

RISK ASSESSMENT FORM - Hackwood



TO BE VALID THIS RISK ASSESSMENT MUST BE MADE SITE / PERSON / TASK / EQUIPMENT SPECIFIC AS APPROPRIATE

Establishment: The Harmony Trust Academies	Assessment by: T Rolfs and S Binoy	Date: 13th July 2021
Task / Process / Environment / Equipment Being Assessed: COVID-19 INFECTION CONTROL	Approved by: Initial sign off : W May – Asst Director Safeguarding, Estates and Compliance SG sign off A Hughes CEO Approved – Trustees A Weinstock Chair of Trustees Ongoing reviews (see review section). SIGNIFICANT UPDATE 28/2/22	Date: 19/7/21 31/8/21 7/9/21

What are the hazards to health, safety and the environment? (eg heavy box, fuel delivery)	Who or what might be harmed and how? (eg staff, visitors, etc)	Likelihood (1 – 5)	Severity (1 – 5)	Risk Rating (L x S)	What is already in place? Is there any further action required?	Is there any further action required? Action by who? Action by when?	Date completed
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>1) Ensure good hygiene for everyone</p> <p>Hand hygiene</p> <ul style="list-style-type: none"> • Regular hand washing for staff and pupils using soap and water (on arrival, regular times throughout the day, before and after eating, after coughing or sneezing, using the toilet, handling any cleaning products, going home). Following 20 second guidance. • Sufficient handwashing facilities are available throughout school. Where a sink is not nearby, hand sanitiser is provided in classrooms and other learning environments. • Hand gel for use when hand washing is not possible – available throughout school. Hand gel is not a substitute for handwashing but is an alternative where handwashing is not available • Posters displayed throughout school to remind everyone of public health advice - including not to touch face (eyes, mouth, nose) with hands that are not clean. • Teaching children about hygiene procedures and monitoring them doing so – building them into the school culture, supported by behaviour expectations • Supervision of children when hand washing and using gel. • Extra supervision of young children and those with complex needs when using hand sanitiser due to ingestion risks (consider skin friendly cleaning wipes where this is a particular issue). • Additional cleaning opportunities for staff who work with pupils who spit uncontrollably and pupils who use saliva as a sensory stimulant or struggle with “catch it, bin it, kill it” 	<p>Ensure there is sufficient soap, water, paper towels, hand sanitiser / hand friendly cleaning wipes available at all times.</p> <p>Posters in every room</p> <p>Ensure adequate lidded bins</p>	<p>asap</p>
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Respiratory hygiene</p> <ul style="list-style-type: none"> • Have sufficient tissues and lidded bins available in classes and across school to support pupils and staff to follow good respiratory hygiene • Teach everyone the “catch it, bin it, kill it” approach <ul style="list-style-type: none"> ▪ Catch the cough, sneeze in a tissue (crook of arm if cannot get to a tissue) ▪ Put the tissue into a lidded bin immediately ▪ Wash hands thoroughly using soap and water • Supervision of children with this process, especially for younger children or those with complex needs. 	<p>Ensure there are sufficient tissues, lidded bins, soap, water and cleaning materials available at all times.</p> <p>Posters in every room</p>	<p>asap</p>
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>2) Maintain appropriate cleaning regimes, using standard products such as detergents</p> <ul style="list-style-type: none"> Regular cleaning throughout the day – using detergent and disinfectant. Following Public health guidance on cleaning of non-healthcare settings Cleaning schedule in place that ensures cleaning is generally enhanced and includes <ul style="list-style-type: none"> More frequent cleaning of rooms / shared areas that are used by different groups Frequently touched surfaces being touched more often than normal Toilet blocks cleaned regularly throughout the day PPE (gloves and apron) for anyone undertaking cleaning. Hard surfaces cleaned regularly – especially door handles, push plates, balustrades, toilets. Enhanced cleaning at the end of the day by regular cleaning staff Specific procedures in place for cleaning if a person becomes symptomatic on site <p>Other</p> <ul style="list-style-type: none"> Training of staff on enhanced cleaning expectations Evaluation of procedures where external companies used Monitoring sheets on shared areas (toilets etc) so it is clear when the area was last cleaned – monitoring by site staff and leadership <p>Resources and equipment</p> <ul style="list-style-type: none"> Shared resources to be cleaned regularly along with frequently touched surfaces 	<p>Ensure there is sufficient soap, water and cleaning materials available at all times.</p> <p>Separate cleaning guidance and risk assessment available.</p>	<p>asap</p>
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Waste Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission	Everyone on site	Before controls 3x2=6 Residual rating (after controls) 2x2 =4	Waste Waste to be disposed of in line with government guidelines found here ‘how should PPE and face coverings be disposed of’. This includes ensuring that waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE is:- <ul style="list-style-type: none"> • put it in a plastic rubbish bag and tie it when full • place the plastic bag in a second bin bag and tie it • put it in a suitable and secure place marked for storage for 72 hours Such waste will be stored safely and securely kept away from children. Waste will not be put in communal waste area until after 72 hours.		
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>3) Keep occupied spaces well ventilated.</p> <p>In all occupied areas, ventilation must be considered. Aerosol transmission is a main transmission route.</p> <ul style="list-style-type: none"> • Outdoor learning is encouraged as much as possible. • mechanical ventilation systems – where in place these should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. • Where CO2 monitors are available aim to keep levels below 1000ppm. Where above 1500ppm on a regular basis action needed - See ventilation guidance – updated in line with HSE and DFE guidance • Ensure that windows and non-fire doors are kept open as much as possible. If they are closed, ventilate the room at least hourly and during break times • Keep high windows open at all times where available (during opening hours) • Windows to be opened prior to the children arriving • increase the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused) • Encourage children and adults to have additional layers available when in the classroom (temperature not to fall below 16 degrees) • Increase heating to maintain an ambient temperature whilst having ventilation • Move furniture if in a direct draft and causing discomfort to individuals • If temperature drops and windows need to close consider some outside physical activity / use of the hall whilst the room temperature increases 		
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>4) Follow public health advice on testing, self isolation and managing confirmed cases of Covid-19.</p> <p>People should not be on site if they:</p> <ul style="list-style-type: none"> • Are showing symptoms of Covid-19 (temperature, new persistent cough, loss of smell or taste) - following latest government guidance <ul style="list-style-type: none"> ○ If showing symptoms, staff and pupils will be encouraged to stay at home and seek a PCR test as per Gov't guidance. • Have had a positive test on Lateral flow device or through PCR test (even if asymptomatic) <ul style="list-style-type: none"> ○ If positive for C-19, they should self-isolate. They may return after 2 negative LFTs (earliest first LFT at 5 days) or after 10 full days regardless of LFT at this point. <p>If anyone on site shows symptoms,</p> <ul style="list-style-type: none"> • Adults to go home immediately (notify SLT and seek a PCR test) • If waiting to be collected (adult or child) move to a room so they can be isolated behind a closed door (with appropriate supervision as required) • avoid using public transport and, wherever possible, be collected by a member of their family or household. <p>Household contacts</p> <ul style="list-style-type: none"> • Household contacts are at greater risk of contracting Covid-19. If someone is a household contact, they are encouraged to be extra vigilant to symptoms and to consider their contact with others, especially if others in the class / group are vulnerable. • Staff who are household contacts are encouraged to take daily LFTs and wear a mask if in close proximity to others. 	<p>Continue to update in light of Gov't guidance – strategic group to lead</p>	<p>ongoing</p>
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Contingency Plans:</p> <p>Contingency plans are in place if there is an outbreak in school. This is defined as:</p> <ul style="list-style-type: none"> • a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection • evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19 • a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group <p>All schools should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19 – phone the DfE helpline – 0800 046 8687 or alternatively contact the local helpline &/or Corporate Health and Safety Team:</p> <p>Actions to consider and plan for if cases increase &/or the thresholds above are reached:</p> <ul style="list-style-type: none"> • Review and reinforce the testing, hygiene and ventilation measures already in place – focused and enhanced cleaning as required. • Use of face coverings for staff (for a time-limited period) • Limiting residential educational visits, open days, transition and taster days, parental attendance at schools and live performances. • Restricting attendance – only as a short-term measure and as a last resort in line with Public health advice • Re-introduction of ‘bubbles’ • Establishing if classes, exercise and assemblies could take place outdoors 		
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Face coverings</p> <ul style="list-style-type: none"> • Face coverings are voluntary. Staff may continue to wear them if they wish to as long as it does not impede the education of pupils. • In the case of an outbreak, the re-introduction of face coverings for staff may be considered. <p>Children wearing face masks</p> <ul style="list-style-type: none"> • For primary pupils this is not recommended. Where parents / carers insist, the following will be in place to minimise increase in infection risk <ul style="list-style-type: none"> ▪ The child must be responsible for their own mask and must be able to put it on and take it off themselves. Staff will not assist with this. ▪ It is up to the child to keep the mask on if that has been agreed with the parent. Staff will not insist on the face mask being kept on. ▪ The child will need to bring a plastic bag to put the mask in when eating. A second mask is recommended for the afternoon session. <p>The child needs to be able to keep the mask on without touching it and must wash their hands before and after adjusting / removing the covering.</p> <ul style="list-style-type: none"> • Where masks are required as part of PPE, these will be worn according to policy. 	<p>Keep a stock of face masks and visors should they be requested</p> <p>Staff must receive guidance on how to use face coverings safely.</p>	
