**LiveArgyll Risk Assessment Form**

* Form to be completed only by competent, trained assessors.
* Use in conjunction with Guidance on Risk Assessment and flow process chart – calculate risk rating from matrix, Likelihood x Severity = Risk Rating.
* Insert photographs where appropriate or available.
* Once completed pass form to line management for implementation of any new control measures identified.
* Copy to be retained within service.
* If you require additional guidance refer to the Health and Safety SharePoint via The Hub (<https://fios.argyll-bute.gov.uk/sites/heathandsafety/_layouts/15/start.aspx#/SitePages/RISK.aspx>) or email [healthandsafety@argyll-bute.gov.uk](mailto:healthandsafety@argyll-bute.gov.uk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **LIKELIHOOD** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |
| **S**  **E**  **V**  **E**  **R**  **I**  **T**  **Y** | **1** | **Insignificant** | **1L** | **2L** | **3L** | **4L** | **5M** |
| **2** | **Minor** | **2L** | **4L** | **6M** | **8M** | **10M** |
| **3** | **Moderate** | **3L** | **6M** | **9M** | **12M** | **15H** |
| **4** | **Major** | **4L** | **8M** | **12M** | **16H** | **20H** |
| **5** | **Catastrophic** | **5M** | **10M** | **15H** | **20H** | **25H** |

|  |  |
| --- | --- |
| **Hierarchy of Controls** | |
| **a**. **Elimination** | **d. Otherwise controlled** (e.g. safe systems of work, signage, warnings, procedures, training, supervision, etc. ) |
| **b**. **Substitution** **with a safer alternative** (e.g. mains tools substituted with battery operated | **e.** **Reduced effectively by using** **Personal Protective Equipment** |
| **c. Made safer through using engineering controls** (e.g. guarding) |

Identify Task and who could be affected

Identify hazards at each step within task – refer to guidance appendix 2

Identify existing controls

Rank risk using matrix

Are additional controls required, if so identify

Ensure additional controls put in place

Rank residual risk using matrix if needed

Sign risk assessment off

Copy to be retained within service

Review periodically

|  |  |
| --- | --- |
| **< 5** | **Low** |
| **5 <15** | **Med** |
| **15 < 25** | **High** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **LiveArgyll**  **Risk Assessment Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Task** | | | | Management and Provision of First Aid following Covid-19 lockdown | | | | | | | | | | | **Assessment Undertaken By:** | | | | | | | | | | Robert Judge / David Campbell | | | | | | |
| **Designation:** | Area Manager Kintyre & Islay / Business Operations Support Officer – Cowal and Bute | | | | | | **Assessment Date:** | | | | | 1/7/20 | | | **Review Date:** | | | | 27/8/20 | | | | | | **Service:** | | **Live Argyll** | | | | |
| **Signature:** | Robert Judge/David Campbell | | | | | | | | | **Department/School** | | | | | | Leisure | | | | | | | | | | | | | | | |
| **Who may be affected?** | | **Staff** | | | **x** | **Contractors** | | **x** | **Visitors** | |  | | **Public** | **x** | | **Pupils** | |  | | | **Others** | |  | **Volunteers** | |  | | **Ref No:** |  | | |
| **Hazards** | | | **Controls**  Based on Covid-19 Guidance from The UK Government, The Scottish Government, The HSE, NHS Scotland, CIMSPA and UKactive.  <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-sport-and-leisure-facilities/>  https://www.hse.gov.uk/coronavirus/index.htm  <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>  <https://www.cimspa.co.uk/library-and-guidance/coronavirus---cimspa-briefings/reopen-sport-and-physical-activity-sector-facility-reopening-guidance>  <https://www.ukactive.com/wp-content/uploads/2020/07/Covid-19-A-framework-for-the-re-opening-of-the-gym-and-fitness-industry-V2.3.pdf>  - PPE Controls based on Hierarchy of Control  1. Elimination of risk  2. Alternative or substituted options for activities  3. Engineering controls  4. Signage and other administrative controls  5. Personal Protective Equipment | | | | | | | | | | | | | | **Risk Rating**  **Use Matrix** | | | | | **Additional Controls**  **Required** | | | | | | | **Residual Risk Rating** | | |
| **L** | **S** | | **R** | | **L** | **S** | **R** |
| Transmission of Covid-19 from Customers or Staff to First Aid staff | | | It is accepted that the safest way to control the potential risks would be to keep leisure facilities closed to the public. However the consensus from Government and HSE is that ways should be considered to safely operate some leisure activities including gymnasiums, fitness classes and swimming pools. Therefore the following should be implemented to minimise risk as much as is as practicable.  The novel coronavirus SARS-CoV-2, which causes the disease COVID-19, is spread by two principal routes.   * Close contact with a person shedding virus particles leading to droplet inhalation, or * Touching surfaces contaminated with virus particles and subsequently transferring those viruses to the eyes, nose or mouth.   To help prevent the spread of respiratory viruses like coronavirus, everyone should:   * Wash hands often with soap and water for at least 20 seconds, or use a hand sanitiser. * wash hands when arriving home or at work, when blowing their nose, sneezing or coughing, eating or handling food * avoid touching eyes, nose and mouth with unwashed hands * avoid close contact with people who have symptoms * cover coughs and sneezes with a tissue, then throw the tissue in a bin and wash their hands * clean and disinfect frequently touched objects and surfaces   We will achieve this by providing hand sanitation stations at entrances to buildings, by maintaining hand-washing facilities in buildings in good order and well-supplied with soap and means of hand-drying.  **This assessment is in addition** to the current first aid provision and risk assessment already used in each facility. This assessment makes reference to additional Covid-19 controls only   * Signage will be put in place in prominent positions both externally and inside the building outlining current Government advice on Social distancing, hygiene and symptoms advice. In addition the following controls will also be adopted and signage put in place * Prior to any first aid being administered, the first aider will ensure they are wearing appropriate PPE, namely gloves, apron and face mask. This is due to Social Distancing being unable to be maintained. * There will be designated areas for first aid treatment in each facility, containing supplies of the appropriate first aid equipment. * Any materials used in the course of first aid must be disposed of in a sealed bag, and disposed of within general waste. * Areas must be cleaned thoroughly following first aid treatment, and all surfaces disinfected. * The administering of **CPR** when required forms the basis of first aid changes post Covid-19. When discovering a casualty who has collapsed, then the following procedures should be followed   **Adult**  If you find someone collapsed, **immediately put on PPE**  As per normal procedures, a primary survey should be performed, looking for signs of normal breathing.  In order to minimise the risk of infection, **do not open the airway and do not place your face next to the casualties mouth/nose**  If they are unresponsive and not breathing, the first aider should ask someone to call 999 and bring the AED.  **Before CPR commences, use a pocket mask, cloth or item of clothing, and lay it over the mouth and nose of the casualty**.  Give chest compressions at the normal rate of 100-120 per minute.  **DO NOT give rescue breaths**.   * Continue to perform compression only CPR until the emergency help arrives and takes over, or the casualty starts showing signs of life and starts to breathe normally. * **Paediatric or Drowning Casualty**   As paediatric cardiac arrest is more likely to be a respiratory than a cardiac problem, making ventilations is crucial to the child’s chances of survival.  While rescue performing rescue breaths will increase the risk of transmitting Covid-19, either to the rescuer or the child/infant, the risk is small compared to the risk of taking no action as this will result in almost certain cardiac arrest and the death of the child  First aiders should therefore follow the pre Covid-19 procedure of 5 initial rescue breaths, followed by compressions/breaths at the ratio of 30:2 wearing a suitable barrier – recommendation from the RLSS is that rescue breaths are only administered using a Laerdal pocket mask with a valve and filter. These masks have a filter which is intended to protect the rescuer from bacteria and viruses, and has a viral and bacterial efficiency of >99%.  Where recue breaths are given to a child, infant or drowning casualty, using a pocket mask as above, first aiders should face away after each breath to limit the risk of infection from the casualty   * **Regurgitation of Stomach Content**   If a casualty regurgitates their stomach contents during CPR being administered, the casualty should be immediately turned away from the lifeguard, and the mask/cloth/clothing covering their mouth removed to allow the contents to exit the mouth.  If CPR is still required, another mask/cloth/piece of clothing should be applied before commencing. | | | | | | | | | | | | | | 2 | 4 | | 8M | |  | | | | | | |  |  |  |