


**Langford Vets.
Clinical Areas Generic Risk Assessment.
Location: SAP - Mendip Building Ground Floor**

Original Date:	Assessed by:	Checked by:	Assessment ref:	Last Review date:
23/06/2020	James Allsop Shelley Monks	Bill Millard	Covid_SAP	Tuesday 23.06.2020

Description and location of hazard	Who might be harmed	Base control measure	Detail on how base control measure will be carried out	A. Likely severity of injury (1 to 3)	B. Likely Occurrence (1 to 3)	Risk Rating (A) x (B)	Comments / actions
Control of the spread of Covid19 in clinics	Staff & Clients	Physical distancing	<p><u>Max number of people</u> Each area (room or functionally separate space) will have a number of people allowed in them at any one time defined as a NORMAL MAXIMUM. This will be calculated locally and displayed on the entrances to areas. These numbers can only be exceeded by exception and for a short (less than 5 mins) period of time. Staff will be informed of the NORMAL MAXIMUM for all areas in which they work. Where the NORMAL MAXIMUM is breached this should be reported to the local area safety officer and recorded.</p> <p><u>Systems of working</u></p>				Each Building should display the available poster (link below) to show the employer has adopted the HSE guidance. https://assets.publishing.service.gov.uk/media/5eb97d30d3bf7f5d364bfbb6/staying-covid-19-secure.pdf

			<p>To manage the number of people in each area a system of working should be developed for that area, or collection of areas, to help control the number of people in the spaces and the flow of staff, students, clients and clinical cases.</p> <p>Where possible team/shift working will be considered in order to maintain distance between teams and provide some redundancy in the system to protect against infection spreading across teams.</p> <p>Equipment will be decontaminated/cleaned appropriately (SEE LATER) between groups/teams as best possible in addition to the routine daily cleaning protocols.</p> <p><u>Processes:</u> Follow Current RCVS guidance/ workflow: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/coronavirus-covid-19/flowchart-guidance-for-clinical-practices-during-covid-19/</p> <ul style="list-style-type: none"> • Carry out the process as you usually would ensuring that all existing safety controls are followed • Ensure that maximum number of people in the space is not normally breached (see above) • Be mindful of others in the space to prevent working closer than 2m to other persons wherever possible 				
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			<p>In those circumstances where the clinical situation necessitates individuals to work more closely than 2m, SOPs should be in place and additional and appropriate PPE be readily available. In some areas (e.g. Anaesthesia induction) this circumstance will occur frequently and SOPs must reflect that and appropriate additional risk assessments in place for those procedures that necessitate this working. In other areas, these situations should be exceptional and where working closer than the 2m has been triggered, the local safety officer should be informed</p> <ul style="list-style-type: none"> • As far as possible arrange your workspace to ensure you are as far away as possible. In areas where it is possible, screens should be put in place (for example reception spaces) • Face coverings (not P2 or P3) should be mandatory in all areas if more than 1 person is present, unless the nature of the work requires PPE (see above) when that requirement supersedes the mandated face covering. • Where possible NON PPE work clothing (scrubs and uniforms) should be changed before leaving the workplace, bagged and washed at home before re-use. Wearing work clothing (apart from normal duties of work (e.g. ambulatory vets) should not be worn outside of Langford Vets when travelling FROM the place of work. <p><u>Staggering working times</u></p>				
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			<p>Stagger the start/finish times if possible, to ensure you are not all entering and leaving at the same time. This may also reduce the number of people present at any time</p> <p><u>One-way systems</u> This may not be possible for all spaces but arranging a one-way system around the clinical spaces with separate entrances and exits can improve physical distancing and helps workers comply with the measures in place.</p> <p><u>Taping areas</u> If helpful to your area use floor tape to mark areas in bays and walkthroughs to help people keep to a 2m distance.</p>				
		Equipment	<p>As far as possible keep equipment/workstations to personal use only.</p> <p>However, where equipment needs to be shared, these spaces should be limited to one person in at a time and wiped down between users.</p> <p>Ensure that all equipment used in these zones is cleaned with 70% ethanol or other suitable cleaner before and after use. With special attention placed on highly touched areas, screens and buttons for example.</p> <p>Beware of electrical safety - do not direct contact electrical switches etc with liquid cleaners, where required, turn off before cleaning down.</p>				

		PPE	<p>All PPE that is currently being used in your current role should be maintained and used.</p> <p>The current government advice is that additional PPE is not required as the risk is managed more effectively where physical distancing and hygiene arrangements are in place. HOWEVER there are areas and conditions in which physical distancing is not possible and in these circumstances additional PPE may be required. Local SOPs will define the nature of that PPE. If P2 or P3 masks are required, professional 'face fitting' will be put in place and staff provided with equipment suitable to their individual needs.</p>				
		Hygiene / decontamination	<p><u>Hygiene</u> Regularly wash your hands for 20 seconds with soap and water. This should be present at the entrance to the area and/or at key cleaning stations.</p> <p>A recommendation would be to wash your hands before and after entering the working area, the toilets and staff rooms. Hand gel/cleaning stations will be put in at entrance/exits to work places.</p> <p><u>Cleaning areas after use</u> All areas that will be / have been used cleaned down with 70% Ethanol or other effective product before and after use at least daily but more frequently dependant on intensity of use</p>				<p>Handwashing: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_h_and_wash.pdf</p>

Availability of key plant or services and facilities		Training / Communication	<p>With fewer staff on site there may be key items of equipment or plant unavailable or not running at 100% efficiency</p> <p>If your procedure is dependent on specific pieces of equipment or plant this should be communicated in advance to the operator/owner.</p> <p>All safety critical equipment will need to be checked prior to use after an extended period of downtime.</p> <p>Depending on the equipment either a process of remote training or addition resource being brought in to run this (if safe to do so).</p> <p>A lot of processes will rely on equipment that is linked to the building plant, for example ducted safety cabinets. Please check these are in operation before commencing work. This also includes all air handling systems that should be fully functional before work commences.</p>				
Less Supervision / guidance available		Training / Communication	<p>With fewer staff on site there is a possibility that our younger / less experienced members of staff will not: have the experience to carry out some tasks safely, respond appropriately in an emergency or be aware of all potential problems.</p> <p>All risk assessments should be reviewed prior to work commencing with particular focus placed on:</p>				

			<ul style="list-style-type: none"> •Highlight how alternative supervision will be implemented •Highlight any additional instruction that may be needed and how this can be done e.g. online training, other guidance resources to follow •Highlighting issues that can arise and how to fix them •Where advice can be found •Emergency procedures and what does an emergency look like 				
Lone working		Revision of Lone working risk assessments under current environment	All current building rules in terms of lone working are still in place. Contact your Manager for information				
Lack of PPE available due to shortages		Checking stock levels of PPE before commencing work and following the hierarchy of control	<p>Stocks of certain PPE may be subject to supply issues. Please take the following steps before commencing work:</p> <ul style="list-style-type: none"> •Check your current stocks of PPE in your clinical area if you do not have enough to carry out your process please do not start. If possible, find a suitable alternative safe process and assess/arrange for approval. 				https://www.hse.gov.uk/construction/lwit/assets/dow

			<ul style="list-style-type: none"> •Check with suppliers they are providing the PPE you require, ask your ordering team if available. To note, ordering times are very likely to be affected hence prolonged forward planning is required. •Ensure you are not just relying on PPE for your safety and instead are following the Hierarchy of Control 				nloads/hierarchy-risk-controls.pdf
Stress		Communicate with Manager/HR/CEO/trained individual	It's perfectly reasonable that you might feel stressed about coming back in to work after having been away and unused to the new ways of working during the pandemic. If you are feeling worried please talk to your Manager/HR/CEO or trained individual about this and they will be able to help.				<p>Also, the University has the following advice pages regarding stress at work</p> <p>http://www.bris.ac.uk/safety/media/po/work-related-stress-po.pdf</p> <p>https://uob.sharepoint.com/sites/coronavirus/SitePages/wellbeing.aspx</p>

Score	3	2	1
Column A: Severity of injury:	Major Injury or death	Injury requiring medical treatment	Minor or no injury
Column B: Likely occurrence:	Regular exposure of several employees to hazard.	Occasional exposure of few employees.	Exposure to hazard very rare.

Risk Score	Response Times	Risk Score	Response Times
9	Immediate cessation of activity until interim controls are agreed and implemented	3&4	Review on change of process or if circumstances change. Provide additional training, supervision and monitoring.

6	Critically examine the areas of exposure in the process and agree timetable for completion of all agreed actions	<3	12 months review (date of next audit). No real changes in procedure required to reduce risk further
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Action Plan				
Ref No.	Further action required	By whom	By when	Completed

Signed Owner:	Signed Manager:	Signed CEO:
Date	Date	Date