

Provincial Grand Lodge of West Lancashire



Guidelines for Masonic Halls returning to Business

Version 1 - 10/07/2020

Introduction

Before we start brethren, please remember this is a unique situation that we have all had to face and the re-opening of Masonic Halls will not be an easy task and every Hall will inevitably have its own requirements.

In conjunction with everything you read in this document, please use your common sense with your decision-making process

The announcement today, that Freemasonry will resume shortly, coincides with a relaxation of restrictions imposed by the UK Government on individual movement and public gatherings. Many buildings in the hospitality sector can now open, and such buildings include *Masonic Halls and Centres*.

To ensure that buildings are safe and fit for purpose, at a time when the virus is still circulating in the community, guidelines have been published by the Government outlining steps which must be taken to ensure that social distancing can be maintained, and a comprehensive sanitising regime is in place.

Hall Directors and Managers will be responsible for safely opening Masonic Buildings and complying with Government guidelines and to assist those responsible, advice and guidance has been added as an update to the Masonic Halls Guidance Manual which can be viewed <https://b.ugle.org.uk/masonic-centres>

The relevant section on reopening after COVID-19 begins on Page 68, Chapter 7 - *Reopening of Masonic Centres after COVID-19 Closedown* - within the Building and Maintenance Section.

Initially at least, Hall Chairmen maybe asking themselves the following questions :

1. Is it safe to open?
2. What is the position with bars and catering?
3. Is it financially viable to open?
4. Have our Insurer and the Local Authority been informed?

The Province is most grateful to our sister Province, East Lancashire, and particularly to WBro Mike Stubbs BSc (Hons) CMIOSH MIIRSM, who is also a member of the Institution of Occupational Safety and Health, and WBro Jim Fallow, who spent many years as a licensed Trade Area Manager, for their collective expertise in producing the original document for East Lancashire, which has been subsequently adopted and adapted to the requirements of this Province.

This document is written as a reference guide only and it is entirely a matter for the Halls to decide for themselves what is the best way forward given their own circumstances.

References to Lodges and Secretaries include Chapters and Scribes E and the equivalent Office in all the other Orders.

Contacts

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The three brethren above are all members of the Halls Support Group

COMPLIANCE and SAFETY

Masonic Halls Covid 19 Risk Assessment

The completion of a risk assessment and the implementation of suitable control measures to manage the risk of Covid 19 is a legal requirement in UK Health and Safety Law. There should be a full risk assessment for the premises already, so this one is to cover a risk that would not have been foreseen previously.

To comply with legislation, this Covid 19 risk assessment template should be reviewed and completed with your specific Hall in mind, and the control measures added to or deleted to suit your Hall.

When the Covid 19 Risk Assessment has been completed, it should be communicated to all members of staff, Halls Management and Franchisees. A record of that communication should be kept securely, and a copy kept offsite.

It is also recommended, that a copy should be sent to every Lodge Secretary and Scribe Ezra, together with their equivalent in every other Order meeting in the Hall. The *Staying Covid 19 Secure in 2020* poster which is included with this document, should be displayed in a prominent position and on the Hall website.

Further copies of the Risk Assessment should be sent to :

- The Provincial Grand Secretary - centraloffice@provinceofwestlancs.org
- Barry Jameson - barryj@thejamesonfamily.co.uk

It is also strongly recommended that a copy is sent to your Insurance Company

Masonic Hall Covid 19 Risk Assessment			
Location:			
Areas included	Entrance, bar area, toilets, stairs and lifts, robing room, Lodge room, cellar, kitchen (and any others relating to your premises).		
Written By:		Date	

Risk Assessment Guidance			
Likelihood (L)	Example		
1. Unlikely	Conceivable but rare.		
2. Possible	Possible when additional factors are presented.		
3. Likely	Significant chance of an occurrence.		
Severity (S)	Example		
1. Minor	First Aid treatment or minor short-term health effects; nuisance or irritation. No lost time		
2. Moderate	Fractures, lost time accident, poisonings or persistent health effects		
3. Major	Fatal injuries, life shortening diseases		
Risk Assessment Scoring			
Likelihood x Severity	1 Minor	2 Moderate	3 Major
1. Unlikely	1	2	3
2 Possible	2	4	6
3 Likely	3	6	9
Risk Rating (R)	Action		
Low 1 - 2	These risks are considered tolerable and acceptable. No further action is necessary other than to ensure the controls are maintained.		
Medium 3 - 4	Consideration could be given as to whether the risks can be lowered. The costs of additional risk reduction measures could be taken into account. Arrangements could be made to ensure the controls are implemented and maintained.		
High 6 - 9	Activity could not proceed until risk reduction measures are implemented urgently. Another assessment could be carried out until the Risk Category is reduced.		

Significant Risks / Hazards Identified	Who may be at risk	Potential Harm	L1	S1	R1	Existing / Additional Control Measures (delete if not applicable)	L2	S2	R2	Risk Category
Vulnerable persons	Staff and visitors	Contracting Covid 19	3	3	9	Staff or visitors who are over 70, pregnant, or have underlying health conditions (anyone instructed to get a flu jab as an adult each year on medical grounds) may wish to consider not coming to the Hall.	1	3	3	Low
Spreading of Covid 19	Staff and visitors	Contracting Covid 19	2	3	6	<p>Before staff return to the Hall they should be asked.</p> <ol style="list-style-type: none"> Do you have or have you had any of the following symptoms of Covid 19? A high temperature A new, continuous cough Anosmia - changes to or loss of the sense of smell or taste. Or have you had a positive test result for Covid 19? If they answer yes, ask question 2, if no ask question 3. Have you self-isolated for 7 days from the first day of the symptoms? If the answer is no then the member of staff cannot return to the Hall, if the answer is yes ask question 3. Has anybody with whom you live, or with whom you have been in contact for more than 15 minutes, had symptoms of or tested positive for Covid 19? If the answer is yes ask question 4, if the answer is no, the member of staff can return to the Hall. Have you self-isolated for 14 days from the day when the person's symptoms started? If the answer is yes, the member of staff can return to the Hall. If the 	1	3	3	Low

Significant Risks / Hazards Identified	Who may be at risk	Potential Harm	L1	S1	R1	Existing / Additional Control Measures (delete if not applicable)	L2	S2	R2	Risk Category
						answer is no, the member of staff cannot return to the Hall until 14 days self-isolation has been completed.				
Airborne spread of Covid 19 and from coughs or sneezes onto contaminated surfaces	Staff and visitors	Contracting Covid 19	3	4	12	<p>Staff should receive an explanation of this Risk Assessment, with the explanation recorded on the Covid 19 Risk Assessment Briefing Sheet.</p> <p>Staff and visitors should maintain social distancing in the following areas:</p> <ul style="list-style-type: none"> • Hall entrance. • Bar area (in front of the bar, sitting in the bar area, behind the bar). • Cellars. • Kitchens and dining areas. • Toilets. • Stairs. • Robing room (regalia could be put on in the Lodge room). • Lodge room. <p>The number of people coming to a Hall at any time should be established in advance to ensure that social distancing can be maintained.</p> <p>The numbers of people may need to be restricted in the above specific areas based upon social distancing requirements and the maintenance of walkways.</p> <p>Seating should be spread out or removed if possible or identified that they cannot be used using notices or tape to maintain social distancing (e.g. in the bar and Lodge room).</p>	1	4	4	Low

Significant Risks / Hazards Identified	Who may be at risk	Potential Harm	L1	S1	R1	Existing / Additional Control Measures (delete if not applicable)	L2	S2	R2	Risk Category
						<p>One-way systems could be considered.</p> <p>Where social distancing cannot be maintained the following measures should be considered:</p> <ul style="list-style-type: none"> • Keeping the activity time involved as short as possible. • Wearing face coverings • Using screens or barriers to separate staff from each other and from customers at points of service. These must be easily cleanable so wooden frames must be painted or varnished. • Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. • Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others). <p>The following signage should be considered:</p> <ul style="list-style-type: none"> • Social distancing • Hand washing reminders • Hand washing guidance in the toilets • The limited numbers in certain areas • Giving way in narrow areas <p>Markings (e.g. tape) could be used to identify social distancing, particularly in areas where there is queuing e.g. at the bar, leading into the Lodge room etc.</p> <p>Hand sanitiser should be provided throughout the Hall for visitors and a separate hand sanitiser for staff.</p>				

Significant Risks / Hazards Identified	Who may be at risk	Potential Harm	L1	S1	R1	Existing / Additional Control Measures (delete if not applicable)	L2	S2	R2	Risk Category
						<p>Staff and visitors should be encouraged to regularly wash their hands in accordance with NHS handwashing guidelines (see attached) or use hand sanitiser.</p> <p>If staff cough or sneeze they should cover the mouth and nose with a tissue or the crook of their elbow. Tissues could be immediately disposed of.</p> <p>Staff should not touch their eyes, nose, or mouth with unclean hands.</p> <p>Contactless payments should be considered instead of using cash.</p> <p>There should be no physical contact (e.g. handshakes or hugs).</p>				
Contaminated surfaces	Staff and visitors	Contracting Covid 19	2	3	6	<p>Frequently touched surfaces including, door handles, push plates, bar tops, banister rails, toilet doors, taps, flushes, etc should be regularly sanitised whilst the Hall is open.</p> <p>Cleaners should be provided with disposable gloves, disposable cleaning cloths and disinfectant that specifically kills the Covid 19 virus.</p> <p>A deep clean should be performed between each time that the Hall is open.</p> <p>A visual cleaning schedule should be produced and signed by the member of staff who carried out the task.</p> <p>Where possible frequently used doors could be wedged open</p>	1	3	3	Low

Significant Risks / Hazards Identified	Who may be at risk	Potential Harm	L1	S1	R1	Existing / Additional Control Measures (delete if not applicable)	L2	S2	R2	Risk Category
						<p>and a nominated person given the responsibility to close the door if the fire alarm is activated. This must not be done on designated fire doors.</p> <p>Additional cleaning with antibacterial wipes should be considered where there is more than one member of bar staff sharing equipment e.g. beer pumps and tills etc.</p>				
Cross contamination when administering first aid	First aider	Contracting Covid 19	2	3	6	First aiders to refer to St John Ambulance Guidelines. (See below).	1	3	3	Low

Covid 19 Risk Assessment Briefing Sheet

Briefing By:

Signature:

The person who performs the briefing should record the names of the people who the risk assessment is briefed to.

No	PRINT NAME (<u>CLEARLY</u>)	DATE
1		
2		
3		
4		
5		
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7		
8		
9		
10		
11		
12		
13		
14		
15		

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

FIVE STEPS TO SAFER WORKING TOGETHER

- 0 We have carried out a **COVID-19 Risk Assessment** and shared the results with the people who work here.
- 0 We have **cleaning, handwashing and hygiene procedures** in line with guidance.
- 0 We have taken all reasonable steps to **help people work from home**.
- 0 We have taken all reasonable steps to **maintain a 1metre plus distance** in the workplace.
- 0 Where people cannot be 1 metre plus apart, we have done everything practical to **manage transmission risk**.

Employer.....Date.....

Health & Safety Contact:.....

Health and Safety Executive at www.hse.gov.uk or 0300 003 1647



Coronavirus

Wash your hands with soap and water more often for 20 seconds



Palm to palm



The back of hands



In between the fingers



The back of the fingers



The thumbs



The tips of the fingers

Use a tissue to turn off the tap
Dry hands thoroughly



St John Ambulance Covid 19 First Aid Guidance

1. Be aware of the risks to yourself and others

When approaching a casualty there is always a risk of cross contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred. According to NHS 111 we do not know exactly how coronavirus spreads from person to person but similar viruses are spread in cough droplets.

2. Keep yourself safe

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.

The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. **[You can read their full advice on their website here.](#)**

Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound.

3. Give early treatment

The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively.

4. Keep yourself informed and updated

As this is a new disease this is an ever-changing situation and the government and NHS are continually updating their advice. Make sure that you regularly review the NHS 111 or Gov.uk website which has a specific section on Coronavirus.

- [Click here to visit NHS 111](#)
- [Click here to visit Gov.uk](#)
- [Click here to visit Resuscitation Council](#)

5. Remember your own needs

These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. In order to help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.

CPR - What to do

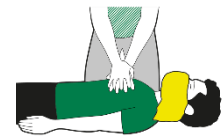
- 1 If you find someone collapsed, you should first perform a primary survey. **Do not place your face close to theirs.** If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.



- **Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance**
- If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control
- Do not leave the casualty to look for a defibrillator yourself. The ambulance will bring one.

- 2 **Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty.**

Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.



Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.

- The beat of the song "Staying Alive" can help you keep the right speed
- **Do not give rescue breaths.**

- 3 Continue to perform CPR until:

- emergency help arrives and takes over
- the person starts showing signs of life and starts to breathe normally
- you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- A defibrillator is ready to be used.



- 4 If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

- **Wherever possible, the helper should keep a distance of 2m.**



5 If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Monitor their level of response and prepare to give CPR again if necessary.

- If you have used a defibrillator, leave it attached.



CATERING and the BAR

The numerous points set out below are simply there to try and assist you in what is, for everybody, an extremely difficult time and are in no way meant to be instructions. The management teams in Halls have hugely different backgrounds and experience and, in many cases, they will have taken all the comments (and probably more) into account.

However, there may also be some Halls where the management team will be grateful for some advice and, hopefully, these suggestions may help.

There is an official 43 page advice document on the Government website which can be accessed by this link:

<https://assets.publishing.service.gov.uk/media/5eb96e8e86650c278b077616/Keeping-workers-and-customers-safe-during-covid-19-restaurants-pubs-bars-takeaways-230620.pdf>.

This is somewhat heavy reading but the most useful parts are the check lists on pages 12 to 20, 22 to 27, 29 to 32 and 37 to 40 which should guide you through the actions that you will need to take prior to reopening your bars and dining facilities.

On page 29 there is a link to the Food Standards Agency about reopening and adapting your food business.

There is also a link to the British Beer and Pub Association <https://beerandpub.com> where, using the search box, you can find a 'Restart Directory' which has a list of suppliers for all things you may need prior to reopening.

USEFUL POINTS FOR CONSIDERATION

- Identify a responsible person to ensure compliance, at every opening, with the “rules” set by the Halls directors.
- A full risk assessment should already have been completed for the premises but there is now a requirement for one specifically about Covid 19. Please see the previous information provided regarding this. Once it has been completed ensure that all staff, volunteers and franchisees are briefed and keep a record of the meetings. From this assessment produce "House rules". Copies of House rules should be sent to every Lodge etc which meets in the Halls and clearly displayed in public areas.
- Regularly review, at least weekly, the processes and procedures that have been put in place and modify as necessary.
- There will be a need to have a record of attendees for track and trace purposes. The record must include names, addresses, telephone numbers, along with the date and, probably, the time of entrance. For Lodge etc meetings there will be a record of all attendees. Details supplied MUST be legible and the Lodge Secretary should ensure that they are. Lodge Secretaries might find it easier to supply this information in advance of their meetings. Although visitors can be tracked via their Lodge Secretary it will be easier if there is a separate sheet for their contact details. As the requirement for retaining the information is only 21 days this can be discarded before the next meeting.
- If the bar and / or catering operation is / are franchised, ensure that the franchisee complies with all legal and Halls management requirements and that there is documentation signed by both parties to confirm the details.
- Bar screens / sneeze guards must be considered as well as screens between tables. However, the frames must still have an impervious, easily cleanable surface.
- If there are bar shutters can these be utilised? e.g. can one part be kept closed as a screen? If it is of an open style, can sheets be fixed to it? Can it be left partly closed and serve under it.
- To maintain social distancing, calculate and specify the maximum number of guests that can be accommodated in the bar area at any one time. If scale drawings are available, this could be done as a desk top exercise.
- Reconfigure seating to maintain 1m+ social distancing and place signage to advise that seats are not to be relocated or rearranged.
- If practicable introduce a “one way” system to avoid unnecessary contact and assist user flow.

