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| **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 1974  Management of Health and Safety at Work Regulations 1999  The Health Protection (Coronavirus Restrictions) (Wales) (Amendment) Regulations 2020  All 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. | |  |
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| **Name of Risk Assessor(s)** | **Job Title:** | **Signature(s) of Risk Assessor(s)** |
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| **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** | Employees  Service Users  DETAIL 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** | Employees  Service Users  DETAIL 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** | Employees  Service Users  DETAIL 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** | Employees  DETAIL 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** |  |  |  |  |  |  |  |