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.</p> <p>Face Masks refer to Fluid resistant face masks unless otherwise stated</p> <ul style="list-style-type: none"> PPE not recommended unless specific tasks are being undertaken or part of other risk assessments (see Harmony Trust PPE document for specific examples) <p>Cleaning</p> <ul style="list-style-type: none"> Gloves and aprons available when any cleaning is taking place (and fluid resistant masks if cleaning an area with a symptomatic individual) <p>First aid</p> <ul style="list-style-type: none"> PPE for First aid as per First aid guidance Enhanced PPE available for any rare situation where a member of staff may need to be closer than 2m with a child with symptoms of Covid-19 – masks and eye protection where necessary <p>Individual Risk assessments</p> <ul style="list-style-type: none"> Individual staff risk assessments may detail a requirement for PPE. This will be provided as required. 	<p>Staff to read PPE document for further information</p> <p>Ensure school has a stock of relevant PPE. Ensure all staff know the procedures to follow.</p> <p>Signage as appropriate</p>	
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<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Vulnerable and extremely clinically vulnerable staff and pupils</p>	<p>Before controls</p> <p>4x4=16</p> <p>Residual rating (after controls)</p> <p>3x4=12</p>	<p>Extremely clinically vulnerable staff and pupils See HR guidance for more details</p> <ul style="list-style-type: none"> Decision whether the member of staff / pupil should be in rests with medical teams. For the vast majority of staff and pupils, there is an expectation they will be in school. Where a staff member falls into the very high risk category, individual discussions will occur (including the opportunity for an OH referral if appropriate). https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk <p>CEV pupils</p> <ul style="list-style-type: none"> CEV pupils should return unless there is specific medical advice to the contrary <ul style="list-style-type: none"> For these pupils, an individual RA should be in place. <p>CEV staff</p> <ul style="list-style-type: none"> CEV staff should return unless there is specific medical advice to the contrary <ul style="list-style-type: none"> For these staff, an individual RA should be in place. <p>Pregnant employees https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees</p> <ul style="list-style-type: none"> In line with guidance, all pregnant employees should have a risk assessment in place. C-19 risk must be considered as part of this risk assessment. The RA must be regularly reviewed and adapted to suit the changing risk as the pregnancy progresses. Pregnant employees are not required to work from home unless the level of risk is deemed significant. For most pregnancies, staff can continue on site (with the risk assessment considering individual needs). Where there are additional complications, the employee would be encouraged to speak with their medical team to ensure the risk assessment and mitigations are appropriate. Mitigations in this RA must be strictly adhered to at all times for pregnant employees. 		
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			<ul style="list-style-type: none"> Pregnant employees over 26 weeks are encourage to continue with twice weekly lateral flow tests 		
<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone on site visitors</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Procedures for visitors / contractors</p> <p>Visitors on site will be at the discretion of the Principal or Senior leader in charge.</p> <ul style="list-style-type: none"> Visitors will always be asked to confirm they have no symptoms of coronavirus Hygiene controls will be strictly adhered to <p>The following protocols will be followed:</p> <ul style="list-style-type: none"> Confirm the visitor does not have any symptoms of Covid-19 and do not have family members with symptoms (complete Covid-19 screening form) Have photo ID checked (if not already known to the site) Have a DBS number and confirmation from their employer that they are suitable to be in regulated activity on our sites (or be supervised by a member of site – observing social distancing) Confirm they will adhere to enhanced hygiene. <p>Supply and peripatetic staff will be required to confirm they have no symptoms of Covid-19</p>	<p>Provide signage where appropriate.</p>	
<p>Covid-19 infection – COSHH concerns – spread through droplets from infected person, virus on hard surfaces, aerosol transmission</p>	<p>Everyone undertaking a home visit</p>	<p>Before controls</p> <p>5x2=10</p> <p>Residual rating (after controls)</p> <p>4x2=8</p>	<p>Home visits and interaction with the public</p> <p>HOME VISITS ALLOWED TO ASSIST WITH WELFARE OF FAMILIES / WITH AGREEMENT OF A SENIOR LEADER / THE FAMILY SUPPORT MANAGER – this is in line with usual procedures.</p> <ul style="list-style-type: none"> Home visit procedures must be followed in all circumstances Disposable gloves and hand gel available Masks encouraged if entering the property and it is not possible to social distance See home visit flow chart for further details of general protections around home visits (not specifically Covid-19 related) 		

