# Coronavirus Risk Assessment for General Practices

This template risk assessment is intended to help you document the risk control measures you have introduced within the workplace to control the spread of coronavirus (COVID-19). It is not a Practice Continuity Plan.

You must modify this risk assessment to ensure it reflects your practice activities and the specific risks and controls you have in place.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location/Dept: | | | | | | Date Assessed: | Assessed by: | | | |
| Task/Activity:  Primary Care setting / General Practice – staff working in the practice and community activities during the coronavirus (COVID-19) pandemic | | | | | |  | Reference Number: | | | |
|  | | | Risk rating before implementing control measures | | |  | Risk rating after implementing control measures | | |  |
| Activity/Task | Hazard/Risk | Person at Risk | Likelihood  (1-5) | Severity  (1-5) | Risk/ Priority | Control Measures in Place | Likelihood  (1-5) | Severity  (1-5) | Risk/ Priority | Additional Control Measures Required |
| Working in the general practice | Coronavirus | Employees Members of the public Contractors | 5 | 5 | 25 | Emergency Action Plan (EAP) in place and communicated to all employees and visitors, including what symptoms to look out for and what action to take. EAP to be displayed in visible areas around the workplace.  All employees instructed to follow government guidance on self-isolating and adhere to advice given.  The practice will display a QR code at the entrance. Visitors, patients and contractors will have the option to provide their name and contact details or scan into the premise using the NHS Test and Trace app.  Wherever possible, we will minimise the time workers spend in the office and will request that they work from home whenever possible.  Where eligible, employees are strongly recommended to take part in the government’s testing programme for COVID-19 and ensure that the results are communicated to senior management. If the test results reveal that the individual has contracted COVID-19, action will be taken as prescribed in the Emergency Action Plan and a decision will be made on when they can return to work.  The business is taking part in the government testing program and will test asymptomatic employees twice weekly. A separate risk assessment has been completed for the testing area / workers will receive home testing kits and will be expected to inform the business of their results.  Employees will be given time away from the workplace to receive a COVID vaccine when they have been invited to attend. Where eligible, employees are strongly recommended to take part in the government’s vaccination programme for COVID-19 to prevent the spread of the virus and help to protect everyone within the workplace.    Employees that have been vaccinated must continue to follow the site control measures, including the wearing of face coverings where required, until further notice from the government is provided.  Steps have been taken to avoid people needing to unduly raise their voices to each other.  WorkNest’s Return to Work Form to be completed when an employee returns from self-isolating or has been diagnosed with COVID-19.  Employees encouraged to download NHS COVID-19 app on personal phones and follow instructions received when it is available.  Employees instructed to download NHS COVID-19 app on their practice phone, use during working hours and follow instructions received when it is made available.  Once symptomatic, all surfaces that the person has come into contact with must be cleaned, including:   * All surfaces and objects which are visibly contaminated with body fluids; and * All potentially contaminated high-contact areas such as toilets, door handles, telephones, etc.   Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.  If a person becomes ill in a shared space, these should be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the general practice | Contact with persons who may have been exposed to coronavirus – foreign travel | Employees  Contractors  Visitors | 5 | 5 | 25 | Employees who are suspected to have coronavirus are to quarantine themselves in accordance with the government guidance.  Employees instructed to follow government guidance on foreign travel.  Other persons who may have been exposed to coronavirus have been instructed by the government guidance to quarantine themselves. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the general practice | Contact with persons who may have been exposed to coronavirus | Employees  Contractors  Visitors | 5 | 5 | 25 | Installation of bollards/tape, physical barriers or screens (where possible).  Plexiglass barriers installed at regular contact points (where feasible) and cleaned and disinfected regularly in line with standard cleaning procedures.  Employees regulate entry to the front of house area.  Patient information poster on COVID-19 to be displayed at entrance.  ‘Staying COVID-19 Secure’ poster displayed at the entrance.  Undertake WorkNest’s COVID-19 Daily Management Checklist.  Undertake WorkNest’s COVID-19 Daily Cleaning Checklist.  Employees working side-by-side or facing away rather than face-to-face.  COVID-19 posters warning patients, contractors and visitors who are showing symptoms not to enter.  Communication and training materials will be provided for employees prior to returning to site, especially around new procedures for arrival at work.  Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.  Anyone who can work from home will be asked to do so. Where this cannot be done, the minimum amount of people will be asked to work on site.  Employees who fall into the vulnerable, clinically vulnerable and clinically extremely vulnerable categories will be assessed and provisions made accordingly. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the general practice | Contact with persons who may have been exposed to coronavirus | Employees  Contractors  Visitors | 5 | 5 | 25 | The practice will aim to maintain two-metre social distancing wherever possible, including while arriving at and departing from work, while in work, and when travelling between sites.  In an emergency, for example an accident or fire, people do not have to stay two metres apart if it would be unsafe.  People involved in the provision of assistance to others will pay particular attention to sanitation measures immediately afterwards, including washing hands.  Where social distancing guidelines cannot be followed in full in relation to a particular activity, it will be considered whether that activity needs to continue for the practice to operate and, if so, we will take all the mitigating actions possible to reduce the risk of transmission between employees. Further mitigating actions include:   * Increasing the frequency of handwashing and surface cleaning; * Keeping the activity time involved as short as possible; * Using screens or barriers to separate people from each other; * Using back-to-back or side-to-side working (rather than face-to-face) whenever possible; and * Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ (so each person works with only a few others).   Staggered arrival and departure times will be implemented to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.  Additional parking facilities such as bike racks to help people walk, run and cycle to work where possible will be provided.  Passengers in corporate vehicles will be limited and will include leaving seats empty.  We will aim to reduce congestion, for example by having more entry points to the workplace.  The practice will provide storage for workers’ clothes and bags.  The practice will use markings and introduce one-way flow at entry and exit points.  The practice will provide handwashing facilities, or hand sanitiser where not possible, at entry and exit points and not use touch-based security devices such as keypads.  The practice will provide alternatives to touch-based security devices such as keypads.  The practice will provide alternatives for entry/exit points where appropriate, for example deactivating turnstiles requiring pass checks in favour of showing a pass to security personnel at a distance.  The practice will service or adjust ventilation systems, for example so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.  Where systems serve multiple buildings, or we are unsure, advice will be sought from the heating ventilation and air conditioning (HVAC) engineers or advisers.  The practice will open windows and doors frequently to encourage ventilation, where possible. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working around the site | Contact with persons suffering from coronavirus – moving around buildings and worksites | Employees Members of the public Contractors | 5 | 5 | 25 | The practice will look to reduce contact with others by:   * Reducing movement by discouraging non-essential trips within buildings and sites, for example restricting access to some areas, encouraging the use of radios or telephones, where permitted, and cleaning them between use; * Restricting access between different areas of a building or site; * Reducing job and location rotation; * Introducing more one-way flow through buildings; * Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging the use of stairs wherever possible; * Making sure that people with disabilities are able to access lifts; and * Regulating the use of high-traffic areas, including corridors, lifts turnstiles and walkways, to maintain social distancing. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working around the site | Poor hygiene and welfare conditions leading to staff discomfort or illness | Employees Members of the public Contractors | 5 | 5 | 25 | Toilets to have a regular supply of hot and cold water complete with soap and towels.  Hand sanitiser available (where required).  Kitchen area to have a safe supply of mains cold water.  Hand-contact points cleaned every hour.  Toilets and kitchen area to be regularly cleaned.  Management to implement controls to prevent overcrowding and ensure two metres between all persons. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the office area | Contact with persons suffering from coronavirus – workstations | Employees | 5 | 5 | 25 | The practice will look to reduce contact with others by:   * Reviewing layouts and processes to allow people to work further apart from each other; * Using floor tape or paint to mark areas to help workers keep to a two-metre distance; * Only where it is not possible to move workstations further apart, arranging for people to work side-by-side or facing away from each other rather than face-to-face; * Only where it is not possible to move workstations further apart, using screens to separate people from each other; * Managing occupancy levels to enable social distancing; and * Avoiding the use of hot desks and spaces and, where not possible (for example, call centres or training facilities), cleaning and sanitising workstations between different occupants, including shared equipment. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the office area | Contact with persons suffering from coronavirus – workstations | Employees | 5 | 5 | 25 | The practice will look to reduce contact with others by:   * Using remote working tools to avoid in-person meetings; * Allowing only necessary participants to attend meetings and maintaining two-metre separation throughout; * Avoiding transmission during meetings, for example by avoiding sharing pens and other objects; * Providing hand sanitiser in meeting rooms; * Holding meetings outdoors or in well-ventilated rooms whenever possible; and * For areas where regular meetings take place, using floor signage to help people maintain social distancing. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the back of house area | Disposal of waste that may be contaminated by a coronavirus sufferer / member of the public, i.e. public waste bins, personal protective equipment (PPE), etc. | Employees | 5 | 5 | 25 | All waste that has been in contact with the relevant person, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied and disposed of as hazardous waste in line with normal infection prevention control policies and procedures. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the back of house area | Contact with persons suffering from coronavirus – common areas | Employees  Contractors  Visitors | 5 | 5 | 25 | The practice will look to reduce contact with others by:   * Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example receptions, staircases; * Staggering break times to reduce pressure on break rooms or canteens; * Using safe outside areas for breaks; * Creating additional space by using other parts of the workplace or building that have been freed up by remote working; * Installing screens to protect employees in receptions or similar areas; * Providing packaged meals or similar to avoid fully opening staff canteens; * Encouraging workers to bring their own food; * Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions; * Encouraging employees to remain on-site and, when not possible, maintain social distancing while off-site; * Regulating the use of locker rooms, changing areas and other facility areas to reduce concurrent usage; and * Encouraging storage of personal items and clothing in personal storage spaces, for example lockers and during shifts. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working around the site | Contact with persons suffering from coronavirus – common areas | Employees Members of the public Contractors | 5 | 5 | 25 | The practice will be minimising contact by:   * Encouraging patients to visit the practice alone where possible, unless they need specific assistance; * Reminding patients who are accompanied by children that they are responsible for supervising them at all times and should follow social distancing guidelines; * Considering how people walk through the practice and how this could be adjusted to reduce congestion and contact between patients, for example queue management or one-way flow, where possible; * Ensuring any changes to entries, exits and queue management take into account reasonable adjustments for those who need them, including disabled patients; * Using outside premises for queuing where available and safe, for example some car parks; * Working with the local authority or landlord to take into account the impact of our processes on public spaces such as high streets and public car parks; * Having clearly designated positions from which colleagues can provide advice or assistance to patients whilst maintaining social distance; * Infection Control SOP remains in place; * Installing bollards/tape, physical barriers or screens (where possible); * Installing Plexiglass barriers at regular contact points (where feasible) and cleaning and disinfecting these regularly in line with standard cleaning procedures; and * Having staff regulate entry to the practice. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis.  Further guidance and recommended risk control measures/infection prevention and control will be sourced from the Local Medical Committee (LMC), NHS England, Clinical Commissioning Group (CCG), Central Alerting System (CAS) alerts, and guidance for infection prevention and control in healthcare settings. |
| Working in the general practice | Contact with persons suffering from coronavirus – wearing of personal protective equipment (PPE) | Employees Members of the public Contractors | 5 | 5 | 25 | Existing PPE worn in a work activity as advised by Public Health England.  Refer to NHS SOP COVID-19 and ensure all staff are aware of its contents and new protocols.  All visitors, including patients, contractors and members of the public, will be required/encouraged to wear a face covering when entering the premises unless medically exempt or exempt under the regulations. Anyone who refuses to follow this will be requested to leave the premises unless there is an acceptable reason why they cannot wear one. Social distancing and personal hygiene measures will be followed by employees who are around anyone that is not wearing a face covering.  If patient/visitor has been transferred from the practice, all communal areas need to be cleaned with detergent then disinfected, ensuring PPE (fluid-resistant [type IIR] surgical mask) is worn during this process.  Decontamination – door to be kept shut, air con switched off until room has been cleaned with detergent and then disinfected, ensuring PPE (fluid-resistant [type IIR] surgical mask) is worn during this process.  Employees using face coverings will be encouraged to:   * Wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it. * When wearing a face covering, avoid touching their face or face covering, as it could contaminate them with germs from their hands. * Change their face covering if it becomes damp or if they have touched it. * Continue to wash their hands regularly. * Change and wash face coverings daily. * If the material is washable, wash in line with manufacturer’s instructions. If it is not washable, dispose of it carefully in your usual waste. * Practice social distancing wherever possible. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the general practice | Contact with persons suffering from coronavirus – shift patterns and travel to work | Employees Members of the public Contractors | 5 | 5 | 25 | The practice will:   * As far as possible, where employees are split into teams or shift groups, fix these teams or shift groups so that, where contact is unavoidable, this happens between the same people. * Minimise non-essential travel. * Minimise the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation where possible and avoiding sitting face-to-face. * Clean shared vehicles between shifts or on handover. * Where workers are required to stay away from their home, centrally log the stay and make sure any overnight accommodation meets social distancing guidelines. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the general practice | Contracting and spreading of infection | Employees Members of the public Contractors | 5 | 5 | 25 | Basic infection controls should be followed as recommended by the government:   * Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. * Put used tissues in the bin straightaway. * Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. * Try to avoid close contact with people who are unwell. * Clean and disinfect frequently-touched objects and surfaces. * Do not touch your eyes, nose or mouth if your hands are not clean. * Steam cleaning of upholstered furniture. * Furniture heavily contaminated by bodily fluids that cannot be cleaned are disposed of. * Do not touch your eyes, nose or mouth if your hands are not clean. * Electronic fit notes can be issued under guidance from LMC. * Follow advice from LMC/General Practice Provider Board (GPPB) regarding services/treatments that can/are to be suspended. * Follow advice from LMC/GPPB regarding services/treatments that can be arranged over the telephone/via video consultation (where possible). * Suspended non-elective operations. * Hair tied back, hand and wrist jewellery removed. * Public Health England (PHE) recommended PPE available and to be worn – disposable plastic apron, fluid-resistant (type IIR) mask/respirator, face/eye protection and disposable gloves as per guidance from PHE and depending on local risk assessment. * Reception staff to wear fluid-resistant (type IIR) mark (where two-metre distancing cannot be maintained). * PHE COVID-19 donning of PPE posters available. * Refresher training for all clinical and patient-facing staff provided upon release. * Separate risk assessment for vulnerable staff completed on an individual basis. * Practice Manager to consider remote working (where possible). * Practice Manager to regularly review Business Continuity Plans (BCPs) and Standard Operating Procedures (SOPs). * Determination over whether to have COVID-19 or non-COVID-19 clinics taken by Practice Manager/Partners. * Separate areas created to manage and encourage social distancing. * Email and telephone recorded messages applied.   Persons worried about symptoms should use the NHS 111, only call if they cannot get help online, and NOT go to their GP or other healthcare centre. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the back of house and front of house areas | Contact with persons suffering from coronavirus – contact with objects that come into the workplace and vehicles at the worksite | Employees Members of the public Visitors | 5 | 5 | 25 | The practice will introduce:   * Cleaning procedures for goods and merchandise entering the site; * Cleaning procedures for vehicles; * Greater handwashing and handwashing facilities for workers handling goods and merchandise and provide hand sanitiser where this is not practical; * Regular cleaning of vehicles that workers may take home; * Restrictions on non-practice deliveries, for example personal deliveries to workers. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Working in the office/  warehouse | Contact with delivery drivers / contactors to site | Employees Members of the public Contractors | 5 | 5 | 25 | All contractors / delivery drivers / suppliers expected to complete the Contractor Checklist found on the WorkNest Coronavirus Advice Hub.  Contractors only allowed on site if the work cannot be completed at another time.  Contractors and delivery drivers instructed to keep two metres away from all other persons at all times.  Contractors and delivery drivers provided with handwashing facilities.  Contractors and delivery drivers supervised at all times. |  | 5 |  | Guidance and recommended risk control measures will be sourced directly from the GOV.UK website wherever possible.  [https://www.gov.uk/government/publications/guidance-to-employers-and-practicees-about-covid-19](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19)  Control measures will be revised and updated on a regular basis. |
| Cash handling | Coronavirus | Employees | 5 | 5 | 25 | Card payments to be encouraged.  Panic alarm to be situated adjacent to till areas to allow staff to summon assistance.  All staff who handle cash to wash hands regularly and instructed not to touch face until they have washed their hands. |  | 5 |  |  |
| Medication deliveries | Coronavirus | Driver  Patients | 5 | 5 | 25 | Disposable gloves and face coverings issued. Hand sanitiser provided.  Vehicle cleaned daily or after change of driver.  Medication will be either put through letter box or left on doorstep after knocking door and stepping two metres back to ensure patient has removed package.  Regular reminders of good handwashing techniques, to avoid touching your face and to cough or sneeze into a tissue which is binned safely or into your arm if a tissue not available. |  | 5 |  |  |

## Risk/Priority Indicator Key

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Likelihood |  | RISK / PRIORITY INDICATOR MATRIX | | | | | | |
| 1. Improbable / very unlikely |  | LIKELIHOOD | 5 | 5 | 10 | 15 | 20 | 25 |
| 2. Unlikely |  | 4 | 4 | 8 | 12 | 16 | 20 |
| 3. Even chance / may happen |  | 3 | 3 | 6 | 9 | 12 | 15 |
| 4. Likely |  | 2 | 2 | 4 | 6 | 8 | 10 |
| 5. Almost certain / imminent |  | 1 | 1 | 2 | 3 | 4 | 5 |
|  |  |  | | 1 | 2 | 3 | 4 | 5 |
| Severity (Consequence) |  | SEVERITY (CONSEQUENCE) | | | | |
| 1. Negligible (delay only) |  |  |  |  |  |  |  |  |
| 2. Slight (minor injury / damage / interruption) |  | Summary | | Suggested Timeframe | | | | |
| 3. Moderate (lost time injury, illness, damage, lost care provider) |  | 12-25 | High | As soon as possible | | | | |
| 4. High (major injury / damage, lost time care provider interruption, disablement) |  | 6-11 | Medium | Within the next three to six months | | | | |
| 5. Very High (fatality / care provider closure) |  | 1-5 | Low | Whenever viable to do so | | | | |

## Review Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Review |  | Confirmed by |  | Comments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I have read the risk assessment and understand and accept its contents form part of my job role. I will keep myself informed of any changes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name (Print) |  | Employee Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |