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| **Work Activity:** | *COVID-19 Risk Assessment* | | |
| **Project No.:** |  | **Location:** | All Centres |
| **R.A. No.:** |  |

| **PART 1: GENERIC RISK ASSESSMENT** | | | | | | | | | |
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| **Main Hazards Are:**   * Exposure to COVID-19 in the workplace * Spreading of COVID-19 brought into the workplace * Welfare of staff who contract COVID-19 | | | | | | | | | |
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| **Persons/Properties Exposed Are:**   * Staff * Clients * Visitors * Suppliers * Contractors * Cleaning staff | | | | | | | | | |
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| **Assessment of Risk:** | Severity | 3 | x | Likelihood | 2 | = | Risk | 6 |  |
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| **Control Measures Required:**   * Floor plans to instruct flow through of the building (one-way systems etc) * Social distancing markers * Protective screens for Reception desk * Hand sanitization points * Hand washing facilities & signage * Increased cleaning measures * Reduced meeting rooms and communal area capacities * Lift capacity reduced – 2 persons at a time. * Mental wellbeing of staff * Face masks recommended in common areas | | | | | **PPE:**   * Gloves * Face masks * Hand sanitizers | | | | |
| Social Distancing  Setting signage and markers on staircases in communal areas. Reducing meeting room capacities and enforcing compliance to the reduced number of people allowed in one area.  Sneeze guards to be installed on Reception and stop & wait signs to the management office.  Clients to manage the arrangement of their offices with larger distances between workstations/dividers etc.  Cleaning  Anti-viral products to be used on all surfaces and touch points regularly throughout the day.  Fogging to be executed in communal areas regularly.  Clients to instruct on what additional cleaning options they require in their individual offices.  Cleaning guidelines, including handwashing instructions to be clearly displayed in appropriate areas.  Bins in communal areas to be changed to hands free bins.  Cleaning operatives to be supplied with the correct PPE equipment.  Symptoms of Covid-19  If anyone becomes unwell with a new continuous cough or a high temperature in the workplace they will be sent home and advised to follow the stay at home guidance.  GMs will maintain regular contact with staff members during this time.  If advised that a member of staff or client 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. We advise that clients have their offices fogged if a staff member tests positive and has been in the office.  Mental Health  Management will promote mental health & wellbeing awareness to staff during the Coronavirus outbreak and will offer whatever support they can to help  Visitors  Visitors to the building to abide by social distancing rules.  Visitors must sign into the building using the ipad, the QR code for contactless signing in or to be pre-booked by the client before arrival.  Visitors to be told where sanitzation points and hand washing facilities are.  Visitors should not enter the building if they have any symptoms of COVID-19 or have been told to isolate by Track and Trace.  PPE  All staff to be provided with PPE for travelling to and from work and to wear at work.  PPE instructions of usage included in the Staff Return to Work Pack and training carried out by Managers.  Face masks are recommended to be worn when outside of your offices or in our common areas, although not mandatory. We will put signage in our buildings to encourage all visitors and clients to wear masks around the premises. Our reception staff will not be required to wear masks whilst they sit behind our installed screening and our support staff will not be required to wear them whilst in their admin offices. We will continue to wear masks when serving drinks and food in the meeting rooms. Of course anyone with a medical condition preventing them from wearing masks will be exempt. | | | | | Staff to receive new Return to Work pack outlining new building procedures and to be reminded regularly of the importance of adhering to this/ensuring client adhere to this.  Clients have received options for re-planning of offices and prices for protective screens for desks.  Clients will receive Return to Work pack to ensure they understand and follow the new guidelines in the building  Clients options to include regular deep cleaning of offices, anti-viral products & fogging service.  Internal communication channels and cascading of messages through line managers will be carried out regularly to reassure and support employees in a fast changing situation.  Regular company communication of mental health information and open door policy for those who need additional support.  Social distancing signage to help direct visitors.  Reception team to sign in visitors on the sign in app via the computer.  PPE to be provided along with the Return to Work Pack.  Signage around the building and stock of face masks at site if needed for a client or a visitor. | | | | |

| **PART 2: LOCATION SPECIFIC ASSESSMENT** | | | | | | | | | | |
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| **Additional Persons/Property Exposed Are:**  Vulnerable people; Pregnant people, elderly, high risk.  Disabled or people with temporary disabilities who cannot reach sanitization points | | | | | | | | | | |
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| **Additional Specific Hazards Identified Are:** | | | | | | | | | | |
| **Maximum Number Of People Involved In The Activity:** | | | | | | | | | | |
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| **Frequency and Duration of Activity:** | | | | | | | | | | |
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| **Additional Control Measures Required:** | | | | | | | | | | |
| Health declaration form for visitors  Accessible hand sanitizers for those who cannot reach sanitization points (hand held bottles to be provided)  Normal PEEP procedure to be followed to alert Centre staff of a disabled or person with temporary disabilities visiting | | | | | | | | | | |
| **List Extra PPE:**  Additional hand held hand santizers | | | | | | | | | | |
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| **Assessment of Risk:** | Severity | 2 | x | Likelihood | 2 | = | | Risk | 4 |  |
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| Updated By: | Georgia Sandom | | | | Date: | | 19/07/21 | | | |
| Received/Reviewed at Site By: |  | | | | Date: | |  | | | |

| **PART 3: PERSONNEL INVOLVED IN THE ACTIVITY** | | | |
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| **By signing the below table quantifies that you have read and understood this document and will work to such procedures and controls.** | | | |
| **Date** | **Name** | **Company** | **Signature** |
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