- Unless toilet facilities are large or spacious enough operate a regime of “one in / one out” consider blocking off urinals, WC's and sinks to allow for social distancing. If it is not viable to have toilets monitored by staff or volunteers to ensure one in / one out, some form of indicator will be needed.
- Mark out queues to reinforce social distancing rules.
- If there is more than one access door, make a one-way system and clearly mark the doors.
- Ensure that entry and egress from the building is conducted in an orderly manner to maintain social distancing at all times.
- Use door wedges to minimise the need to grab door handles. Unless sufficient staff will be available to remove them in case of an emergency do not use on fire doors that must remain closed (as designated by signs affixed to them).
- If there is not already one in place, create a cleaning schedule (of what needs to be cleaned, how often, when and by whom) and ensure that it is followed. If one is already in use, review and amend it if necessary. A record should be signed by the individual carrying out the task and monitored by management.
- Deep clean, sanitise and disinfect all areas to be reopened
- Ensure a regular cleaning regime during and throughout the period of opening paying particular attention to cleaning frequently touched areas – (door handles, taps, bar rail etc).
- Thoroughly clean and disinfect glass washers and ice machines before reopening.
- Rewash all glassware and ensure that they are sterilised (machine washing will do this). Take the opportunity to ‘Renovate’ the beer glasses. Renovate is a product (and other brands are available!) that will strip any film from the inside of the glass and improve the quality and retention of the head.
- Have hand sanitizer available at the entrance to the Halls and throughout the building, including on the bar top and at the entrance to each room
- On entry to the Hall direct guests to hand wash facilities and instruct to wash hands and to repeat the process regularly and display hand washing guidance in the toilets.
- Ensure that hand driers are working and that there is an adequate supply of paper towels. Bins should be checked and emptied regularly. Keep a record of who does this and when. Manually operated driers should be fine as, by definition, the hands being used have just been washed.

- Dispose of paper towels regularly and safely in sealed bin liners. Staff should be designated to check the toilets on a regular basis throughout the session and record the fact.
- Machine wash hand towels, tea towels and bar mats at a minimum of 70 degrees C
- Ensure that deliveries are received and stored safely. Ensure that appropriate PPE is used by the staff involved. Make suppliers aware of your requirements for all deliveries.
- Avoid using a “cash and carry” or shops. If there is not an account with a brewer or wholesaler in place consider setting one up or use the C&C delivery service.
- Have as many spirits and wines on optic as possible and consider removing drinks that need to be poured into measures.
- Clean all products with a sanitized cloth before placing on display behind the bar.
- Where possible, split the bar into stations so staff members are not constantly passing each other.
- Staff will be required to serve drinks, collect glasses and sanitise tables on a regular basis. Consider what PPE is appropriate and ensure that there are adequate supplies available.
- Do not allow drinking at the bar.
- Consider payment by card only. If facilities are not already available, consider setting one up. Depending upon the level of business consider purchasing or renting additional units.
- If the till system uses members cards, consider offering an incentive for them to be pre-loaded with cash. This will give an immediate cash boost, reduce cash handling and the frequency of trips to the bank.
- Record all products that have to be destroyed / discarded. This information may be needed for accounts and HMRC purposes. If draught beer has not yet been destroyed please see the notice 'Supplemental Guide to Destruction of Beer in Cellars for Pub Staff' from the BBPA which is attached. (Guide to Destruction of Beer in Cellars). Whilst this was written for use by Pubs the same principles might apply.
- Check all bottled stock (beers, lagers and soft drinks) for the best before date.
- Try to sell to the members any bottles that are past their BBE dates at reduced prices. While it is illegal to sell anything which is past its use by date, it is not for BBE dates.

- Review product range and consider reducing the number of draught products.
- Buy smaller containers – some beers are available in 30L (6.6 gall) as well as 50L (11gall) kegs.
- If draught sales were low before closing, consider offering a range of bottled beers and lagers until sales increase.
- Review the prices and, if more than one tariff is used, the pricing structure. Check that cost prices have not increased during the shutdown.
- Review service times and the need for additional staff to serve at tables.
- Review how many staff will be needed, what for and when to ensure the viability of reopening.

Barry Jameson
Peter Taylor
July 2020