

COVID-19 Risk Assessment – Imago Venues

Date: (1) 10.12.21	Assessed by: (2) Sam Gardiner	Checked / Validated* by: (3) Bill O'Connell	Location: (4) Imago Venues	Assessment ref no (5) CV001	Review date: (6) 10.06.21 (or sooner as changes occur)
Task / premises: (7) To ensure our team are working safely and all persons whether guests, staff or contractors are safe within our venues					

Activity (8)	Significant hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)	Additional controls required to adequately control the risk (14)
Travelling through our venues	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> Everyone should wear a face covering when in public areas of the hotel Staff will be mindful of keeping a distance between themselves and guests 	Low	A	Ensure a stock of face masks in case somebody forgets/breaks one
Contamination of items	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> Hand sanitiser readily available and encourage for use at many points throughout our venues Highly frequent cleaning of all touchpoints 	Low	A	<ul style="list-style-type: none"> Adequate stock of sanitiser and viricidal cleaner
Air conditioning/Heating	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> All ventilation systems are switched to a fresh air intake 	Low	A	Windows may be opened to increase ventilation

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Positive cases - visitors	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> If any positive cases are brought to our attention the room will be locked down with no entry for 72 hours Laundry and waste contained for a minimum of 72 hours before disposing of Room will be electrostatically disinfected fully before being put back in to use and aired out 	Low	A	<ul style="list-style-type: none"> Staff members will wear PPE (Gloves, Aprons, Face Masks) when cleaning the room
Positive cases – Staff Members	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> Any staff member with symptoms should not attend work until they have had a PCR test with negative results. Anybody that tests positive will stay at home and self-isolate for the appropriate period of time Any workstations that person has been in contact with will be sanitised fully before use by anyone else 	Low	A	<ul style="list-style-type: none"> All staff members encouraged to carry out regular Lateral Flow tests
High attendance events	Infection	Staff, Guests	<ul style="list-style-type: none"> We will endeavour to keep groups separate and stagger timings to allow people more space 	Low	A	<ul style="list-style-type: none"> Work with organisers to ensure this happens
Social Distancing	Infection	Staff, Guests, Contractors	<ul style="list-style-type: none"> Whilst Social distancing is not enforced at this time we will allow for distance where possible and work with all customers accordingly 	Low	A	
Maintenance	Infection	Guests / Staff / Contractors with COVID-19	<ul style="list-style-type: none"> We will liaise with the customer to ensure they are happy for us to enter their space and keep our distance whilst we do so, or we will arrange to enter during the guests absence from the room 	Low	A	
Break times	Infection	Staff members infected with COVID-19	<ul style="list-style-type: none"> Cover any breaks in departments as required, ensure sanitisation of any equipment before and after use. Maintain social distancing when on break. 	Low	A	

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Action plan (15)

Ref No	Further action required	Action by whom	Action by when	Done
1	Risk Assessment to be sent back out to all employees	SLT	10.12.21	

Notes to accompany the generic risk assessment form

The use of this form is recommended by the University H&SS. It is strongly recommended that it be used for all new assessments, and when existing assessments are being substantially revised. However, its use is not compulsory. Providing the assessor uses the same approach and addresses the same issues; alternative layouts may be used.

- (1) **Date:** Insert the date that the assessment form is completed. The assessment must be valid on that day and subsequent days, unless circumstances change and amendments are necessary.
- (2) **Assessed by:** Insert the name and signature of the assessor. Assessments should be carried out by a competent person. A competent person is someone with sufficient training and experience or knowledge and other qualities to enable them to properly carry out the task.
- (3) **Checked / Validated by:** (**delete one*).

Checked by: Insert the name and signature of someone in a position to check that the assessment has been carried out by a competent person who can identify significant hazards and assess risk, and that the control measures are reasonable and in place. The checker will normally be a line manager, supervisor, academic supervisor, SSO / DSO etc. Checking will be appropriate for most risk assessments.

Validated by: Use this for higher risk scenarios, e.g. where complex calculations have to be validated by another "independent" person who is competent to do so, or where the control measure is a strict permit-to-work procedure requiring thorough preparation of a workplace. Those validating should preferably have attended a risk assessment course, and will probably be an experienced professional with expertise in the task being considered. Examples of where validation is required include designs for pressure vessels, load-bearing equipment, lifting equipment carrying personnel or items over populated areas and similar situations.

- (4) **Location:** insert details of the exact location, e.g. building, floor, room, laboratory etc
- (5) **Assessment ref. no.:** use this to insert any local tracking references used by the School / Department or Support Service.
- (6) **Review date:** insert details of when the assessment will be reviewed as a matter of routine. This might be in a year's time, at the end of a short programme of work, or longer period if risks are known to be stable. Note that any assessment must be reviewed if there are any significant changes to the work activity, the people exposed to the risk, processes etc.
- (7) **Task / premises:** insert a brief summary of the task, e.g. typical office activities such as filing, DSE work, use of miscellaneous electrical equipment, use of hand held tools. Or, research projects (give title) involving the use of typical laboratory hardware, including fume cupboards, hot plates, ovens, analysis equipment, flammable solvents, etc.
- (8) **Activity:** use the column to describe each separate activity covered by the assessment. The number of rows is unlimited, although how many are used for one assessment will depend on how the task / premises is sub-divided. For laboratory work, activities in one particular lab or for one particular project might include; use of gas cylinders, use of fume cupboard, use of computer or other electrical equipment, use of lab ovens, hot plates or heaters, use of substances hazardous to health, etc.

(9) **Significant hazard:** for each activity, list the significant hazards. Remember to look at hazards that are not immediately obvious. For example, use of a lathe will require identification of the machine hazards, but also identification of hazards associated with the use of cutting oils (dermatitis), poor lighting, slipping on oil leaks, electricity etc. The same activity might well have several hazards associated with it. Special risk assessments required by specific legislation e.g. dangerous or hazardous substances (DSEAR / Coshh), manual handling, DSE work etc, should be recorded on risk assessment forms specific to the hazard, e.g. the Coshh assessment form in the University Coshh policy. University health and safety policies are listed at; <http://www.lboro.ac.uk/services/health-safety/policies/policies/>

(10) **Who might be harmed and how:** insert everyone who might be affected by the activity and specify groups particularly at risk. Remember those who are not immediately involved in the work, including cleaners, young persons on work experience, maintenance contractors, IT Services engineers and Facilities Management personnel carrying out routine maintenance and other work. Remember also that the risks for different groups will vary, e.g. someone who needs to repair a laser may need to expose the beam path more than users of the laser would do. Vulnerable groups could include children on organised visits, someone who is pregnant, or employees and students with known disabilities or health conditions. (This is not a definitive list and may be added to).

For each group, describe how harm might come about, e.g. an obstruction or wet patch on an exit route is a hazard that might cause a slip, trip and fall; use of electrical equipment might give rise to a risk of electric shock; and the use of a ultraviolet light source could burn eyes or skin.

(11) **Existing measures to control the risk:** list all measures that already mitigate the risk. Many of these will have been implemented for other reasons, but should nevertheless be recognised as means of controlling risk. For example, restricting access to laboratories or machine rooms for security reasons also controls the risk of unauthorised and unskilled access to dangerous equipment. A standard operating procedure or local rules (e.g. for work with ionising radiation, lasers or biological hazards), will often address risks. Some specific hazards may require separate detailed assessments in accordance with specific legislation (e.g. Coshh, DSEAR, manual handling, DSE work). (See item 9). Where this is the case, and a detailed assessment has already been done in another format, the master risk assessment can simply cross-reference to other documentation. For example, the activity might be the use of a carcinogen. The hazard is exposure to hazardous substances and the existing control measures might be listed in a Coshh assessment. Controls might also include use of qualified and/or experienced staff who are competent to carry out certain tasks. The action plan might include training requirements for other people who will be carrying out those tasks.

(12) **Risk rating:** the simplest form of risk assessment is to rate the remaining risk as low, medium or high, depending on the likelihood of the activity to cause harm and how serious that harm might be, (severity).

The risk is **LOW** - if it is most unlikely that harm would arise under the controlled conditions listed, and even if exposure occurred, the injury would be relatively slight.

The risk is **MEDIUM** - if it is more likely that harm might actually occur and the outcome could be more serious (e.g. some time off work, or a minor physical injury).

