|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | 00/00/2020 | | |  |  |  |  | |  | |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Assessors Name:** | |  | | **Reference Number:** | |  | | | | **Review Date:** | | | Ongoing – as per government guidance updates | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Endorsed By:** | |  | | **Signature:** | |  | | **Position:** | |  | | | **Date:** | |  | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Description of assessment** | | | Coronavirus (COVID-19) | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Location Details** | | |  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading** | Employees, client, public | 5 | 3 | 15 | H | * Welfare facilities will contain suitable levels of soap and antibacterial gel. * Employees will be asked to wash hands with soap regularly and thoroughly, for at least 20 seconds. * Tissues will be provided for all employees. Employees should use their tissues when coughing or sneezing and then place the used tissue in the bin before washing hands. * Contact with personnel suspected of having caught COVID-19 will be avoided. | * The provision of hand moisturiser or barrier cream should be considered as employees will be expected to wash their hands regularly. |  |  | 5 | 1 | 5 | M |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading**  (continued) | Employees, public | 5 | 3 | 15 | H | * Employees are reminded to not touch their eyes, nose or mouth if their hands are not clean. * A cleaning schedule will be implemented throughout the site, ensuring that worksurfaces, door handles, taps etc. are all thoroughly cleaned with an antibacterial cleaning substance. * Should employees find they have a new, persistent cough and/or a high temperature and live alone then they are to self-isolate for 7 days. * Should employees disclose that personnel living with them are showing the above symptoms, they should be encouraged to stay at home for 14 days from the day the first person got symptoms. * High-risk employees are to self-isolate in line with government guidance. * Employees will be allowed to work from home where possible. * Where employees are still expected to be at work, social distancing will be considered wherever possible. |  |  |  | 5 | 1 | 5 | M |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading**  (continued) | Employees, public | 5 | 3 | 15 | H | * Where still at work, breaks should be staggered to ensure that only a suitable number of personnel are in canteens/welfare facilities and that they can remain 2m apart. |  |  |  | 5 | 1 | 5 | M |
| **Employee travel plans** | Employees, public | 5 | 3 | 15 | H | * We will ask employees to inform us if they are leaving the country. * We will provide relevant government guidance in line with the area / country that they are visiting. * Self-isolation will be enforced in line with the area / country guidance. * Ask employees to not access public transport unless absolutely necessary. * Non-essential travel will be avoided. |  |  |  | 5 | 1 | 5 | M |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Lack of awareness** | Employees | 5 | 3 | 15 | H | * The latest government campaign posters will be displayed in the welfare areas and in suitable places around site. * Regular bulletins will be issued and where possible and safe to do so at an acceptable distance, toolbox talks and safety briefings will be carried out, warning employees of the risks posed by the virus as well as the control measures outlined in this assessment and from government guidance. This will include informing personnel of the known symptoms and making them aware of new Government advice as and when updated. * We will continually adopt and review new government / WHO guidance as and when it is available. |  |  |  | 5 | 1 | 5 | M |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Vulnerable Groups**  **‘Increased Risk’**  **Employees** | Employees | 5 | 4 | 20 | VH | * Medical questionnaires are issued upon employment. * Employees known to be at an increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. These groups include:   + Aged 70 or older (regardless of medical conditions)   + Under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):   + Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis   + Chronic heart disease, such as heart failure   + Chronic kidney disease   + Chronic liver disease, such as hepatitis   + Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy | * Reissue medical questionnaires to all employees and review. |  |  | 5 | 1 | 5 | M |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Vulnerable Employees**  **‘Increased Risk’**  Continued | Employees | 5 | 4 | 20 | VH | * + Diabetes   + Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed   + A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy   + Being seriously overweight (a body mass index (BMI) of 40 or above)   + Those who are pregnant * For employees with an underlying health condition, as per the above list, the government “strongly advises” that you work from home where possible. If your job isn’t suitable for home working the employer will consider offering you furloughed, temporarily re-deployed to a role that would allow home working for the duration of this crisis, or undertake a risk assessment to identify any additional steps that need to take, such as re-allocating some duties or providing additional personal protective equipment. |  |  |  | 5 | 1 | 5 | M |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **“at-risk” employees**  there are some clinical conditions which put people **at even higher risk of severe illness from COVID-19** | Employees | 5 | 4 | 20 | VH | * There are some clinical conditions which put people at **even higher risk of severe illness from COVID-19,** These people may have received letters from the NHS to state that they must self-isolate for 12 weeks. People falling into this group are those who may be at particular risk due to complex health problems such as * Received an organ transplant and remain on ongoing immunosuppression medication * Cancer and who are undergoing active chemotherapy or radiotherapy * Cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment * Severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets) * Severe diseases of body systems, such as severe kidney disease (dialysis) * Employees must speak to their GP or care team if they have not been contacted and think they should have been. | * Reissue medical questionnaires to all employees and review. |  |  | 5 | 1 | 5 | M |

**GUIDANCE NOTES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SEVERITY** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **LIKELIHOOD** | | | | | |

|  |  |
| --- | --- |
| **LIKELIHOOD** | |
| **5** | Almost Certain – Very High Risk |
| **4** | Probable – High Risk |
| **3** | 50/50 – Medium Risk |
| **2** | Improbable – Low Risk |
| **1** | Almost impossible – Low Risk |

|  |  |
| --- | --- |
| **SEVERITY** | |
| **5** | Fatality – Very High Risk |
| **4** | Severe incapacity – High Risk |
| **3** | Absent 3 weeks – Medium Risk |
| **2** | Absent less than 1 day – Low Risk |
| **1** | Insignificant – Low Risk |

|  |  |  |  |
| --- | --- | --- | --- |
| **1–4 LOW** | **5–9 MEDIUM** | **10–15 HIGH** | **16–25 VERY HIGH** |
| Continue with existing control, however monitor for changes.  Implement any additional control measures required, within the timescales given in the risk assessment. | Requires attention to reduce the rating as well as regular ongoing monitoring.  Implement any additional control measures required, within the timescales given in the risk assessment. | Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level. | Stop immediately – the risk is too high.  Take immediate action to reduce the risk to the lowest level possible. |

|  |
| --- |
| **Additional comments:**   1. This risk assessment needs to be discussed with employees to ensure that they are fully aware of all control measures 2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment 3. The risk assessment is to be reviewed on an ongoing basis as per government guidance 4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessor 2 name:** |  | **Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level.  I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.** | | | | |
| Employee name | Job description | Date | Employee comments/recommendations | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |