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| IT Sligo COVID 19 Risk Assessment Template | | | | | | |
| **Assessor:** | | | | **Assessed on:** | | |
| **Function:** | | | | **Approved by:** | | |
| **Details:** | | | | | | |
| **Hazards & Controls** | | | | | | |
| **Identified Risks** | | | | **Residual Risk** | | |
| **Item No** | **Hazard Identification** | **Hazard potential & consequences** | **People at risk** | **Risk rating**  **(Probability x consequence)** | **Control measures** | **Residual risk**  **(Probability x consequence)** |
| 1 | **Social Distancing** |  |  |  |  |  |
| 2 | **Hand Hygiene** |  |  |  |  |  |
| 3 | **Respiratory Hygiene** |  |  |  |  |  |
| 4 | **Sensitive Risk Groups** |  |  |  |  |  |
|  | **Face to Face Interactions** |  |  |  |  |  |
| 6 | **Meetings** |  |  |  |  |  |
| 7 | **Cleaning** |  |  |  |  |  |
| 8 | **Shared work items and high contact points** |  |  |  |  |  |
| 9 | **Business Travel** |  |  |  |  |  |
| 10 | **Use of Personal Protective Equipment (PPE)** |  |  |  |  |  |
| 11 | **General Manual Handling Activities** |  |  |  |  |  |

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Actions Arising** | | | | |
| **Item No** | **Action** | **Responsible** | **Due Date** | **Status** |
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All corrective actions required to reduce the risk to as low as is reasonably practicable to minimise or prevent the spread of COVID 19 must be implemented prior to commencement of work on campus. Please refer to [compliance checklists](https://staffportal.itsligo.ie/Campus%20Documents2/Forms/All%20Documents.aspx?RootFolder=%2FCampus%20Documents2%2FHealth%2C%20Safety%20and%20Welfare%2FCOVID%2019&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence) to ensure consideration of all COVID 19 risk controls are identified.

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| **IT Sligo Risk Matrix** | | | | | | | | | |
|  | | | | ***Consequence*** | | | | | |
| Negligible | | Marginal | Serious | Critical | Catastrophic |
| 1 | | 2 | 3 | 4 | 5 |
| ***Likelihood*** | Almost Certain | | 5 | 5 | | 10 | 15 | 20 | 25 |
| Probable | | 4 | 4 | | 8 | 12 | 16 | 20 |
| Occasional | | 3 | 3 | | 6 | 9 | 12 | 15 |
| Unlikely | | 2 | 2 | | 4 | 6 | 8 | 10 |
| Remote | | 1 | 1 | | 2 | 3 | 4 | 5 |
|  | | | | | | | | | |
| **Measure of Consequence (for Personal Injury)** | | | | | | | | | |
| *Catastrophic* | | *Multiple fatalities, or significant irreversible effects to >10 persons* | | | | | | | |
| *Critical* | | *Single fatality and/or severe irreversible disability to more than one or more person* | | | | | | | |
| *Serious* | | *Moderate irreversible disability or impairment to one or more persons. Injured person requiring hospital treatment and will be off work for greater than 3 days* | | | | | | | |
| *Marginal* | | *Basic medical treatment given and injured person maybe off work for 2 days or put on restricted duties at work* | | | | | | | |
| *Negligible* | | *Incident does not require medical treatment* | | | | | | | |
| **Measure of Likelihood (Probability)** | | | | | | | | | |
| *Almost Certain* | | *The event is expected to occur at some point in the near future* | | | | | | | |
| *Probable* | | *The event will occur in most circumstances* | | | | | | | |
| *Occasional* | | *The event should occur occasionally* | | | | | | | |
| *Unlikely* | | *The event could occur at some time but not expected* | | | | | | | |
| *Remote* | | *The event may occur only in exceptional circumstances* | | | | | | | |
| ***Risk Scores and Timelines for Implement Corrective Actions*** | | | | | | | | | |
| **Risk Level** | | | | | **Risk Score** | | **Timeline to Implement Corrective Action** | | |
| **HIGH** | | | | | 20-25 | | **STOP** | | |
| **HIGH** | | | | | 16 | | **STOP** | | |
| **MEDIUM** | | | | | 12-15 | | Implement additional controls to reduce the risk as low as is reasonably practicable | | |
| **MEDIUM** | | | | | 9-10 | | Proceed where you have demonstrated that all controls to reduce the risk as low as is reasonably practicable are implemented | | |
| **MEDIUM** | | | | | 6-8 | | Proceed where you have demonstrated that all controls to reduce the risk as low as is reasonably practicable are implemented | | |
| LOW | | | | | 1-5 | | Review as required | | |