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:

|  |  |
| --- | --- |
| 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) |

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| **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** |  |

|  |
| --- |
| Risk Assessment Record |
| **Risk Assessment Title:** Dartmouth Avenue Level 0 Room 0.16 – COVID Room Assessment | **Date Produced:** 01/02/2021 | **Review Date:** 01/09/2021 |
| **Overview/Description of Activity:** Assessment of use of Dartmouth Avenue Rooms with regards to COVID-19 precautions.  | **Duration/Frequency of Activity:** Regular use throughout semester |
| **Location of Activity**: Dartmouth Avenue Level 0 Room 0.16 General Teacing Room 93.66 | **Generic or Specific Assessment:** Generic |

| # | Hazard(s) identified | Who might be affectedand how | Existing controls & measures | Severity (a) | Likelihood (b) | Risk Rating (a x b) | Additional control/action required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Insufficient ventilation of spaces | All persons presentTransmission of COVID-19 via airborne particles | * Spaces to be checked by Estates to ensure suitable ventilation
* Windows to be kept open where possible to allow ventilation.
* Ventilation and windows not to be obstructed
* Doors left open unless marked as fire doors
* 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/)
 | 4 | 2 | 8 |  |
| 2 | Spaces over capacity preventing distancing or sufficient ventilation | All persons presentTransmission of COVID-19 via airborne particles or contact | * Maximum capacities to be determined by Estates ventilation checks
* Maximum capacities not to be exceeded at any point
* All users to be made aware of maximum capacities for each space.
* Capacity in this room as defined by Estates is **10 persons maximum**
* Signage to be in place to indicate the capacity for the room.
* Rooms must have sufficient space to allow social distancing of 2m+ to be maintained
 | 4 | 2 | 8 |  |
| 3 | Insufficient hygiene | All persons presentTransmission of COVID-19 via contact with surfaces | * Individuals to wash or sanitise hands before entering a new space
* If activity in this space is conducted for an extended period of time, handwashing/sanitising to be carried out at regular intervals, with breaks and reminders being issued to enable this
* High touch surfaces (e.g. workstations, door handles) to be regularly cleaned with an appropriate cleaner. Approved materials to be supplied by SU via Estates
* Occupant to clean tables, chairs, portable speakers and any other items in space with approved materials before use. Approved materials to be supplied by SU via Estates
* Keep surfaces clear to make it easier to clean and reduce the likelihood of contaminating objects.
* Regular cleaning schedule in place
 | 4 | 2 | 8 | A one-hour time period will be given between booking to allow;* 30 minute airing
* 30 minute cleaning process
 |
| 4 | Transmission during use of rooms | All persons presentTransmission of COVID-19 via contact with surfaces or airborne particles | * Social distancing of 2m to be maintained at all times
* Clear walkways maintained throughout the space
* Entry/exit to be staggered to avoid passing each other in doorways
* Transit routes to be defined and one-way systems to be in place where feasible for events/activities, with adequate space for participants to remain 2m apart. Signage in place to indicate this
* Space to be clear of rubbish and other unnecessary items. Personal items or rubbish to be touched only by the owner
* Appropriate signage to be in place reminding of COVID-19 precautions to reinforce compliance with measures
* Limit necessity for different people to physically join/leave meeting throughout its course
* Any equipment or other items needed in space to be kept out of walkways except when being moved
 | 4 | 2 | 8 |  |
| 5 | Non-compliance with measures in place | All persons presentTransmission 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
* Where possible, organiser to contact participants before the event to notify them of what is expected of them
* If there is an urgent incident on-site Security or the Operations Caretaker based in room 0.01 should be notified (insert phone number)
 | 4 | 3 | 12 | * Student groups and SU run events will produce a specific risk assessment based on the planned activities within room 0.15
 |
| 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
 | 3 | 2 | 6 |  |
| 7 | Transmission from person presenting with COVID-like symptoms | All persons presentTransmission from contact with surfaces or airborne particles | * Any individuals presenting with symptoms to self-isolate
* Records of persons attending sessions to be maintained. Avoid physical ‘sign in’ sheets if possible. If ‘sign in’ sheets are unavoidable then just 1 person to be signing in attendees to limit contamination
* Should a person present with symptoms, the SU should be contacted and informed. The SU will contact all attendees to inform them to self-isolate
 | 4 | 3 |  12 | * In line with test and trace thesubath.com provides students groups the opportunity to create electronic signup sheets
* Staff and students should access the Universities Covid-19 test centres twice a week, 3 days apart
 |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

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

|  |
| --- |
| Risk Assessment Action Plan |
| Hazard No.  | Action to be taken | By whom | Target date | Review date | Outcome at review date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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:**

|  |
| --- |
| **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: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |