|  |  |
| --- | --- |
| Area/Department | Example – Office Area |
| Description of Activity | Admin activities |
| Who could be affected? | Staff within the department |

|  |  |  |
| --- | --- | --- |
| **Risk Details**  ***Considerations*** | **Yes / No / N/A** | **Comments / Description of Controls or Action Required** |
| **Elevated risk, Testing and Self-isolation**  Individuals who fall within the elevated risk categories should follow specific guidance detailed in the Physical Distancing within the Workplace guidance document. If individuals or their family members show symptoms they should follow government guidance regarding self-isolation and refer themselves or family members for testing. Guidance is available on the Boards website: [http://www.nhsggc.org.uk/COVID19](http://www.nhsggc.org.uk/covid19). | | |
| Are local managers aware of the common symptoms of the Coronavirus and aware of the action to take if an individual presents symptoms? | Yes | All staff aware of symptoms and action required to be taken. |
| Are managers aware of the procedures for responding to individuals who have self-isolated but are ready to return to work? *Advice available from HR and Occupational Health* | Yes | HR & OHS will be contacted if required. |
| Are staff aware that they must not report to work if they have symptoms of COVID-19 or have been advised to self-isolate? | Yes | Staff support & wellbeing available via staff net/ HR connect  Dedicated Covid 19 staff support line & OHS counselling. |
| Do staff have access to, and are they encouraged to undertake regular Lateral Flow tests? *Staff who have tested asymptomatically positive using LFD test must isolate and not report to work further to confirmation via PCR test* | Yes | Manager has a list of staff who undertake regular LF testing. |
| Are local managers aware of the well-being support available to staff?  *Refer to the NHSGGC Staff Health Strategy* | Yes | Staff support & wellbeing available via staff net/HR connect. Dedicated COVID-19 staff support line & OHS counselling available. |
| **Travelling to and within Work -** Staff should be made aware of the guidance related to travelling to and within work and the control measures that should be adopted where social distancing cannot be maintained.  **Arriving, leaving and moving around the Workplace -** ‘Social distancing’ requires that people maintain a physical distance apart. | | |
| Have arrangements been made to accommodate increased arrival by foot or cycle? | Yes | Site wide, not within department. |
| Are start/finish times staggered and agreed with staff to reduce footfall of people? | Yes | Staggered starting / finishing times in operation. |
| Is there suitable signage and visual reminders of protocols displayed? *Standardised signage at entry point, posters throughout and instructions for patients and visitors detailed on letter, email, website etc.* | Yes | One-way system in some corridors. Signage in place. Additional signage information available <https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/social-distancing-in-the-workplace/> |
| Are there a sufficient number hand hygiene stations situated throughout? *In line with Infection Prevention and Control Guidelines.* | Yes | Additional hand gel dispensers placed at entrance / exits where staff are touching doors. |
| Are the numbers of people entering into your department and flow of people within it restricted? *Consider separate entrance and exit points to minimise contact and introduction of one way flow around the department.* | Yes | Combination of flexible starting and finishing times, reduction in hot desks, staff home working where service needs support. |
| Have the number of people within the department been reduced to increase physical distancing?  *Consider staff, patients and visitors.* | Yes | As above |
| Are staff able to stop undertaking any tasks that prevent distancing being maintained? *Are there any non-service critical tasks that can be stopped and help maintain distancing?* | Yes | Teams calls utilised for meetings. Meeting room occupancy numbers & guidance signage displayed to ensure users are reminded of current distancing requirements. |
| Are lunch and break times staggered to reduce the number of people in communal areas agreed with staff? | Yes | Breaks are staggered. Staff are encouraged to take breaks outside when possible. Staff reminded that they must maintain current physical distancing when eating lunch. Face coverings/FRSM must be replaced after eating. |
| Are any physical measures required to manage workplace? *Consider reconfiguration of workspace and equipment or installing barriers, screens and floor markings to implement one-way systems (where feasible) or physical barriers to create segregation.* | Yes | Removal and reconfiguration of desks in open plan area. |
| Is there a regime in place to monitor and enforce physical distancing? *It is essential that a culture of positive challenge is encouraged and managers lead by example***.** | Yes | All staff aware and encouraged to challenge any issues with colleagues. This area has identified SD Champions. |
| **Within the Department: Workstations and Meetings**  Government advice includes regular handwashing and good hygiene practices and cleaning of surfaces. Rooms that would normally bring people close together such as meeting/conference and training rooms need to be considered. | | |
| Are there keypads at entrances and exits that require skin contact? *Keypads should be deactivated where security is not compromised. Where this is not possible increased cleaning regimes and disinfection will be required.* | Yes | Keypad on entrance and exit deactivated during working hours. Cleaning regime in place for wiping down handles. |
| Are facilities provided for washing hands or using a sanitiser on entry to or before leaving a location? *Consider areas such as the egress of stairwells to ensure the avoidance of inherent safety measures e.g. the use of handrails.* | Yes | Hand sanitisers available at entrance & exit to department and at various locations throughout the department. |
| Have touch points been identified and enhanced cleaning regimes implemented? *Key touch points include: handrails, door handles, switches, printers/photocopiers, kitchen facilities and toilet / handwash facilities, waste bins etc* | Yes | Additional hand sanitisers available near touch points. Posters displayed at locations where equipment or facilities are shared with detergent wipes available and staff instructed to use. |
| Is there opportunity for fresh air flow within areas or other form of ventilation? *Staff should be encouraged to open windows in shared working areas to increase air flow, where possible.* | Yes | External consulting rooms have windows, however not all windows open.  Ventilation air change rates undertaken by Estates *(Insert air rate changes if known)* |
