|  |  |
| --- | --- |
| **AREA / ACTIVITY / TASK BEING ASSESSED:** | **XXXXXXXX****DURING COVID-19 PANDEMIC** |
| **DEPARTMENT:** | **ALL** |
| **SERVICE:** | **ALL** |
| **REFERENCE NO.** | **VERSION** | **DATE OF ASSESSMENT** | **DATE OF NEXT REVIEW** |
| DEPT-SERV-RA-COVID19- | 1 | XX/XX/2020 | XX/XX/2023 |
| **Description of operations and scope of assessment:*** Activities,
* Environment(s)
* Equipment, materials etc.
 | CLEAR DESCRIPTION OF THE SERVICE OR ELEMENT OF THE SERVICE BEING RISK ASSESSED. **Daily updates and guidance are available via the below links.** **Please check updates daily as some information in this risk assessment may change;**[Public Health Wales Website](https://phw.nhs.wales/) <https://www.gov.uk/coronavirus> |
| **Address / Location where assessment conducted:** | Various |
| **Legislation /** **Management standards** | Health and Safety at Work Act 1974Management of Health and Safety at Work Regulations 1999The Health Protection (Coronavirus Restrictions) (Wales) (Amendment) Regulations 2020All associated and relevant regulations and guidance. |
| **Other relevant safety documentation** (if applicable)**:** * Risk Assessments,
* Safe Systems of Work,
* Procedures,
* Guidance etc.
 | **TITLE** | **REFERENCE NO.** |
| Specific safe working practice in relation to the pandemic for approved services. |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Risk Assessor(s)** | **Job Title:** | **Signature(s) of Risk Assessor(s)** |
|  |  |  |
|  |  |  |

| **Item index No.** | **Identify Hazard(s)** | **Who/What is likely to be harmed and how?** | **Existing / Current Control Measures** | **Risk Rating as per Matrix** | **Further actions required to reduce risk** **&****person responsible for action** | **Residual risk(s) as per matrix after additional controls** |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **DESCRIBE THE RISKS ASSOCIATED WITH SOCIAL DISTANCING REQUIREMENTS** | EmployeesService UsersDETAIL WHAT MAY BE BARRIERS IN IMPLEMENTING SOCIAL DISTANCING. | DESCRIBE MEASURES / MANAGEMENT ARRANGEMENTS CURRENTLY IF YOU ARE OPERATING | HIGHMEDIUM**LOW** | DESCRIBE PROPOSED MEASURES TO BE IMPLEMENTED TO MAXIMISE SAFETY | HIGHMEDIUM**LOW** |
| **2.** | **DESCRIBE THE RISKS ASSOCIATED WITH REQUIRED HYGIENE MEASURES** | EmployeesService UsersDETAIL WHAT MAY BE BARRIERS IN IMPLEMENTING THE HYGIENE MEASURES | DESCRIBE MEASURES / MANAGEMENT ARRANGEMENTS CURRENTLY IF YOU ARE OPERATING | HIGHMEDIUM**LOW** | DESCRIBE PROPOSED MEASURES TO BE IMPLEMENTED TO MAXIMISE SAFETY | HIGHMEDIUM**LOW** |
| **3.** | **DESCRIBE THE RISKS ASSOCIATED WITH CONTACT WITH PUBLIC / PUBLIC ACCESS TO SERVICE** | EmployeesService UsersDETAIL WHAT MAY BE BARRIERS IN IMPLEMENTING THE HYGIENE MEASURES | DESCRIBE MEASURES / MANAGEMENT ARRANGEMENTS CURRENTLY IF YOU ARE OPERATING  | HIGHMEDIUM**LOW** | DESCRIBE PROPOSED MEASURES TO BE IMPLEMENTED TO MAXIMISE SAFETY | HIGHMEDIUM**LOW** |
| **4.** | **DESCRIBE ANY OTHER RISKS ASSOCIATED WITH RECOVERY OF THE SERVICE** | EmployeesDETAIL WHAT MAY BE BARRIERS IN IMPLEMENTING THE HYGIENE MEASURES | DESCRIBE MEASURES / MANAGEMENT ARRANGEMENTS CURRENTLY IF YOU ARE OPERATING | HIGHMEDIUM**LOW** | DESCRIBE PROPOSED MEASURES TO BE IMPLEMENTED TO MAXIMISE SAFETY | HIGHMEDIUM**LOW** |

| **MANAGEMENT ACTION PLAN** |
| --- |
| **AREA / ACTIVITY / TASK BEING ASSESSED:** | **MANAGEMENT OF CRITICAL SERVICES** **DURING COVID-19 PANDEMIC** |
| **Further actions necessary to control or reduce risk** | **Action by** | **Priority for action based on level of residual risk** | **Target completion date** | **Actual completion date** | **Comments** | **Initials** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |