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 1 Room 1.01– 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 1 Room 1.01 General Teaching Room 196.63 | **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 **20 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 dance bars, 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
* Markers to be placed on floor defining required spacing for dance and yoga activities
 | 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 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 reception
 | 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
 | 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: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |