Risk Assessment

NOTE: Before completing this risk assessment please see guidance notes towards the end of the document.

Dawson Technical Support Ltd
2 Instow Close
Mapperley
Nottingham
NG3 5XE

Tel: 0115 772 2045
Email: info@dawsonsupport.co.uk

Date:	May 2020

Assessors Name:	**Mark Dawson**	**Reference Number:**	**RISK/0520/COVID**		**Review Date:**	Ongoing – as per government guidance updates	
Endorsed By:	**Mark Dawson**	**Signature:**		**Position:**	**Director**	**Date:**	**May 2020**

Description of assessment	**Coronavirus (COVID-19)**
Location Details	**Customer Site**

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Identified Hazards	Who may be affected	Risk Level before control measures S x L = R				Existing control measures	Additional Control measures required	To be actioned by	Completion date	Final Risk level S x L = R			
		S	L	R	RR					S	L	R	RR
Catching / Spreading	Employees, client, public	5	3	15	H	• Employees will be asked to wash hands with soap regularly and thoroughly, for at least 20 seconds. • Tissues will be provided for all employees. Employees should use their tissues when coughing or sneezing and then place the used tissue in the bin before washing hands. • Contact with personnel suspected of having caught COVID-19 will be avoided.		Employee	Ongoing	5	1	5	M

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		S	L	R	RR					S	L	R	RR
Catching / Spreading (continued)	Employees, client, public	5	3	15	H	• Employees are reminded to not touch their eyes, nose or mouth if their hands are not clean. • Employees are reminded to maintain 2 metre social distancing as much as possible. • We will also work towards any cleaning / infection control requirements outlined by the client. • Employees will be told to self-isolate for 14 days should they find they have a new, persistent cough and/or a high temperature. • Should employees disclose that personnel living with them are self-isolating, they should be encouraged to do the same for 14 days as per Government guidance.		Employee, client	Ongoing	5	1	5	M

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		S	L	R	RR					S	L	R	RR
Catching / Spreading **Job Specific** (continued)	Employees, client, public	5	3	15	H	• Employees are reminded to not touch their eyes, nose or mouth if their hands are not clean. • Employees are reminded to practice social distancing when attending client offices. Clients will be asked to confirm adequate social distancing is in place before our employee will attend site. • Employees will be provided with relevant PPE when attending client offices (Disposable Gloves, Anti-bacterial wipes, protective eyewear, face mask etc) • We will also work towards any cleaning / infection control requirements outlined by the client. • All work areas at client offices that our employees visit will be cleaned before and after works using a suitable antibacterial cleaning substance.	• Where facilities to wash hands are not available, hand sanitiser should be used. Employees will be provided with hand sanitiser. • Where installations/repairs require two staff members and cannot adhere to 2m distancing, they should minimise contact and avoid skin and face-to-face contact. Where face-to-face contact is essential, this should be kept to 15 minutes or less wherever possible.	Employees, client, public, employer	Ongoing	5	1	5	M

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		S	L	R	RR					S	L	R	RR
Employee travel plans	Employees, client, public	5	3	15	H	• We will ask employees to inform us if they are leaving the country. • We will provide relevant government guidance in line with the area / country that they are visiting. • Self-isolation will be enforced in line with the area / country guidance.		Employees, employer	Ongoing	5	1	5	M
Lack of awareness	Employees, client	5	3	15	H	• Toolbox talks will be carried out for all personnel on site, warning them of the risks posed by the virus as well as the control measures outlined in this assessment and from government guidance. This will include informing personnel of the known symptoms. • We will continually adopt and review new government / WHO guidance as and when it is available.		Employer	Ongoing	5	1	5	M

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Guidance Notes

SEVERITY						
	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		LIKELIHOOD				

LIKELIHOOD	
5	Almost Certain – Very High Risk
4	Probable – High Risk
3	50/50 – Medium Risk
2	Improbable – Low Risk
1	Almost impossible – Low Risk

SEVERITY	
5	Fatality – Very High Risk
4	Severe incapacity – High Risk
3	Absent 3 weeks – Medium Risk
2	Absent less than 1 day – Low Risk
1	Insignificant – Low Risk

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1–4 LOW	5–9 MEDIUM	10–15 HIGH	16–25 VERY HIGH
Continue with existing control, however monitor for changes. Implement any additional control measures required, within the timescales given in the risk assessment.	**Requires attention to reduce the rating as well as regular ongoing monitoring. Implement any additional control measures required, within the timescales given in the risk assessment.**	**Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.**	**Stop immediately – the risk is too high. Take immediate action to reduce the risk to the lowest level possible.**

Additional comments:

1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding
2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment
3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document

Assessor 1 name:	**Mark Dawson**	**Signature:**		**Date:**	

Assessor 2 name:		**Signature:**		**Date:**	

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I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level. I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.				
Employee name	**Job description**	**Date**	**Employee comments/recommendations**	**Signature**
Mark Dawson	**Service Engineer / Director**	**May 2020**	**None**	

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