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| **Date:** | 11th September 2020 |  |  |  |  |  |  |  |  |  |  |
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| **Assessors Name:** |  | **Reference Number:** |  | **Review Date:** | Ongoing – as per government guidance updates |
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| **Endorsed By:** |  | **Signature:** |  | **Position:** |  | **Date:** |  |
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| **Description of assessment** | Coronavirus (COVID-19) |
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| **Location Details** | **Holmer Green Sports Association, 87 Watchet Lane, Holmer Green, Bucks HP15 6Uf** |

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| **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 and dry with paper towels or electric hand dryer
* Gel sanitisers in any areas where washing facilities not readily available.
* Where possible all frequently used doors will be kept propped open to avoid repeat contact from customers/staff.
 |  When this is not possible, regularly cleaning of handles will take place. | Vanita, Laura & GeorgiaGeorgia AllenGeorgia Allen/Laura Ripley/ VanitaGeorgia Allen |  | 5  | 1 | 5 | M |

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| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading**(continued) | Employees, client, 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 work surfaces, door handles, taps etc. are all thoroughly cleaned with an antibacterial cleaning substance.
* Cleaning schedule to include cleaning before and after hall hire for exercise classes and small gatherings (wakes)
* We will also work towards any cleaning / infection control requirements – i.e. regular cleaning of toilet facilities. Gloves MUST be worn when carrying out these duties and then immediately disposed of in a bin.
* Employees will be told to self-isolate for 14 days should they find they have a new, persistent cough and/or a high temperature as per Government guidance..
* Should employees disclose that personnel living with them are self-isolating, they should be encouraged to do the same for 14 days as per Government guidance.
* If advised that a member of staff or public has developed Covid-19 and were recently on our premises (including where a member of staff has visited other work place premises such as domestic premises), the management team of the workplace will contact the Public Health Authority to discuss the case, identify people who have been in contact with them and will take advice on any actions or precautions that should be taken.
* **Social Distancing** – keeping the number of staff in any work area to comply with the 1metre gap recommended by the Public Health Agency.
* Layout of the venue will be planned to ensure that tables are kept a safe distance apart and that tables have a maximum of 6 chairs around them

* Taking steps to review work schedules including shift patterns and start/finish time, working from home, to reduce the number of workers on site at any one time.
* Floor tape will be used to mark out work areas and for customers.
 |  Posters on displayChecks done by managers to ensure that the necessary procedures are being followed. Cleaning schedule in each toilet to be completed and signed. Gloves will be provided and must also be used when clearing glasses whether glass/plasticLine managers will offer support to staff who are affected by Coronavirus or who have family members affected. Internal communication channels will be carried out regularly with all staff to reassure and support employees in a fast changing situation.Staff to be reminded on a daily basis of the importance of social distancing both in the workplace and outside of it. Staff to work side-by side rather than face-to face. A management check to ensure this is adhered to. This includes rest breaks.Maximum capacity for inside use of the venue is 45 persons to ensure safety of staff and guests. Guests advised not to mingle or stand at the bar after being served, they must remain seated whilst inside the venue.Staff are to keep queues of customers moving safely and efficiently to limit the amount of time for face-to-face contact with customers.Signage will also remind staff and customers to keep a 2m distance. A one way system will be implemented and must be followed by both staff (where at all possible) and customers | Georgia/ Allen Laura RipleyGeorgia Allen/ Laura RipleyLaura Ripley/ VanitaGeorgia AllenLaura RipleyLaura RipleyGeorgia AllenGeorgia Allen/ Laura RipleyLaura Ripley/ Georgia Allen |  | 5 | 1 | 5 | M |

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| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Employee travel plans**  | Employees, client, 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 Government guidance.
 |  | Laura RipleyLaura RipleyLaura Ripley |  | 5 | 1 | 5 | M |
|  **Lack of awareness** |  Employees, client | 5 | 3 | 15 | H | * The latest government campaign posters will be displayed in the welfare areas and in suitable places around site.
* Toolbox talks will be carried out for all personnel on site, warning them 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.
* We will continually adopt and review new government / WHO guidance as and when it is available.
 |   | Laura RipleyGeorgia AllenGeorgia AllenLaura Ripley |  | 5 | 1 | 5 | M |

**Guidance Notes**

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| **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** |

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| **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** |

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| **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** |

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| **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**  | **Requires attention to reduce the rating as well as regular ongoing monitoring.** **Implement any additional control measures required, within the timescales given in the**  |  |  |

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| **Additional comments:**1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding
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 annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document
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| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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

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| **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** |
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