

COVID-19 Risk Assessment Template for Church Activities

Introduction

This template has been prepared to assist churches as they plan their activities, including re-opening premises, in accordance with their legal duties under Health and Safety and Coronavirus legislation. Although it is hoped that this template will be helpful, churches remain responsible for their own risk assessments and the FIEC and the author of this template can accept no liability for a risk assessment being conducted poorly using this template.

Government guidance and other resources

Churches should begin by consulting the applicable government guidance for the safe use of places of worship during the pandemic:
<https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-places-of-worship-during-the-pandemic-from-4-july>
<https://gov.wales/guidance-reopening-places-worship-coronavirus-html>
<https://www.gov.scot/collections/coronavirus-covid-19-guidance/#placesofworship,marriagesandcivilpartnerships,andfunerals>
The FIEC has a number of other relevant resources which can be found at: <https://fiec.org.uk/resources/series/coronavirus>

Use of this template

This template is designed to support an assessment of risk specifically in relation to the spread of COVID-19, and should be used to supplement, rather than replace, existing risk assessments. It may also be necessary to review existing risk assessments, as changes to activities arising from controls identified here may render those assessments no longer applicable. This template includes a prompt to consider such matters.

In the template, it is proposed that hazards are grouped together under a set of hazard categories which cover different aspects of the COVID-19 risks that require management. You may or may not wish to use these categories - do so only if you find them helpful. The categories are not strictly mutually exclusive and so you may find a particular hazard or control can be discussed under more than one heading - feel free to pick and choose the most appropriate place to discuss each issue and do not duplicate discussions unnecessarily.#

A set of checklists is provided with this template to act as an aide memoir for various activities, hazards and control measures you might consider. These checklists are intended to serve as a prompt and will not cover every eventuality - you also may not want to use all of them. Activities covered should not be limited to gatherings but should include routine work carried out by staff and volunteers using the premises.

How to fill in the template

This template is designed to assess risk for each activity separately. This is intended to encourage you to consider differences between activities that may require different controls. A blank template and an illustrative example are provided. To risk assess an activity, follow these steps:

- 1) Copy the blank template tab and rename it with the name of the activity in question. If the activity is similar to one you've already assessed, consider copying and editing the tab you filled in for the similar activity instead of starting from a blank template.
- 2) In the cells at the top of the page, enter the name of your church and the name and description of the activity, including any assumptions you are making as part of the risk assessment (these can be reviewed later to check if they are valid).
- 3) Fill in the date the assessment was conducted, and the date at which it should next be reviewed - all risk assessments should be treated as 'living documents' and reviewed periodically and when significant changes occur which could affect their content. You should review assessments for any new activities after the first one or two times they are carried out, as well as whenever the regulations or guidance change.
- 4) Fill in the names of the assessor(s) and reviewer(s). It is always a good idea to have at least one additional person review a risk assessment.
- 5) In the table, start filling in entries for hazards you identify for each activity. Refer to the checklists for ideas to get you started (these can be discussed in separate line entries or lumped together).
- 6) You may wish to use the hazard categories in the first column to help identify hazards - feel free to add your own categories or remove some of the existing ones if you do not find them relevant, just as long as you cover all relevant risks. You may wish to leave blank rows between categories to make the table easier to read, and insert / delete rows as appropriate.
- 7) It may be helpful to add a reference number for each hazard identified to make it easier to refer to entries in the table later.
- 8) Provide a brief description of each hazard, who may be harmed and a list of the existing control measures in the appropriate columns.
- 9) Enter Y or N in the acceptable column to indicate if the risk is acceptable - this will require subjective judgement.
- 10) Identify any actions that are required, and assign each an 'action owner' to ensure it is carried out and the date by which it should be completed. In the right hand column, record when an action has been completed. There should be at least one action for any hazard with N in the acceptable column. You may wish to record multiple actions over multiple lines for clarity.
- 11) After all actions are completed, you may wish to update the risk assessment to show updates to existing controls.

Viewing and printing options

The template can be viewed on screen, saved as a PDF or printed. Note that Excel sometimes does not display the full content of a cell with a lot of text. This problem usually does not arise if viewing at 100% zoom, and should not carry over to printed or PDF versions. The full content of a cell can always be viewed by double-clicking in the cell. This template is not locked for editing, but be careful if you edit the layout or formatting. A number of Excel features are hidden in this template but can be made viewable again if desired.

Judging when a risk is acceptable

You should only put Y in the Acceptable column if you are satisfied that your legal duties do not require you to reduce the level of risk further, and if you are comfortable with the level of risk. If you put N, you should seek to identify actions that can get you to a point where you can put Y here - otherwise you may not be able to proceed with the activity in question.

Your legal duties will usually be to reduce risk *so far as is reasonably practicable*, which means there is nothing you can do to reduce the risk further without incurring a cost (in time, effort, inconvenience or money) that is *grossly disproportionate* to the reduction in risk achieved. Usually, regulatory bodies will accept that you have met your legal duties if you are fully compliant with all relevant guidance, but the only definitive test is in a court. Where hard legal requirements apply, ensure you are meeting these too. The FIEC provides further guidance at: <https://fiec.org.uk/resources/a-note-on-health-and-safety-legal-duties-for-churches>

The same principle of *reasonable practicability* needs to be applied after you have identified all reasonable controls, as you still need to justify running the activity instead of reducing risk further by not running it at all. For this, consider whether the 'cost' of not being able to run the activity at all is *grossly disproportionate* to the benefit of removing the remaining safety risk. Again, as a rule of thumb, if you can run the activity in line with the available guidance you should generally be alright, but the decision is subjective and yours to make.

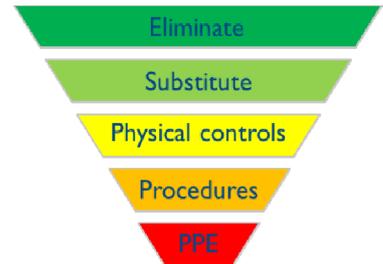
Many risk assessment approaches use a structured risk ranking method to determine whether risks are acceptable or not, taking into account the likelihood and severity of a risk event occurring. This template does not use such a method for several reasons:

- Explicitly estimating the likelihood and severity of various outcomes, imprecise at the best of times, is extremely difficult to do for COVID-19 because we are still learning new information about the disease and its spread. Therefore any ranking runs the risk of being arbitrary.
- Compliance with guidance is a much easier criterion to test when determining if the risk level is acceptable, and is traditionally accepted as the basis for legal defence in health and safety cases involving other 'strong guidance' from the government or regulatory bodies.
- Risk ranking approaches can lead to a temptation to 'engineer' the results to meet the requirements for acceptability.
- The pro-forma COVID-19 risk assessment template on the HSE website (<https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>) does not use risk ranking.

If you would prefer to adopt a ranking approach, you will still be able to use this template - just use whatever method suits you to determine when to put a Y or N in the table and either capture your likelihood and severity scores in the existing columns or insert additional ones.

General considerations when choosing control measures

Safety controls should be considered working progressively down the "hierarchy of hazard control" (see right). This means thinking about ways to completely eliminate risk first, then finding ways of substituting a hazard with someone less hazardous, then considering physical controls, then procedures, and finally Personal Protective Equipment as a last resort. When choosing controls to manage COVID-19 risk, start by asking "can we remove this hazard" before asking "how do we manage this hazard" - for example, instead of managing the contact risk of handling collection bags, ask first if collections can be replaced completely with online giving or substituted with a static box that doesn't get passed around. Similarly, physical controls are better than procedures, which rely on human compliance to be effective - so anything less reliant on behaviour is better (e.g. physical cordoning is more effective than floor markings,



which are more effective than just asking people to maintain distance). PPE should be considered after other measures - not because it is ineffective (masks are important!) but because it should supplement other controls rather than replace them.

Another point to consider is what the government guidance is emphasising. Beyond the requirement to perform risk assessment, very little of the guidance is legally mandatory, but non-compliance may mean failure to meet existing legal duties under health and safety legislation, so the guidance should not be viewed lightly. Particular points recently emphasised by the government include:

- 1) No congregational singing (small groups of singers are able to sing in front of the congregation, although recordings should be considered).
- 2) Discouraging conversations between households / bubbles at or after religious services.
- 3) Mask wearing is mandatory in places of worship.