| Are there suitable storage, allowing segregation of outer wear to avoid potential cross contamination? | Yes | Some staff prefer to keep them at their own workstation. |
| Are office and meeting room area occupancy numbers limited sufficiently to allow for distancing requirements? | Yes | Workstations spaced out. Meeting room occupancy numbers & guidance signage displayed to ensure users are reminded of current distancing requirements. |
| Are face to face meetings being reduced as much as possible? *Video conferencing and telephone should be utilised above face to face where possible.* | Yes | Teams meetings are encouraged wherever possible. |
| Are ‘hot desks’ in use? If so, are they cleaned between use? *Hot desk areas should have appropriate instructions displayed for safe use with cleaning materials available. Hot desking should be avoided where possible.* | Yes | Staff working from home where service needs permit. Hot desks in use and meeting room area used out with meetings. Current physical distancing guidance being adhered to. Detergent wipes and posters displayed to remind staff of the importance of cleaning before and after use. |
| Are staff allocated personal stationery items to minimise the need for sharing? | Yes | Staff reminded at team meetings not to share pens, staplers etc Detergent wipes are available. |
| Are hand sanitisers provided for general use? | Yes |  |
| **Common Areas (receptions, toilets, kitchens, canteens etc)**  Local managers in conjunction with Estates and Facilities should work collaboratively in assessing and identifying control measures where there are shared buildings, departments and common areas. | | |
| Have shared, common and patient treatment and waiting areas been identified and arrangements to coordinate usage to maintain social distancing? *Consider reconfiguration of the layout, floor markings and /or the need for physical barriers.* | N/A |  |
| Have outside areas that could be used for break times been identified and communicated to staff? | Yes | Being discussed with staff Seating at some external areas of site. |
| Where showers, lockers and changing areas are present have arrangements been developed to coordinate usage whilst maintaining physical distancing? *Consider reconfiguration of the layout, floor markings and /or the need for physical barriers or use of other controls e.g. wearing of fluid resistant surgical masks where appropriate.* | N/A |  |
| Are individuals able to work, maintaining current distancing guidelines? *Are there any non-service critical tasks that can be stopped and help maintain distancing?* | N/A |  |
| Where working within distancing guidelines is required has the close working time been reduced as much as is possible? *Infection Prevention and Control guidance.* | N/A |  |
| Where staff cannot maintain distancing, is PPE being used as per guidance? *Refer to latest Health Protection Scotland Guidance* <https://www.hps.scot.nhs.uk/> | N/A |  |
| Are controls in place to manage risk to staff from wearing PPE? . *Dermatitis risk from wearing PPE and hand hygiene. Refer to health surveillance policy and guidelines. Also potential for increased heat stress to staff wearing full PPE (Gowns, FFP3 etc) - increased breaks away from having to wear PPE may be required, together with rehydration.* | N/A |  |
| Are there other areas where screens, curtains or other physical barriers for tasks are required if physical distancing cannot be maintained? | N/A |  |
| **Other Health & Safety Considerations**  It is essential to ensure that health and safety risks aside from the hazard associated with COVID-19 continue to be controlled. | | |
| Do any existing Risk Assessments require to be reviewed due to COVID-19/ Social Distancing? Including Fire Evacuation plans | Yes | Review of Fire Wardens and evacuation plan due to reduced staff (wardens) on site. |
| First Aid: Are First Aiders provided with additional PPE? | N/A | Sufficient within existing first aid kits. |
| Is safety related training being maintained / updated? | Yes | LearnPro – no face to face training at present. |
| Are safety briefs and inspections still being undertaken? | Yes |  |
| **Other Considerations (as per the Hierarchy of Controls)**  **The following control measures are relevant to clinical areas.** | | |
| Are processes in place to ensure patients do not attend who have symptoms of COVID-19 or are self-isolating? | N/A |  |
| Are processes in place to enable patient care to be delivered remotely where feasible? | N/A |  |
| Is optimal bed spacing and chair spacing in place (as a minimum 2.7m/2.5m) throughout health and care facilities, including clinical and non-clinical areas, e.g. dining and office areas. | N/A |  |
| Where planned AGPs are undertaken, are these done in single patient rooms? *AGPs should not be undertaken in same room as other patients. ARHAI guidance regarding air rate changes and fallow times must be followed.* [IPC aide memoire for AGP](https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/infection-prevention-and-control/) | N/A |  |
| Are processes in place to reduce waiting time for individuals in clinic and radiology departments? | N/A |  |
| Are movements of patients reduced where procedures can be performed in their own room rather than requiring transfer to another department? | N/A |  |
| Are type IIR face masks (FRSM) available for patients and visitors? | N/A |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Issues Identified** | **Action Plan** | **Responsible Person(s)** | **Due Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by | Health & Safety Service | Date | September 2021 |
| Title | Joe Bloggs | Date for Review (Annually or sooner if changes to guidance or working conditions) | September 2022 |
| Were staff involved in the development of the Risk Assessment (Y/N) – **note: staff should be involved in development.** | | Yes | |
| How are staff informed of the findings of the Risk Assessment – Detail how e.g. safety brief, tool box talk, reading and sign off | | SD risk assessments discussed at local and team meetings. Staff asked to read and sign off. | |

**For areas reducing to 1m:**

|  |  |
| --- | --- |
| For areas reducing to 1m physical distancing please confirm the approval route and date approved. | Reviewed risk assessment submitted via Directorate /Sector /HSCP approved governance route |

**Estates and Facilities Support Request Form**

|  |  |
| --- | --- |
| Area/Department |  |
| Priority Category |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Required i.e. barrier or screen** | **No.** | **Responsible Person(s)** | **Date Required** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |