RISK ASSESSMENT FORM WEM TOWN COUNCIL

Use this form to record details of individual risk assessments. Use it with Management of Risk guidance.

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| Risk Assessment Reference Number: WTC CovidRA1 | | | | | Date of Assessment: June 2020 | | | | | | | Date of Review: 29.9.20 | | | | |
| Task/Work Activity/Work Area Assessed: Town Council Staffing Operations | | | | | | | | | | | | | | | | |
| People Involved in Making This Assessment: **Town Clerk,** | | | | | | | | Signature: | | | | | | | | |
| Risk Rating scoring system: Level of Risk = Likelihood x Consequence/Severity  20 or 25 **High.** Unacceptable – Stop or activity until immediate improvements can be made.  10 to 16 **Medium.** Tolerable - needs improvement within a reasonable timescale, e.g. 1 to 3 months depending on the situation.  5 to 9 **Low.** Adequate but look to improve by next review  1 to 4 **Very Low.** Residual risk is acceptable, and no further action will be needed if control measures are maintained. | | | | | | | | | | | | | | | | |
| **Score**  5  4  3  2  1 | **Likelihood**  Very likely / Almost certain  Likely  Fairly likely / Possible  Unlikely  Very unlikely | | **Description**  Event is expected to occur in most circumstances  Event will probably occur in most circumstances  Event could occur at some time  Event is not likely to occur in normal circumstances  Event may occur only in exceptional circumstances | | | **Score**  5  4  3  2  1 | **Consequence/Severity**  Catastrophic / Severe / Fatality  Serious injury / ill health  Moderate (over 7-day injury)  Minor injury / ill health  Insignificant / no injury | | | | **Description**  Death/permanent disability to one or more people  Hospital admission needed, e.g. fracture  Medical treatment needed, over 7-day incapacity  First aid is needed  Injury does not need first aid treatment | | | | | |
| **Persons Affected by the Activity** | | **What Hazards Have Been Identified?** | | **Control Measures Already in Place** | | | | | **Risk Level Low Medium High** | **Further Control Measures Needed** | | | **Action** | | **Action Closed** |
| **Who** | **When** |
| Staff based in Town Council office. | | Increased risk of infection from Covid-19 with more people returning to work at Edinburgh House  Risk of infection from third parties entering Town Council Office | | Due to size of office no more than **2 people** to be in office at any one time.  Staff to be encouraged to work at home to reduce amount of time when both members of staff are in the office. Laptops and mobile phones provided for this purpose.  Work at own desks behind separator screen.  Maintain social distance of 2m .  Not share of desks, computer equipment or phones.  Communal equipment e.g. laminator, photocopier etc. must be wiped with surface sanitiser between uses (electrical equipment must be turned off before it is wiped down) or not used for 72 hours.  Plug points and light switches should be wiped with wipes not spray.  Office door to be kept open to reduce use of door handles.  Separate hand towels to be used by staff  Facemasks, gloves and hand sanitiser are provided to each member of staff.  Notices are in place in respect of basic hygiene ref: sneezes/coughs, being alert to touching face and regular washing of hands for 20 seconds.  Hand sanitiser must be used when entering the office from another part of the building.  No Councillors other than the Mayor to be allowed into Office. Brief non confidential meetings in order to transact the business of the council e.g to acquire signatures can be carried out through the office window as this will enable both parties to maintain social distance.  Maximum of 2 people in office at any one time.  Contractors will be allowed access to the office by prior arrangement only. Entrance to the office via the fire exit is the preferred access for contractors and third parties. All contractors / third parties to wear masks before entering office.  CCTV access - only one officer from West Mercia Police to enter the office at any time and CCTV equipment to be wiped with surface sanitiser before use. Prior appointment needed. Masks to be worn.  In the event someone with suspected COVID has occupied the office, then 72 hours should be left before permitting another person/contractor entry. | | | | | (3x3) 9 | Review following changes to Government Advice | | | POH |  |  |
| Staff meeting contractors / officers / councillors | | Risk of infection | | No handshaking.  Meetings to be held where possible outside.  Social distancing guidelines to be followed at all times.  No sharing of vehicles to attend meetings, Town Council staff to be encouraged to make use of bicycle to attend local meetings.  Town Council meetings and committees to meet virtually until further notice.  Facemasks provided for use by staff if social distancing cannot be maintained. | | | | | (3x3) 9 | Reviewed in Sept 2020 as per Government Guidance | | |  |  |  |
| Staff based at Butler Sports Centre | | from third parties using premises | | Staff entering communal areas of the Butler Sports Centre to carry out statutory checks to wear disposable gloves always.  Gloves to be disposed of in outside bin after use.  Hand sanitiser to be supplied for use as well as hand sanitiser located at entrance to changing rooms.  Facemasks provided for use by staff.  Groundsman to use toilet facilities in referees changing area only as this area is out of bounds to other hirers. | | | | | (3x3) 9 | Review as per Government Guidance | | | POH |  |  |
| Staff working outside | | Risk of infection from public and contact with equipment e.g. play equipment, noticeboards | | Social Distancing Guidelines to be followed at all times  Gloves provided for use for staff needing to touch high touch-point areas (e.g. doors/gates/play equipment/coin boxes)  Hand sanitisers provided to be used following activities  Facemasks provided for use by staff if required. | | | | | (3x3) 9 | Review following changes to Government Advice | | | POH |  |  |
| Risk Assessment Review undertaken by Town Clerk 29.9.20  Next Date for Review  Comments: | | | | | | | | | Signature  Name | | | | | | Date | |