**COVID-19 WORKPLACE RISK ASSESSMENT**

**HMPPS ………………………………….**

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| **Description of Area/Workplace** | |
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| **Date of Assessment** | **Assessor/Assessors/Union Representative** |
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| **Description of Tasks within the Area/Workplace** | |
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| **Identify Groups of Persons within the Area/Workplace** | |
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| **Persons within the Clinically Extremely Vulnerable Group & At Risk Group – Add comment on the application of the current measures relevant in this area/workplace/task** | |
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| **Risk Assessment Checklist - Initial** | | | |
| **Check and Assess** | **Yes** | **No** | **Comments** |
| 1. Do individual workstations/areas have at least 2 metres distancing between each other |  |  |  |
| 2. Do gang ways and movement areas provide at least 2 metres distancing for people to move in the area (including shared areas such as rest rooms, and access and egress to the area). |  |  |  |
| 3. Is there a hand washing facility in reasonably close proximity to the area and or at the entrance to the area? |  |  |  |
| 4. Is there a sufficiently robust cleaning regime in place in the area providing hard surface cleaning using disinfectants daily (at least before each area use) |  |  |  |
| 5. Are tools/shared equipment cleaned after individual use to prevent cross contamination |  |  |  |
| 6. Are shared areas cleaned regularly during the work period using disinfectants (Areas such as rest rooms, and toilets) Do individual work stations require specific cleaning measures where sharing is unavoidable. |  |  |  |
| 7. Does/Will a physical management check take place to assess the work area (at least daily) |  |  |  |
| 8. Have persons been briefed on the arrangements within the workplace above |  |  |  |
| 9. Are there any other matters to consider in this work area (E.g. Travel arrangements to and from work by staff?) |  |  |  |
| **Risk Assessment Checklist – Ventilation** | | | |
| **Further considerations** | **Yes** | **No** | **Comments** |
| 1. Does the work area/space have mechanical environmental air handling ventilation, is this configured to introduce fresh air from an outside source and not rely solely on, air re-circulation? |  |  |  |
| 2. Is there natural ventilation which can be used to assist provide fresh air within the occupied space i.e. windows, doors? |  |  |  |
| 1. 3. Does the space have a Fire Engineering Natural Ventilation System which can be used to assist ventilate the space for a short period of time? |  |  |  |
| 4. Has consideration been given to utilising tactical fans to bring in fresh air into occupied spaces to aid ventilation?  Please refer to HMPPS Guidance on Ventilation in Prisons and Approved Premises during Covid Operating Conditions |  |  |  |
| 5. Can the introduction of fresh air during winter conditions be balanced by the provision of heating without overloading systems to limit thermal discomfort of occupants? |  |  |  |
| 6. Have you considered infection control measures which can be used to balance the ventilation potential of the space against the planned use such as enhanced cleaning, reduce room capacity, allowing time between occupations for venting of the space etc? |  |  |  |
| 7. Is your occupied space planned to be used for activities likely to generate increased levels of airborne pathogens, if yes, what arrangements are in place to increase ventilation and reduce risks of the transmission of the pathogen? |  |  |  |
| 8. Where natural/mechanical ventilation is not present, has consideration been given to how the service/activity might be provided going forward where an alternative solution is not available? |  |  |  |

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| **Risk Assessment Checklist - Adjustments** | | | |
| **Further considerations** | **Yes** | **No** | **Comments** |
| 1. Is there a requirement to split workers into different working patterns to achieve a better distancing in the area |  |  |  |
| 2. Is there a requirement to reduce/limit normal workers/others in the area to provide safe distancing in the area |  |  |  |
| 3. Are changes to the normal working practices required to achieve distancing in the area |  |  |  |
| 4. Are physical methods available/required to achieve distancing (E.g. screens/barriers, floor spacing measures and signs to achieve 2 metres). This where the above measures have not been able to achieve acceptable distancing. |  |  |  |
| 5. Do opening and closing times need to change to provide safer distancing in the area? |  |  |  |
| 6. Is PPE required where no other alternative is available to prevent close and frequent contact with others on a sustained period within the area and throughout the day |  |  |  |
| 7. Is hand sanitisation gels required in the area (if so, this will need to be carefully controlled and must unavailable to prisoners without direct staff supervision) |  |  |  |
| 8. Are further considerations required for disabled persons in the area? |  |  |  |
| 9. Are cultural or behavioural practices evident in the area that need to be addressed (for example -cooking shared meals at lunch times). |  |  |  |

**Evaluate the Current Risk of COVID – 19 in this Workplace/Area**

* Risk is evaluated taking into account both:

(a) The consequences, i.e. the degree of harm which would result;

1. The frequency/probability/likelihood that it will occur.

* The degree of harm and likelihood of occurrence are both given ratings as follows:

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| 0 – No Exposure | Degree of Harm from Exposure in the area  ⬄ | ⬄  The Likelihood this will happen | 0 – Highly Unlikely |
| 1 | 1 |
| 2 | 2 |
| 3 – Moderate | 3 - Possible |
| 4 | 4 |
| 5 – High levels of Exposure/Illness | 5- Very Likely |

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| **Current Risk Rating:** | | | |
| Degree of Harm |  | Likelihood | Risk Rating |
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| **DECIDE ON CONTROL MEASURES** | If the risks are assessed as very high, high or medium risk, further control measures must be considered. Time scales for implementing control measures are given below. | |
| **RISK RATING** | **DEFINITION** | **ACTION REQUIRED** |
| **20-25** | **Very High** | Stop activity – take immediate action. |
| **15-19** | **High** | Take action the same day. Implement short-term measures. Instigate long term solution. |
| **10-14** | **Medium** | Take action within one week. (This level of risk may be acceptable provided the risk is **as low as is reasonably practicable).** Where control measures are required implement short-term measures. Instigate long-term solutions. |
| **5-9** | **Low** | Monitor the situation. |
| **0-4** | **Insignificant** | No action required. |

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| **Actions and Implementation Plans Prior to commencement of Activity – Additional Control Measures.** | | | | | |
| 1.  2. | | | | | |
| **Final Risk Rating:** | | | |
| Degree of Harm |  | Likelihood | Risk Rating |
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| Assessment Completed by: |
| Assessment Date: |
| Manager Review and Date: |
| Date Assessment Findings communicated to employees/unions and relevant persons: |
| Manager Review during Opening of area and confirmation additional control measures have been applied where required: |