [gov.uk/coronavirus-business-reopening](https://www.gov.uk/coronavirus-business-reopening)
- Free Government [Recovery Advice](#) for Business
- NHS QR code [Poster](#)
- Self-isolation [rules](#)
- LFT [tests](#)

SECTOR SPECIFIC USEFUL LINKS

Close Contact

- [GCMT COVID-19: Advice, Resources](#)
- <https://www.nhbf.co.uk/news-and-blogs/news/>
- <https://www.nhbf.co.uk/news-and-blogs/blog/back-to-business-with-the-nhbf-reopening-faqs-for-beauty/#fullrange>
- Covid-Secure [notice and template signage](#)
- Advice for [Piercers](#)

Hospitality

- Guidance from British Beer and Pub Association ([BBPA](#)) and [UKHospitality](#)
- Reopening [FAQs](#)
- [Track and Trace Directory](#) and [guidance](#)

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⁸ In the UK Covid-19 Social Study survey of over [70,000 respondents](#) focusing on psychological experiences of adults during the pandemic, nearly 1 in 5 adults (aged 30 – 59) and 1 in 3 young adults (aged 18-29) say they are 'very unlikely' to get the vaccine

FURTHER HELP

If you still have questions or concerns after reading the Government guidance for your sector and/or viewing the RSP's relevant webinar, please get in touch. The RSP is currently providing **free, tailored, one to one advice to help you reopen, or continue trading, safely**. For those based outside the London Boroughs of Merton, Richmond upon Thames and Wandsworth, advice is charged on a cost recovery basis - we make no profit from this service. The RSP is here to fully support you trade as smoothly as possible.

Any enquiries should be sent to foodandsafety@merton.gov.uk

Appendix 1 - Face Coverings vs Shields

Face coverings are [mandatory](#) for citizens. Whilst not conclusive⁹ of the efficacy of face coverings, a case study suggests they were helpful in [stopping spread of Covid-19](#) from two symptomatic Close Contact workers to 139 customers that they were in close contact with for 15 – 45 minutes.

Face coverings vary HUGELY in their effectiveness to others and the wearer. Some homemade coverings can be more effective than commercially available face coverings, even the popular disposable surgical masks.

Good: 2 layers of woven 100% cotton with high to moderate yarn counts, with visible raised fibre or nap, such as found on flannels

Acceptable: Disposable surgical “procedure” masks stop 60-70% of the smallest particles

Avoid:

- synthetic materials, particularly of moderate yarn counts. Cotton bandanas and thick woollen scarves (even double-layered) only stop 20% of particles¹⁰
- [Valved](#) face coverings

Face Shields stop large sneeze/cough droplets, but:

- **NOT** tiny speech aerosols, breathed out by the staff member
- do **NOT** stop staff breathing in small airborne speech droplets (from your customers) that hang in the air

⁹ The level of ventilation at the premise does not appear to have been checked to understand how much of a factor that was

¹⁰ Tests by Dr Wang, international [award winner](#) of aerosol research