REVIEWS: To be reviewed half termly – or earlier if circumstances change. Reviews always through the Covid-19 strategic group with input from leaders and staff on the ground.		
DATE OF REVIEW:	REVIEWED BY:	COMMENTS:
12/7/21	Wendy May	Updated in light of guidance change from 19 th July. From Sep 2021
14/7/21	Tamara Rolfs / Stella Binoy	Updated with academy specific information
15/7/21	Wendy	Initial sign off by Wendy May and recommendation for approval by SG.
17/7/21	Strategic Group	Draft approved by SG to go out to staff, unions and Trustees for consultation.
31/8/21	WM, AH, TM and NJC Union Colleagues	Meeting held with NJC union colleagues to consult on this risk assessment. Union colleagues did not raise any concerns about this RA.
31/8/21	Strategic Group	Approval to go to colleagues and Trustees
3/9/21	Wendy May	Added sentence about the Self-isolation Service hub Added row to give detail about contingency planning Removed old outbreak section (replaced with contingency planning one) Updated risk ratings in light of Sep 21 local and national situation Changes from previous version in red (will be changed to black at next formal update). Send to Trustees for formal sign-off
7/9/21	Board of Trustees	Approval of Risk assessment given

18/10/21	Wendy May	<p>Review of additional measures suggested by Dr Robyn Dewis (Public Health Derby).</p> <p>Confirmed a number already in our RA</p> <p>Already in our Risk Assessments (no action required)</p> <ul style="list-style-type: none"> • Ensure indoor ventilation is as good as possible, undertake activities outdoors when possible and maximise outdoor PE • Ensure a continued focus on thorough and frequent cleaning, along with increased handwashing and sanitising • Remind pupils that they should be wearing face coverings on public or school transport, and consider how this can be enforced on school transport • Staff can identify close contacts within the classroom and advise children/ parents that a PCR is required. This will ensure a more complete identification of contacts, ensure parents are aware and that actions are being taken. This is not a requirement but something many schools have been keen to continue. - We do this through the letter we send out to parents when there is a positive case in class. • Advise symptomatic children/ their parents that they need to isolate at home and take a PCR test. They should not return to school until a negative result is received, or should follow isolation advice if positive <p>Academy leaders checking they are comfortable with current measures regarding the following:</p> <ul style="list-style-type: none"> • Review the need for external visitors to the school- consider if this can be achieved safely with smaller groups including asking parents to wear face coverings when they visit, or move events online • Reconsider how groups of children are mixing in school, particularly for assemblies or across school activities. This may include reducing attendees at assemblies, reviewing lunch time and break time activity, and considering staggering start and finish times to reduce mixing. <p>Added additional measures in light of Public Health advice.</p> <ul style="list-style-type: none"> • Staff can ask to see evidence of these tests/ results of symptomatic children if it is felt to be needed/ appropriate • Children who are household contacts (children with a parent or sibling etc. who has tested positive) are expected to take a PCR test. We are asking that these children remain at home, undertaking home learning, until a negative result is received. If the child is able, we would recommend that these children undertake daily lateral flow testing on return to school, for a further 7 days. Any child who has received a positive PCR test in the preceding 90 days would be exempt from this request.
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		<ul style="list-style-type: none"> Removed section about reporting to the self-isolation hub (no longer required)
19/10/21	Wendy May	<p>Added information about track and trace of unvaccinated staff (not being picked up through national test and trace).</p> <ul style="list-style-type: none"> Academy leaders will determine whether unvaccinated staff are close contacts (in conjunction with Asst Director Safeguarding, Estates and Compliance – ADSEC if needed). If they are, they will be asked to go home and self-isolate. If it is not clear, unvaccinated staff will be asked to take a daily LFT and a PCR on day 4. As long as these are negative and no symptoms, the member of staff can remain on site (being vigilant to social distancing during this period).
29/11/21	Wendy May	<p>Added updates in light of DFE guidance change:</p> <ul style="list-style-type: none"> Ventilation – CO2 levels adjusted in line with HSE and DFE guidance Section regarding face coverings updated (re-introduced in communal areas for all adults unless exempt) Updated section regarding when people are not allowed on site <ul style="list-style-type: none"> Suspected or confirmed close contact of Omicron variant Returning from abroad until negative PCR Added additional information regarding contingency planning for Omicron variant.
14/12/21	Wendy May	<p>Updated section regarding close contacts and lateral flow testing. – Double vaccinated staff and children over 5 will be requested to take a daily LFT if a close contact. Unvaccinated close contacts will need to self-isolate.</p>
4/1/22	Wendy May	<ul style="list-style-type: none"> If positive for C-19, they must self-isolate for 10 days. This can be reduced if they have a negative LFT on day 6 and 7 (or later), at least 24 hours apart. There must be no ongoing temperature. They may return to school after the second negative LFT result (cannot be before day 7).
10/1/22	Wendy May	<ul style="list-style-type: none"> Removed requirement for household contacts to seek a PCR (in line with public health guidance). Daily lateral flow for 7 days. Removed request for staff to seek day 4 PCR (changes to testing regime)
26/1/22	Wendy May	<p>Changed negative LFT checks to day 5 and 6 at the earliest.</p> <p>Specific reference to Omicron in contingency planning removed</p> <p>Changed face coverings in communal areas from required to encouraged.</p>

1/2/22	Wendy May	<p>Home visits section updated to allow home visits where supports family welfare / in agreement with senior leader or family support manager. General home visit protocols remain in place.</p> <p>Increased likelihood rating for this section to 3. Severity remains the same.</p>
28/2/22	Wendy May	<p>Updated in line with changes to legislation (24/2/22).</p> <ul style="list-style-type: none"> • No requirement to have separate resources. Cleaning to continue according to good practice. • Self-isolation changed – symptomatic individuals no longer <i>legally</i> required to self-isolate but will be requested to go home and seek PCR test as per government guidance. • Those with positive test will be asked to remain at home as per government guidance • Added section on household contacts (not required to isolate, should consider additional mitigations to protect others) • Updated definition of when contingency framework should be used • Face coverings no longer encouraged. Remain voluntary where it does not impede the education of the pupils • Removed section regarding asymptomatic testing – no longer required • Updated section for CEV staff and pupils – RA still required for these groups but unless specific medical advice, can return to roles including on site (if not already). • Added section for pregnant employees – can remain on site if RA risk level acceptable. If additional complications, consider OH and discussion with medical teams. • Educational visits not referred to in this document – follow usual procedures for educational visits. • Risk ratings updated to consider reduced overall risk in light of omicron variant and vaccine programme. Likelihood remains the same at present.

RISK MATRIX

The matrix below is used to calculate risk based on likelihood x severity (higher scores indicating higher levels of risk). The resulting score is used to calculate risk ratings and to determine whether additional safety management measures are required to further reduce remaining risk to an acceptable level.

Any risk rating in the red area indicates significant risk which would need to be further controlled before proceeding

KEY: SEVERITY OF HARM			
	Severity	Description	Persons at risk
1	Insignificant	Non or insignificant injury / illness / loss	1
2	Minor	Minor injury / illness / loss minor first aid required	up to 5
3	Moderate	Injury / illness / loss – reportable to the HSE	up to 10
4	Major	Major injuries / severe incapacity – reportable to the HSE	up to 25
5	Catastrophic	Fatality / severe incapacity	25 or more

	SEVERITY				
LIKELIHOOD	Insignificant	Minor	Moderate	Major	Catastrophic
Very unlikely	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Very likely	5	10	15	20	25

IMPORTANT
When calculating the risk, the number of persons exposed and the frequency of exposure to risk must be taken into account
Risks that calculate as high MUST have further control measures put into place that reduce the risk BEFORE the activity is carried out
Medium risk factors should have more control measures introduced where possible to reduce the risk to the lowest possible risk
Staff MUST be prohibited from undertaking medium to high risk activities for which they have not received appropriate training
The risk assessment must be signed by the risk assessor or the person in authority managing the activity concerned