The risk is **HIGH** - if injury is likely to arise (e.g. there have been previous incidents, the situation looks like an accident waiting to happen) and that injury might be serious (e.g. broken bones, a trip to the hospital, loss of consciousness), or even a fatality.

Schools, Departments or Support Services may choose to use other risk rating systems to quantify their risks. Typical amongst these are matrices where the likelihood of an injury occurring and the severity of that injury are given numerical values which are multiplied together to give an overall risk rating. (See **Table 1**).

Table 1

Likelihood		Y/N	Severity		Y/N
5	Very likely – risk will occur repeatedly		5	Fatality	
4	Likely – will occur several times		4	Major injury – permanent disability	
3	Possible – may occur sometimes		3	Over 7 day injury – employee unavailable for normal work for over 7 days	
2	Unlikely – but may occur		2	Minor injury – less than 7 days lost time	
1	Very unlikely		1	No injury – no lost time	
Likelihood x Severity = Risk assessment score (LOW RISK 1-8 / MEDIUM RISK 9-15 / HIGH RISK 16-25)					

Some matrices are quantitative and use a combination of numerical values, risk phrases and traffic light systems to indicate levels of risk. Using such a matrix can be helpful for prioritising your actions to control a risk. It is suitable for many assessments but in particular, for more complex situations. However, it does require expertise and experience to judge the likelihood of harm accurately. Getting this wrong could result in applying unnecessary control measures or failing to take important ones. (See **Table 2**).

Table 2



		QUANTIFYING RISK						
SEVERITY	5 FATAL	5	10	15	20	25		20-25 Unacceptable Stop activity and make immediate improvements
	4 MAJOR INJURY	4	8	12	16	20		5-16 Tolerable Look to improve within specified timescales
	3 OVER 7 DAYER	3	6	9	12	15		1-4 Acceptable No further action, but ensure controls are maintained
	2 MINOR INJURY	2	4	6	8	10		
	1 VERY MINOR INJURY	1	2	3	4	5		
		1 Extremely unlikely	2 Unlikely - but may occur	3 Possible - may occur	4 Likely - will reoccur	5 Almost certain - risk will occur repeatedly		
		LIKELIHOOD						

Advice on methods of risk assessment is available from the University H&SS. Whatever system of assessment is adopted, it is essential that the assessor has received suitable training and is familiar with the meaning of the terms (or numbers) used.

(13) Result: this stage of assessment is often overlooked, but is probably the most important. Assigning a number or rating to a risk does not mean that the risk is necessarily adequately controlled. The options for this column are;

T = trivial risk. Use for very low risk activities to show that you have correctly identified a hazard, but that in the particular circumstances, the risk is insignificant and acceptable.

A = adequately controlled, no further action necessary. If your control measures lead you to conclude that the risk is low, and that all legislative requirements have been met (and University policies complied with), then insert A in this column.

N = not adequately controlled, actions required. Sometimes, particularly when setting up new procedures or adapting existing processes, the risk assessment might identify that the risk is high or medium when it is capable of being reduced by methods that are reasonably practicable. In these cases an action plan is required. The plan should list the actions necessary, who is to carry out those action(s), a date for completing the action(s), and a signature box for the assessor to sign off that the action(s) has been satisfactorily completed. Some action plans will be complex documents, others may consist of one or two actions that can be completed within a short timescale.

U = unable to decide - further information required. Use this designation if the assessor is unable to complete any of the boxes for any reason. Sometimes, additional information can be obtained readily, (e.g. from equipment or chemicals suppliers or specialist University advisors). But sometimes, detailed and prolonged enquiries might be required, e.g. if someone is moving a research programme from a research establishment overseas where health and safety legislation is very different from that in the UK.

For T and A results, the assessment is complete.

For N or U results, more work is required before the assessment can be signed off.

(14) Additional controls: Use to acknowledge that the risk requires additional controls to further reduce and control it, e.g. if existing controls measures are inadequate.

(15) Action plan: Include details of any actions necessary in order to meet the requirements of the information in Section 11 'Existing measures to control the risk'. Identify someone who will be responsible for ensuring the action is dealt with enter a date by which this should occur.