|  |  |
| --- | --- |
| **­­­­Operation Description:** | EXAMPLE- Covid-19 controls for all non-clinical work activities and workplaces in LCC |
| **Operation Location:** | Various |
| **Persons at Risk:** | LCC employees/Service Users/Public/Members of the Household |

**DISCLAIMER**

Information contained within this example risk assessment should be considered by Managers for incorporation when reviewing exsisting operational risk assessments

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Assessment Guidance**  **Hazard:** Something with the potential to cause **harm**.  **To Assess Risk:** Using the **tables below**, consider **Severity** (S) and **Likelihood** (L) **without** Control Measures. **Multiply** (S x L)  If applicable, **add** the **Weighting** figure**.**  **Describe Control Measures:** Control measure(s) **reduce** the likelihood, **and/or** severity of **harm**, reducing **risk**.  **Re-assess Risk**, considering Severity (S) and Likelihood (L) **with** Control Measures in place.  **Multiply** (S x L) and, if applicable, **add** the **Weighting** figure **= Risk Rating** (with controls). | | | | | | | |
| **Severity (S)** | **x** | **Likelihood (L)** | **+** | **Weighting (W)** | **=** | **Risk Ratings (R)** | |
| Fatality = **5** |  | Likely = **5** |  | Apprentice/trainee/inexperienced staff member/young person (15-18yrs) = **5** |  | **20 +** | Very High Risk |
| Injury (Specified injury / RIDDOR reportable) = **4** |  | Probable = **4** | **15 - 19** | High Risk |
| Injury (requiring treatment and/or 3 to 7 day absence) = **3** |  | Possible = **3** |  | Part-qualified/staff with less than 2yrs experience/persons aged 18-25yrs = **3** |  | **9 – 14** | Medium Risk |
| Injury (requiring treatment and/ or absence less than 3 days) = **2** |  | Unlikely = **2** | **4 – 8** | Low Risk |
|  | Fully qualified/professional/ management/ and/or persons above 25yrs = **0** |  |
| Minor Injury = **1** |  | Very Unlikely = **1** | **1 - 3** | Very Low risk |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAZARD** | Assessment of Risk **without** control measures | | | | **CONTROL MEASURES TO REDUCE THE RISK** | Assessment of Risk withcontrol measures | | | |
| **S x L + W = R** | | | |  | **S x L + W = R** | | | |
|  | | | | | | | | | |
| Possible exposure to staff and /or spreading ofCOVID-19 within an LCC building. | **5** | **3** | **0** | **15** | **Applicable to all LCC employees-**   * **PRIMARY CONTROL** – **Smarter Working:**  Employees to implement the use of office spaces as part of a hybrid way of working * Employees are not to come into the office if they have tested positive and must self-isolate. *(Fully vaccinated employees may return to work on Day 6 of self-isolation if they have had two negative lateral flow tests- one on day 5 and one on day 6, provided the employee is showing no symptoms. From day 5 employees must have two consecutive negative tests, 24 hrs apart, or self-isolate for the full 10 days, whichever comes first)* * Unvaccinated employees who test positive, or who live with someone who has tested positive, must not come into work and must self-isolate for 10 full days and be symptom free before returning to work   (Self-isolation regulations are presently expected to expire on 24th March 2022)  **Additional example controls Managers may need to consider implementing for employees to ensure they can remain COVID-SAFE when working in an open building:**   * Ensure any specific COVID Building Risk Assessment and/or site guidance for the building employees will be using have been shared with employees, and that employees understand and follow any control measures and site rules for these buildings * Introduce working patterns suitable for the job role to reduce the amount of time spent and number of individual Employees in the office or meeting room (For *Lancaster House*- Ensure the [Cloudbooking](https://lincolnshirecc.sharepoint.com/SitePages/Cloudbooking.aspx) system is used. For County Offices, desks should be booked through the [Cloudbooking](https://lincolnshirecc.sharepoint.com/SitePages/Cloudbooking.aspx) system, and meeting rooms booked via Outlook) * Employees to wash/ sanitise their hands frequently during their time within the office * Employees are **not** to share IT / equipment – laptops, cables and mouse, phones, headsets. * Adhere to respiratory control measures – cough / sneeze in tissue. Wash/sanitise hands and dispose of tissue responsibly. * Ensure Hand sanitisers or soaps are readily available in all office spaces. * Cleaning wipes will be available to sanitise any necessary shared equipment (for example, MFD’s) and should be used prior and after individual use. * Posters encouraging greater hand hygiene to be displayed * If service user or member of the public is showing any symptoms / confirms symptoms either prior to / or on arrival for a face-to-face meeting, the meeting must **NOT** go ahead, and an alternative method of remote communication must be used. * If during a face-to-face meeting an incident occurs where there's belief / evidence to suggest expose to Covid-19 then testing must take place for the employee at the earliest opportunity, and based on the result of said test, appropriate action will be taken | **5** | **1** | **0** | **5** |
| Potential exposure to staff and / or spreading of Covid-19 within LCC buildings due to poor ventilation | **5** | **3** | **0** | **15** | * Where mechanical ventilation is installed (for example Lancaster House), the condition of the air quality will be monitored, and action will be taken accordingly, should the air quality drop below/exceed accepted safe levels * In areas with mechanical ventilation, windows and doors will remain closed * Where mechanical ventilation is not installed, natural ventilation will be maintained by, for example, opening windows to allow fresh air into the room, keeping small office and/meeting room doors open when occupied etc. * Posters will be displayed encouraging the opening of windows/vents etc. * If there are concerns about rooms with no/poor ventilation Managers should contact the Property Services Centre *(01522 555555, option 3 or email* [*psc@vincifacilities.com*](mailto:psc@vincifacilities.com) *)* * When booking a meeting room Individuals must consider the size of the meeting room, the length of the meeting, and the activity taking place there | **5** | **1** | **0** | **5** |
| Possible exposure to staff and / or spreading of Covid-19 within LCC buildings due to poor office and/or personal hygiene | **5** | **3** | **0** | **15** | Office Hygiene   * Daily cleans (sometimes more than once) at sites where VINCI provide cleaning. The exception to this will be at the sites not cleaned by VINCI i.e., retained fire stations, waste sites, site specific cleaning arrangement will be identified for these locations * High traffic/risk areas/locations to be cleaning more frequently i.e., door handles, toilets, access/regress points. * Managers will ensure Property Services receive notification that an employee or services user with confirmed COVID-19 has been in/used areas within the building, Property Services will assess what action to take. * Basic cleaning equipment i.e., wipes will be made available in offices/buildings to enable employees to maintain a good level of cleaning/hygiene on hard surfaces. (e.g., Desks, Kitchen worktops etc.)   Personal Hygiene   * Employees must not enter an LCC building if they are Covid -19 positive (Fully vaccinated employees who have been Covid-19 positive must test negative on 2 consecutive days (day 5 and 6 being the earliest) or wait 10 full days before to returning to the office, and be symptom free * Unvaccinated employees who test positive, or who live with someone who has tested positive, must not come into work and must self-isolate for 10 full days and be symptom free * Employees to wash/ sanitise their hands frequently whilst in the office * Employees to wipe down hard surfaces before and after use (where wipes are provided) * Office equipment should not be shared. If not possible, cleaning wipes will be available to sanitise shared equipment (for example. MFD’s) and should be used prior and after individual use. * Employees to consider (**not** compulsory) the wearing of a face covering whilst moving around the building/ in communal areas   *(NB. This is purely by personal choice and cannot be enforced)* | **5** | **1** | **0** | **5** |
| Employee has suspected/ contracts Covid 19 virus while at work | **5** | **3** | **0** | **15** | * Employee **MUST** sent home immediately * Employee **MUST** self-isolate and remain at home until a negative test is obtained *(Fully vaccinated employees may return to work on Day 6 of self-isolation if they have had two negative lateral flow tests- one on day 5 and one on day 6, provided the employee is showing no symptoms. From day 5 employees must have two consecutive negative tests, 24 hrs apart, or self-isolate for the full 10 days, whichever comes first)* * Unvaccinated employees who test positive must not come into work and must self-isolate for 10 full days * Employee **MUST NOT** come into any open buildings until these negative test/s are obtained, or 10 days has passed, and they are symptom free * If employee is confirmed Covid-19 positive and was recently working in an open building(s) manager **MUST** notify the Property Service Centre (01522 555555, option 3) to enable an assessment prior to deep cleaning of the office/area(s).   + Manager to record date & time of reporting to PSC & record the type of cleaning that is specified by the PSC e.g., CV19 deep clean & prep (fogging & sanitising).   + Manager to record the date & time the office/area was vacated & cordoned off   + Manager to record the date & time the office/area is evacuated. * Manager to complete a RIDDOR form on-line ([HSE website](https://www.hse.gov.uk/coronavirus/riddor/index.htm)) if it is believed the employee contracted Covid-19 through a work-based activity. | **5** | **1** | **0** | **5** |
| PPE requirements (not face coverings) | **4** | **2** | **0** | **8** | **Covid related PPE**   * Managers will undertake a specific risk assessment to identify if PPE is required to reduce the risk of infection from Covid-19, for employees and Service users/members of the public. (Please see [PPE guidance](https://professionals.lincolnshire.gov.uk/downloads/file/1514/health-and-safety-guidance-note-personal-protective-equipment-ppe-))   **NON-COVID related PPE i.e., high visibility clothing, hard hats, etc**.   * Some employees are required to wear other PPE to undertake their role safety that's not related to reducing the risk of COVID infection. The on-going cleaning and maintenance of this PPE must continue as prior COVID and as per manufactures instructions. However, depending on the nature of their work some additional cleaning may also be identified within specific operational risk assessment i.e., the wiping down of high visibility clothing between site visits with an anti-bacterial wipe. Where this additional cleaning is required suitable materials and clear instruction to allow this to happen must be provided to employees. * All pre-existing procedures for repair or replacement of PPE (non- Covid related) will remain the same; however, there may be an additional requirement to ensure PPE is suitably cleaned / decontaminated if being sent for repair. The details of any additional control/requirement will need to be incorporated into these existing procedures. | **2** | **1** | **0** | **2** |
| Additional controls | **?** | **?** | **?** | **?** | ***INSERT SPECIFIC CONTROL MEASURES– recalculate risk rating when control measures implemented*** | **?** | **?** | **?** | **?** |

**\*each square to be colour coded to suit the risk rating**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directorate:** |  | **Team/Service:** |  | |
|  |  |  |  | |
| **Manager's Name:** |  | **Signature:** |  | |
|  |  |  | |  |
| **Date:** |  |  | |  |

**Persons detailed below have read and understood (and will work in accordancee to) this Risk Assessment**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |