

Covid19 Risk Assessment

Witney Snooker, Pool and Darts Club

Escape Leisure Enterprises Ltd

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The hazard

The UK has been subject to an outbreak of a coronavirus called covid19. This is a viral outbreak that has been declared a pandemic by the WHO and originated in China.

Who is at risk

- I. Staff
- II. Customers
- III. Contractors
- IV. Delivery personnel

All these groups have the potential to catch the virus. Older people and people with pre-existing medical conditions especially respiratory related are more vulnerable to becoming seriously ill with the disease.

What is the risk

The UK governments Chief Medical officers have stated that the UK is now at Level 3 on the Covid19 alert scale meaning "an epidemic is in general circulation" but transmission is no longer high or exponential.

Professor Chris Witty the UK Governments Chief Medical Officer on the 22nd April 2020 stated "A significant portion of people will not get this virus at all, of those who do get symptoms 80% will be mild or moderate. Even in the high risk groups the great majority if they catch this virus will not die".

The Prime Minister of the UK stated in his statement to Parliament that the risk of catching Covid19 during the first half of June was now 1 in 1700 in England and declining at a rate of 2-4% a day.

The Office of National Statistics data shows that those at high risk of death from the disease are those over 70 and that those at very low risk are under 50. This is the same when it comes to having a mild/moderate or serious reaction to the virus.

Public Health Englands latest surveillance report (Week 25) shows:

- A. Current infection rate of 5 - 9.99 per 100,000 population per week for Oxfordshire
- B. 52% of outbreaks were from Care homes

- C. 24% of outbreaks were from Hospitals, Schools and Prisons
- D. Zero cases from the 15-44 age group
- E. 5% of cases were in the 45-64

UK Government briefings currently show:

- A. Average number of daily infections in England were 1219 for w/e 21st June
- B. Average daily hospitalisations in England of 313 w/e 19th June

Imperial College London have produced the following report detailing the age specific risks associated with Covid19.

Table 1: Current estimates of the severity of cases. The IFR estimates from Verity et al.¹⁷ have been adjusted to account for a non-uniform attack rate giving an overall IFR of 0.9% (95% credible interval 0.4%-1.4%). Hospitalisation estimates from Verity et al.¹⁷ were also adjusted in this way and scaled to match expected rates in the oldest age-group (80+ years) in a GB/US context. These estimates will be updated as more data accrue.

Age-group (years)	% symptomatic cases requiring hospitalisation	% hospitalised cases requiring critical care	Infection Fatality Ratio
0 to 9	0.1%	5.0%	0.002%
10 to 19	0.3%	5.0%	0.006%
20 to 29	1.2%	5.0%	0.03%
30 to 39	3.2%	5.0%	0.08%
40 to 49	4.9%	6.3%	0.15%
50 to 59	10.2%	12.2%	0.60%
60 to 69	16.6%	27.4%	2.2%
70 to 79	24.3%	43.2%	5.1%
80+	27.3%	70.9%	9.3%

Conclusions

Risk **OF** infection is low, the number of cases is 6 per 100,000 and over 75% of these are currently taking place in specific environments such as care homes and hospitals not the general community.

Risk **OF** infection is low at 1.2 in 10 for distances closer than 1m and 3 in a 100 for distances of 1m minimum with the risk having for every additional metre.

Risk **FROM** infection is low for customers and staff under 64 and with no pre-existing health conditions.

Risk **FROM** infection is medium to high for customers over 64 and those with existing health conditions

Transmission

Viruses are transmitted via Fomite and Droplet. Fomite transmission is when an object becomes contaminated and transmission takes place when a person touches it. Droplet transmission is when respiratory droplets carrying the infectious pathogens travel directly from on respiratory tract to another individuals susceptible mucosal surfaces generally in the form of sneezing, coughing or speaking.

Droplet transmission is the most likely method of transmission of this virus. The WHO advises people to maintain a distance of 1m from other people and the UK Government currently advises maintaining a distance of 2m or 1m with mitigation to reduce the chances of transmission. The latest study published in the Lancet shows that when closer than 1m to an infected person the chances of transmission is 12.8%, maintaining 1m distance reduces this to 2.6% and that for every further metre the risk is reduced by a factor of 2.02. Transmission outdoors has been shown by multiple studies to be negligible. Transmission is also higher in face to face settings.

Minimising the Risk

The following will be implemented in compliance with the UK Governments guidance dated 23rd June 2020. These measures will be kept under review on a regular basis.

I. NHS Test and Trace

- A. The business operates a software system called Memsec which records the visits of members to the premises and logs them on/off tables when they play. This system is also used to record non members visits. The data is held securely on the system indefinitely.
- B. Staff rotes will be retained onsite for 21 days

II. Occupancy

- A. The following has been calculated as the maximum number of customers that can reasonably follow social distancing guidelines in the venue.
 - 1. Snooker Room - 12
 - 2. Pool Room - 17
 - 3. Dart Room - 10
 - 4. Lounge - 31
 - 5. Garden - 64
- B. Entry to the venue will be controlled by the door entry system when the capacity has been reached using CCTV to monitor all areas and manage any queueing.
- C. Table booking will be promoted on the website and social media and staggered time slots used to minimise queueing at the entrance.

III. Personal Hygiene

- A. Wash hand basins are provided so employees can regularly hand wash
- B. Hand sanitiser is provided behind the bar for each service point
- C. There is a hand sanitiser station at the entrance of the premises for staff and customers and on the bar for customers use.

IV. Social Distancing

- A. Layout has been amended to maintain social distancing of 1m with mitigation as a minimum between customers and to ensure a smooth flow around the premises.

B. Specific actions with regards to back of house areas are listed in the attached document.

V. Customer Guidance

A. Entry notices informing customers of expected behaviours for hygiene and social distancing, also displayed on social media and our website.

VI. Incident and emergency procedures

A. Existing procedures are sufficient given the premises will be operating on a lower capacity.

B. Staff training has been reviewed and additional training has been booked for key staff.

C. Security is reduced through the operation of the separate entry / exit routes so this will be monitored and amended if security issues override the benefits from the flow of people into and out of the premises.

VII. Delivery's

A. Stock delivery should either be handled with gloves or staff to wash their hands immediately after putting stock away. When moving stock from the cellar to display fridges wipe products before stocking up and wash hands after you have finished.

VIII. Personal Protective Equipment

A. Government guidance states: PPE beyond what is normally required for certain procedures is not beneficial. The role of PPE providing additional protection is extremely limited. As a result we are not proposing that staff or customers wear PPE however if staff or customers do wish to wear a face covering it is allowed subject to removal for identification purposes.

IX. Work related travel

A. Staff are encouraged to avoid public transport and walk, cycle or drive themselves to work.

B. Use fixed travel partners and minimise the number of people outside of your household or support bubble that travel together in one vehicle.

X. Staff communications

A. We will maintain ongoing engagement with our employees and welcome any input / feedback they have on the procedures developed and the risk assessment document.

B. We are aware these are uncertain times so if staff have any concerns over their well being they are encouraged to let us know.

References

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