Risk Assessment Template

Risk Matrix and Rating Guidance:

The assessor shall assign values for the hazard severity **(a)** and likelihood of occurrence **(b)** (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

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| Hazard Severity (a) | Likelihood of Occurrence (b) |
|
| 1 – Trivial (e.g. discomfort, slight bruising, self-help recovery) **2 – Minor** (e.g. small cut, abrasion, basic first aid need)  **3 – Moderate** (e.g. strain, sprain, incapacitation > 3 days)  **4 – Serious** (e.g. fracture, hospitalisation >24 hrs, incapacitation >4 weeks)  **5 – Fatal** (single or multiple) | **1 – Remote** (almost never)  **2 – Unlikely** (occurs rarely)  **3 – Possible** (could occur, but uncommon)  **4 – Likely** (recurrent but not frequent)  **5 – Very likely** (occurs frequently) |

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| **Risk Assessment Matrix** | | | | | |  | **Risk Rating Bands (A x B)** | | |
| **(B)Ü (A)Ú** | **Trivial** | **Minor** | **Moderate** | **Serious** | **Fatal** |  | **LOW RISK**  **(1 – 8)** | **MEDIUM RISK**  **(9 - 12)** | **HIGH RISK**  **(15 - 25)** |
| **Remote** | **1** | **2** | **3** | **4** | **5** |  |  |  |  |
| **Unlikely** | **2** | **4** | **6** | **8** | **10** |  | Continue,  but review periodically to ensure controls remain effective | Continue,  but implement additional reasonably practicable controls where possible and monitor regularly | **STOP THE ACTIVITY**  Identify new controls. Activity must not proceed until risks are reduced to a low or medium level |
| **Possible** | **3** | **6** | **9** | **12** | **15** |  |
| **Likely** | **4** | **8** | **12** | **16** | **20** |  |
| **Very likely** | **5** | **10** | **15** | **20** | **25** |  |

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| Risk Assessment Record | | |
| **Risk Assessment Title:** Edge Individual Practice COVID RA | **Date Produced**: 04/12/20201 | **Review Date:** 17/05/2021 |
| **Overview/Description of Activity:** Assessment of use of the Edge rooms by individuals during COVID-19 following loosening of restrictions on 12/04 | **Duration/Frequency of Activity:** Daily from building opening on 14/04 | |
| **Location of Activity:** The Edge Level 2 Rooms & Dance Studio | **Generic or Specific Assessment:** Specific | |

| # | Hazard(s) identified | Who might be affected and how | Existing controls & measures | Severity (a) | Likelihood (b) | Risk Rating  (a x b) | Additional control/action required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Insufficient ventilation of spaces | All persons present  Transmission of COVID-19 via airborne particles | * Rooms to only be used by 1 person at a time * Vents not to be obstructed * 30 minute airing period left between each booking * Individuals should bring their own personal reusable masks (not to be shared), to be used in line with [university policy on use of face coverings](https://www.bath.ac.uk/announcements/use-of-face-coverings-in-university-buildings-and-on-campus/) * Users to adhere to measures set out in each room risk assessment | 4 | 2 | 8 |  |
| 2 | Spaces over capacity preventing distancing or sufficient ventilation | All persons present  Transmission of COVID-19 via airborne particles or contact | * Rooms to be used by only 1 person at a time * Users to adhere to measures set out in each room risk assessment | 4 | 1 | 4 |  |
| 3 | Insufficient hygiene | All persons present  Transmission of COVID-19 via contact with surfaces | * Users to adhere to measures set out in each room risk assessment * Individuals to wash or sanitise hands before entering a new space * Occupant to clean piano, chairs and any other items in space with approved materials before and after use. Approved materials to be supplied by AHS * Regular cleaning schedule in place by AHS, focusing especially on high touch surfaces (eg door handles) | 4 | 2 | 8 |  |
| 4 | Transmission during use of the practice rooms | All persons present  Transmission of COVID-19 via contact with surfaces or airborne particles | * Rooms to be used by only 1 person at a time * Users to adhere to measures set out in each room risk assessment | 4 | 1 | 4 |  |
| 5 | Non-compliance with measures in place | All persons present  Transmission of COVID-19 via contact with surfaces, other persons or airborne particles | * Any incidents to be fed back to the SU * All persons booking space to be made aware of measures in place ahead of room use * Users not complying with measures in place may have access revoked * If there is an urgent incident University Security should be notified by either calling 01225 385349 (ext 5349 if using an internal phone) or call in to speak to them at the Library front desk | 4 | 3 | 12 |  |
| 6 | Incidents out of office hours | All persons present | * Room only to be accessed during times booked by users * Users to liaise with security as the contact in case of accidents and emergencies * Building opening to start with a trial period restricted to 9-5 Mon-Fri to ensure staff are present in the building, with hours increasing after a period of smooth running | 3 | 2 | 6 |  |
| 7 | Transmission from person presenting with COVID-like symptoms | All persons present  Transmission from contact with surfaces or airborne particles | * Any individuals presenting with symptoms to self-isolate * Records of individuals booking rooms kept * Use of LFT testing facilities encouraged * Room to be used by only 1 person at a time * 30 minute airing time left between bookings | 4 | 2 | 8 |  |
| 8 | Transmission from contact with others in corridors or in the foyer | All persons present  Transmission from contact with surfaces or airborne particles | * Corridor only to be used as needed to enter/exit rooms * Individuals not to linger/wait in corridor * Signage in place to indicate routes to take * Individuals to check corridor is clear before using walkway, and wait for someone going the other way to pass * Side door used to allow direct access upstairs without entering foyer * Practice room users not to enter foyer * Hand sanitiser placed at side entrance * Masks to be worn at all times when moving throughout the building, and should only be removed when in practice rooms | 4 | 2 | 8 |  |
| 9 | Transmissions from entering foyer testing area to use the elevator | Persons needing to use elevator due to accessibility requirements, or to move heavy items upstairs | * Persons needing lift access asked to notify SU Arts team when booking * Where possible, those needing to use the lift given bookings outside of testing hours * If needing to access the lift during testing hours, users to speak to testing staff to help facilitate access through the foyer. | 4 | 2 | 8 |  |

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| Assessor signature: | Print name: | **Date:** |

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| Risk Assessment Action Plan | | | | | |
| Hazard No. | Action to be taken | By whom | Target date | Review date | Outcome at review date |
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| Responsible manager’s signature:  Print name:  Date: | | | | | Responsible manager’s signature:  Print name:  Date |

Risk Assessment Sign-On Sheet

**Sign on Sheet to acknowledge understanding of Risk Assessment:**

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| **Names and Signatures of other workers/researchers/PG/UG students**  *All others undertaking the process described must signify that they understand the hazards and risks.* | | |
| Print name: | Signature: | Date: |
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