Next steps and developing an action plan

Once you have completed a risk assessment, the next steps are to develop an action plan based on the listed actions in the assessment. Every action must be completed, the risk assessment updated accordingly and any relevant instructions about the controls disseminated clearly and in a timely manner to everyone responsible for their implementation. Once a control is established in the risk assessment it is vitally important it is followed - otherwise the risk assessment becomes a meaningless paper exercise that does not help in the management of safety risk. This would also create a serious legal liability as your own risk assessment could be used as evidence against you. Finally, you should agree a review date for every assessment - probably not too far in the future for new or significantly altered activities, so you can quickly adapt to lessons learned.

COVID-19 RISK ASSESSMENT

CHURCH NAME:

Activity:	<input type="text"/>
Description (including assumptions made for risk assessment):	<input type="text"/>

Assessment date:	<input type="text"/>
New review due:	<input type="text"/>

Assessor(s):	<input type="text"/>
Reviewer(s):	<input type="text"/>

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Infected person attending event									
Physical contact between persons									

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Airborne transmission									
Surface transmission									
Transmission to the clinically vulnerable									

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Wider outbreak in community									
Other safety hazards arising from COVID-19									

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Safety issues arising from lack of use of the									
Operational issues									
Other issues									

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done

COVID-19 RISK ASSESSMENT

CHURCH NAME: EXEMPLAR BAPTIST CHURCH

Activity:	20s and 30s Group outdoor meet-up
Description (including assumptions made for risk assessment):	Members of 20s and 30s to meet outdoors at local park in non-interchangeable, non-interacting, socially distanced groups of up to six people to meet, talk and eat picnic food they may bring with them.

Assessment date:	19/07/2020
New review due:	31/07/2020

Assessor(s):	John Smith
Reviewer(s):	Simon Peters

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Infected person attending event	1	Person infected with COVID-19 attends event, risking infection of others	Attendees	Group reminded to follow government guidance to self-isolate if displaying symptoms (high temperature, continuous cough, lost / altered sense of taste / smell) Anyone taken ill with COVID-19 symptoms during event to be sent home and advised to follow government advice and seek a test	Y	Remind 20s and 30s group that symptomatic individuals should follow government guidance	John Smith	31/07/2020	
Physical contact between persons	2	Transmission of COVID-19 through direct physical contact with an infected person	Attendees	Attendees advised prior to and at event to refrain from physical contact outside of households / support bubbles 2m distance between households if possible Attendees advised to bring hand sanitiser	Y	Disseminate finalised version of instructions to all attendees	John Smith	31/07/2020	

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
Airborne transmission	3	Transmission of COVID-19 through airborne particles between groups of six	Attendees	Attendees may not move between groups during the event Groups to be spaced apart sufficiently to not interact verbally with each other Attendees directed to groups on arrival, maintaining 2m distance at arrival point Outdoor environment is well ventilated	Y				
	4	Transmission of COVID-19 through airborne particles within groups of six	Attendees	2m distance between households if possible Sensible hygiene to be observed (covering mouth and nose when sneezing, using tissues and disposing immediately) Attendees advised to bring hand sanitiser and use after touching face / before eating No singing, chanting or loud talking Outdoor environment is well ventilated	Y				
Surface transmission	5	Transmission of COVID-19 through shared objects	Attendees	Attendees advised to bring hand sanitiser and use after touching face / before eating No shared objects as part of event Personal items to be kept with their owners Sensible hygiene to be observed (covering mouth and nose when sneezing, using tissues and disposing immediately)	Y				
	6	Transmission of COVID-19 through shared food	Attendees	Attendees advised to bring their own food and not to share within their groups	Y				
Transmission to the clinically vulnerable	7	Transmission of COVID-19 to those who are clinically vulnerable	Clinically vulnerable attendees	Group reminded to follow government guidance if in high-risk / shielding categories (up to individuals to choose how to manage their own risk) High-risk volunteers not enlisted to run event	Y	Remind 20s and 30s group that high-risk / shielding individuals should follow government guidance	John Smith	31/07/2020	

Hazard category	Ref.	Hazard description	Who might be harmed	Existing controls	Acceptable (Y/N)	Further actions			
						Description	Owner	Target date	Done
						Confirm that no volunteers enlisted to help run event are high-risk / shielding	John Smith	31/07/2020	
Wider outbreak in community	8	COVID-19 case at event leads to potential wider outbreak in the community	Attendees and wider community	List of attendees kept to enable Track and Trace (including who is in which group of six) Record to be kept for 21 days after event	Y				
		Local outbreak of COVID-19 raises baseline level of exposure at event	Attendees and wider community	Event to be cancelled in line with local guidance if required	Y				

Checklists for Activities, Hazards and Controls

Activities

Regular services

Morning gatherings

Evening gatherings

Gatherings with / without children

Special services

Weddings (see government guidance on weddings)

Funerals (see government guidance on funerals)

Baptisms (note guidance on use of water in ceremonies)

Fellowship and activity group gatherings

Indoor gatherings

Outdoor gatherings

Prayer groups

House / home groups

Outreach activities

Routine staff, volunteer and contractor activity on the premises

Work in an office environment or equivalent

Cleaning and maintenance

Building work

Meetings

Children and youth activity

Youth groups

Children's teaching (see government and CofE guidance on out-of-school settings)

Parent and toddler groups

Hazards

Infected person attending event

Infected person attends event

Person in same household as infected person attends event

Person recently exposed to infected person attends event

Person displays COVID-19 symptoms during event

High local infection rate

Physical contact between persons

Handshaking and hugging

Accidental physical contact

Airborne transmission

People in close proximity

Singing / corporate reading / corporate prayer

Speaker projecting from the front

Musicians - vocalists and woodwinds / brass

Conversations - people speaking to and facing each other

Uncontained coughing and sneezing

Surface transmission

High contact surfaces (e.g. door handles, handrails, light switches)

Toilet facilities

Catering facilities and foodstuffs

Communion

Shared items (e.g. Bibles, service sheets)

Handling of personal items (e.g. coats)

Cash collections

Furniture (e.g. desks, tables, lecterns)

Handling of equipment (e.g. AV, computers, music)

Transmission to the clinically vulnerable

Clinically vulnerable person attends event

Visit to or items sent to clinically vulnerable person at home

Wider outbreak in community

Transmission at church event leads to wider spread of COVID-19 in local area

Local outbreak raises base level of exposure risk at all events

Other safety hazards arising from COVID-19 control measures

Compromised fire safety from wedging doors

Handrails not used leading to trips and falls

Slip hazards from cleaning substances

Health and safety issues arising from cleaning (e.g. chemical safety)

Safety issues arising from lack of use of the building

Hygiene (e.g. festering rubbish, dust levels, toilet regurgitation)

Maintenance (e.g. water ingress, deterioration of fixtures and fittings)

Legionella from stagnant water in pipes

Overdue inspections on firefighting equipment and alarm tests

Overdue inspections of gas and electricity systems and portable appliances

Overdue checks for legionella, lead and asbestos

Overdue statutory inspections on stairlifts

COVID-19 measures render content of other risk assessments out of date

Overdue risk assessment reviews

New activities requiring risk assessment (e.g. outdoor events)

Adjustments to entrances / exists / queues may affect physical accessibility

Operational issues

Key personnel become unavailable due to need to self-isolate

Outbreak within the church forces cessation of resumed activities

Local outbreak necessitates cessation of resumed activities

Controls

Communications

Preparation of action plan outlining control measures
Dissemination of action plans / risk assessments to key personnel / leadership
Communications to members - email, start of service etc.
Signage on premises relaying key hygiene and distancing messages
Guidance for / liaison with contractors coming on site

Travel to service

Encourage attendees to follow guidance if using public transport
Encourage attendees to only travel with own household / bubble
Admittance restricted to those booked in advance

Limitation of general exposure risk

Shorter services

Limitation of numbers

Determination of safe venue capacity in all relevant rooms
Pre-booking arrangements
Determining who can attend

Crowd management

Social distancing (2m or 1m+)
Discourage physical contact (e.g. handshaking, hugging)
Management of entry and exit of premises
One-way systems
Floor markings
Areas designated out of bounds
Staggered arrivals / departures (people told to go to / remain in seating)
Placement of seating
Identify fixed locations where key personnel must sit (e.g. computer desks)
Allocation of seating
Cordoning off seating
Encouraging people not to linger afterwards and provision of online alternatives
Queueing for shared facilities (e.g. toilets)
Limitation of toilet use (e.g. one person at a time regardless of no. of cubicles)
Outdoor gatherings to comply with guidance (e.g. six people max.)
Other indoor gatherings to comply with guidance (e.g. two households max.)
Mingling before and after services to be discouraged inside building
Mingling outside building in line with guidance and away from entrances
Procedures for managing violation of social distancing rules

Cleaning

Pre- and post-service cleaning requirements
Enhanced cleaning routines for certain areas e.g. toilets
Volunteer engagement and rostering

Targeting of shared surfaces - desks, handrails, light switches, door handles

Availability of surface cleaner / wipes

72 hour isolation of surfaces / objects which cannot be cleaned

Encourage attendees to clean toilets / sinks / door handles after themselves

Providing guidance / signage on cleaning toilets

Building not used for 72 hours as alternative to 'deep clean'

Waste handling procedures - all waste assumed contaminated

Personal hygiene

Provision of hand sanitiser at entries / exits / shared surfaces

Encouraging covering of mouth and nose when coughing / sneezing

Encouraging hand hygiene and avoiding touching the face

Attendees encouraged to take their waste away with them

Minimising surface contact

Removal of unnecessary surfaces (e.g. superfluous desks, lecterns)

Propping doors open

Avoiding use of shared items (e.g. bring your own Bible)

Single-use printed orders of service

Digital alternatives for orders of service etc.

Personal items (e.g. coats) to be kept with owners

Avoid cash collections and encourage alternative giving methods

Quarantine cash for 72 hours

Contactless payment methods

Manage which toilets are opened

Encourage attendees to use toilet facilities at home

Avoid catering / refreshments

Encourage attendees to bring their own water bottles, hand sanitiser etc.

Use disposable towels in toilets

Microphones to be used by one person per service and isolated for 72 hours

Use of pedal bins

Personal Protective Equipment

Disposable masks for key volunteers (e.g. stewards), including proper technique

Encouraging or mandating use of masks by all attendees (especially for 1m+)

Gloves for certain tasks (e.g. AV, waste handling) - including proper technique

Children and youth

Children to remain seated with parents

Cancellation of children's activities

Removal of shared toys / closure of play areas

Young children to be accompanied to the toilet

Minimising airborne transmission

Ventilation (not just air conditioning / recirculation)

Avoiding singing and loud speaking

Avoiding woodwind and brass instruments

Discouraging conversation between households / bubbles

Additional distance between speaker(s) and everyone else

Consider what activities / meetings can take place outdoors

Promoting self-isolation

Encouraging clinically vulnerable / older members to follow guidance

Encouraging symptomatic members to follow guidance and not attend

Encouraging members who have been travelling to follow guidance

Verbal check for symptoms upon arrival

Identification and follow-up with attendees displaying COVID-19 symptoms

Informing other attendees if someone is taken ill prior to test results

Briefing on symptoms (fever, persistent cough, altered sense of smell / taste)

Avoiding rostering volunteers who are known to be clinically vulnerable

Supporting contact tracing

Keeping records of who is attending events

Retain contact details for 21 days

Photographic evidence to supplement attendance records

Action plan in event of confirmed COVID-19 case

Remote attendance

Ensuring online options remain for those who cannot safely attend or are nervous

Ensuring individuals do not feel under pressure to attend physically

Continue to use remote working tools for staff and volunteer meetings etc.

Operational resilience

Contingency plans to halt / cancel resumed activities if necessary

Maintain capability to take services back online

Backup personnel to cover all critical roles - service leaders, computer/AV etc.

