

Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures Mitigation		Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk		
General Covid	1	Covid transmission in shared work areas	Shared workspaces bring people into contact with one another, and increase the chance of shared surfaces being touched.	4	4	16	Staggered working hours; solo shifts; limits on number of people in a given space; mindfulness over high-touch areas and objects; personal issue of equipment where possible; frequent cleaning of shared equipment or surfaces (keyboards, mice, tables, chairs); frequent handwashing and sanitising; use of PPE where appropriate	3	4	12	Staff to read and understand Reopening College manual, and to have (virtual) meeting prior to return. Opportunity to hold introductory shifts should also be given, depending on role.	
	2	Covid transmission between staff	Staff coming into contact with one another, or spending prolonged periods in close proximity while performing duties.	3	4	12	Minimal staff in workplace; staggered rota; one-way systems; 2m distancing; all hyper-vigilant and aware of space-sharing; verbal communication (announce arrival / departure from a location); "cone" method to limit interactions in confined spaces; PL to coordinate one-off returns to site	2	4	8	Staff to read and understand Reopening College manual, and to have (virtual) meeting prior to return.	
	3	Covid transmission between staff and residents	Staff coming into contact with residents during routine duties	3	4	12	Residents very aware of on-site protocols and need to keep distance; residents often more concerned than anyone over maintaining their safety; residents have access to the Reopening College document; staff entering residential properties to be fully aware of protocols (PPE, time slots, announced entry, etc)	2	4	8	Staff to be fully aware of protocols for entering shared buildings, and to ask for help from appropriate Line Manager or colleague if unsure.	
	4	Covid transmission between staff and contractors	Staff coming into contact with contractors or other site visitors who may be unaware of protocols	3	4	12	Contractors to read and understand relevant parts of Reopening College document; visitors to supply own PPE where possible or receive PPE on request from PL (bagged stocks available); staff to ensure they maintain distance from site visitors, including not sharing spaces or working overly closely	2	4	8	Staff to confirm contractors understand site rules and have equipment to work safely within them.	
	5	Covid transmission in emergency situations	Staff contracting Covid-19 through assisting others in need	3	4	12	Staff to understand revised First Aid protocols (detailed in Reopening College); staff to carry individual PPE at all times; staff to ensure they take the time to don gloves and mask prior to assisting a casualty or conducting a building evacuation; increased handwashing after conclusion of emergency situation prior to returning to shared / office spaces.	2	4	8	Staff to understand and abide by revised FAW protocols, including carriage of PPE and use as a priority in emergency situations.	
Specific Covid	6	Covid transmission in course of duty (Porter)	Risk of contracting Covid through general Porters' duties, in the context of extended (8-12 hour) solo shifts.	2	4	8	Porters work alone; clean office space frequently including high-touch objects; ensure distance between self and others; minimise use of pens and paper (shared high-touch objects); ensure distance when receiving post or other deliveries; patrol frequently both to increase exposure to fresh air and stay alert; take breaks as required; alert line manager to any problems with personal life which may affect ability to work properly.	2	4	8	High emphasis on Porter to minimise own risk as much as relying on others to do their bit.	
	7	Covid transmission in course of duty (HK)	Risk of contracting Covid through general HK duties, in the context of mostly solo work, room clearance, boxing-up, and general tidying through several buildings.	3	4	12	HK work alone; use of PPE throughout; specified cleaning areas and times; announced to residents (if needed); own equipment issued and kept clean; own visor issued and cleaned daily; aware of spray technique (i.e. spray cloth not surfaces); aware of Covid transmission means; fully briefed if entering a shared residence; fully planned process if cleaning a Covid-positive residence (after 72h); all refuse from potential Covid (including those in isolation after travel) to be bagged and sealed for 72h before removal; residents' laundry to be in soluble bags 72h before washing; HK empowered to raise alert as they see fit; all issues to be raised ASAP with PL or Line Manager.	2	4	8	High emphasis on HK to minimise own risk as much as relying on others to do their bit.	
	8	Covid transmission in course of duty (Gardens)	Risk of contracting Covid through general Gardens duties, in the context of solo shifts predominantly outdoors.	2	4	8	Gardens work alone; only three people on the team, but more like one at present, with others working for PL; equipment solely for use by Gardens; heavy gloves worn as part of gardening PPE; outdoor working in fresh air 2m+ from others; access to site via back gate; no need to cross paths with people on site; inherently quite low risk.	1	4	4	High emphasis on Gardens to minimise own risk as much as relying on others to do their bit.	
	9	Covid transmission in course of duty (Maintenance)	Risk of contracting Covid through general Maintenance duties, in the context of working solo or in small teams, sometimes in confined spaces, entering several buildings.	3	4	12	Maintenance work alone where possible; individual equipment issued where possible; distancing and PPE, including aprons used where needed; timed and announced visits to shared properties; lengthy, dangerous, or invasive work only carried out where strictly necessary (until further notice); ensure good ventilation, handwashing, properly distanced work when performing team tasks; all issues to be raised with LM ASAP.	2	4	8	High emphasis on Maintenance to minimise own risk as much as relying on others to do their bit.	
	10	Covid transmission in course of duty (All)	Risk of contracting Covid through general work in office environment (shared or solo), and use of building, facilities, and site in general.	3	4	12	All site users to stagger distance and time of work; shared offices to be used as last resort and with appropriate measures (e.g.: screens); all to follow one-way systems; all to follow guidance on limits in shared rooms (e.g.: toilets); all to wash hands frequently; minimise time on-site; minimise interaction on-site; meet virtually even if physically present in College.	2	4	8	All to be familiar with site protocols and understand what is expected at all levels.	
General	11	Fatigue	Some shift patterns now require long hours working solo, including overnight. This has potential to lower staff resilience to infection, staff vigilance towards prevention of infection, and cause accidents in general.	3	4	12	Staff to agree to shifts and understand the toll they may take; staff to make LM aware if pressure too high or ask for reasonable adjustments; staff to monitor own health (physical, mental); staff to take breaks as required to maintain vigilance; staff to walk around and / or drink water / coffee / etc to maintain hydration and alertness; generally staff should have enough to do to keep awake and "busy" for the duration of their shift without becoming overly tired.	2	4	8	Staff responsible and empowered to speak up if they require help in this regard.	
	12	Solo working	The risk of an accident or incident taking place while working alone, and the consequences it could have (in general)	3	4	12	Use of Lone Worker Devices; mobile phones to be carried; PL to know where Lone Workers are (in general);	2	4	8	Staff responsible for ensuring they use the tools provided to keep themselves safe in this regard.	
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Risk Assessment for Clare Hall Gym		Risk Assessor Date	Harry Joseph 14-Jul-20	Current Openness 5 - Closed
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Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures		Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk		
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	Specific, competent staff assigned to continually monitor Government and Industry (UK Active, CIMSPA) advice. Staff assigned to keep in contact University Sports Service, from whom guidance and support is available. Network of Senior College staff monitoring and communicating with each other and discussing working practices.	2	3	6	Need to identify staff responsible. Scheduled day(s) per week to check latest guidance and implement updates College-wide.	
Prevention of Virus Spread	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	Introduction of system for advance bookings (TBC) with controls on numbers in attendance simultaneously, per hour, and per day.	2	4	8		
	3	Multiple contact points (doors, surfaces, equipment, storage)	Disease spread contact with contaminated surfaces	3	4	12	Gym space assessment prior to opening Movement of equipment to increase distance or cordoning-off of equipment to prevent use Removal of unnecessary items. Cleaning assessment (including available products and HK routine) Door opening mechanism (keep propped open?)	2	4	8	Ensure effective management of facility prior to and during re opening. Test arrangements with competent staff/individuals and adjust where necessary. Continually review all arrangements once operational.	
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	Hand sanitiser available before and after use. Signage advertising and encouraging hand cleaning. Pre-use document for all to read prior to using facility. Sufficient PPE for HK staff. Clear and effective cleaning schedule in place.	2	4	8	Consider issuing gym users with appropriate equipment (spray bottle and cleaning cloth) to ensure that all equipment is cleaned prior to and post use. Equipment would then be collected and cleaned prior to reissue to new users. Consider opening hours and cleaning schedules to allow best possible safe use of facilities.	
	5	Ineffective rules, supervision, gym etiquette in place	Users spread virus through lack of cleaning between sessions and no checks made	4	4	16	Rules clear before use (pre-use documentation). User-signed agreements to rules. Spot-checks both in person (HK / Porter) or via CCTV (Porter). Penalties clear and enforced.	3	4	12	Ensure water systems have been fully checked and maintained and that L8 Assessment is in place and control measures applied. Ensure that staff are included in assessing optimum capacity.	
	6	Lack of distancing	Small space, users not following guidance, equipment too close, poor access control, capacity incorrectly assessed or managed	3	4	12	Double-check assessments; revise equipment layout or cordoning. Effective management of access and capacity control (how?) Capacity booking system Queuing system / one-way circuit for start of sessions and buffer time between sessions to allow air-gap	2	4	8		
	7	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly.	
Staff Behaviours	8	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low HK numbers in general, and one specifically assigned to gym / pool make this unrealistic.	1	4	4		
	9	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4		
	10	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4		
	11	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8		
Managing High Risk Individuals	12	High Risk Individuals (SID)	Individuals Susceptible to Infectious Diseases (SID) are more prone to contracting Covid-19, or to suffering from it	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	SID / DRC to make themselves known and accept limited access to facility until later date.	
First Aid	13	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff available during gym opening hours (usually Porter). FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g. no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo.	2	5	10	Gym will shut if no FA-trained individual is on duty.	
Cleaning and Waste Management	14	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; potential closures on weekends; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; pre-use documentation to include cleaning guidance.	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate. Gym closures when no HK available.	
	15	Low HK staffing										
	16	Untrained staff										
	17	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed. Instructions in place for all users. Lidded bins installed. Waste disposal contract reviewed.	2	4	8	Bin change required. 72h bag-and-seal?	

Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	<p>Facility supervised or reviewed regularly by staff able to identify issues and make changes.</p> <p>Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels)</p> <p>Accessibility issues considered and remedied</p> <p>Evacuation plans reviewed and changed if needed</p> <p>Effective and continuous (ongoing) user consultation, allowing concerns to be raised and reviewed effectively and swiftly</p>	?	?	UNKNOWN	Continuous improvement cycle needed
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Risk Assessment for Clare Hall Library		Risk Assessor	Harry Joseph	Current Openness
		Date	14-Jul-20	5 - Closed

Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Residual Risk Calculation			Other Controls or Comment	
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity		Residual Risk
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	Specific, competent staff assigned to continually monitor Government and industry (UK Active, CIMSPA) advice. Staff assigned to keep in contact University Sports Service, from whom guidance and support is available. Network of Senior College staff monitoring and communicating with each other and discussing working practices.	2	3	6	Need to identify staff responsible. Scheduled day(s) per week to check latest guidance and implement updates College-wide.
	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	Introduction of system for advance bookings (TBC) with controls on numbers in attendance simultaneously, per hour, and per day. Initial use restricted only to named individuals	2	4	8	
Prevention of Virus Spread	3	Multiple contact points	Disease spread contact with contaminated surfaces. Door prop could be considered.	3	4	12	Space assessment prior to opening Cleaning assessment (including available products and HK routine) Door opening mechanism review? Place hand sanitiser both sides.	2	4	8	Ensure effective management of facility prior to and during re-opening.
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	Hand sanitiser available en route to Library. Signage advertising and encouraging hand cleaning. Pre-use document for all to read prior to using facility. Sufficient PPE for HK staff. Clear and effective cleaning schedule in place.	2	4	8	Test arrangements with competent staff/individuals and adjust where necessary. Continually review all arrangements once operational. Consider opening hours and cleaning schedules to allow best possible safe use of facilities. Ensure that staff are included in assessing optimum capacity.
	5	Ineffective rules, supervision.	Users spread virus through lack of cleaning between sessions and no checks made	4	4	16	Rules clear before use (pre-use documentation). User-signed agreements to rules. Spot-checks both in person (HK / Porter). Penalties clear and enforced.	3	4	12	
	6	Lack of distancing	Small space, users not following guidance, poor access control, capacity incorrectly assessed or managed	3	4	12	Double-check assessments; revise equipment layout or cordoning. Effective management of access and capacity control via PL. Capacity booking system.	2	4	8	
Staff Behaviours	7	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly.
	8	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low HK numbers in general. Consider assigning one to Library specifically.	1	4	4	
	9	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4	
	10	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4	
	11	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8	
Managing High Risk Individuals	12	High Risk Individuals (SID)	Individuals Susceptible to Infectious Diseases (SID) are more prone to contracting Covid-19, or to suffering from it.	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	ISID / DRC to make themselves known and accept limited access to facility until later date.
First Aid	13	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g.: no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo. Lack of FA-trained personnel may result in closure.	2	5	10	Library may be shut if no FA-trained personnel are available.
Cleaning and Waste Management	14	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; potential closures on weekends; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; pre-use documentation to include cleaning guidance.	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate. Library closures when no HK available.
	15	Low HK staffing									
	16	Untrained staff									
	17	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed. Instructions / signs in place for all users. Lidded bins installed either in Library or nearby. Waste disposal contract reviewed.	2	4	8	Bin change required. 72h bag-and-seal?
Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	Facility supervised or reviewed regularly by staff able to identify issues and make changes. Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels) Accessibility issues considered and remedied Evacuation plans reviewed and changed if needed Effective and continuous (ongoing) user consultation, allowing concerns to be raised and reviewed effectively and swiftly	?	?	UNKNOWN	Continuous improvement cycle needed
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Risk Assessment for Clare Hall Bar		Risk Assessor Date	Harry Joseph / Emily Goodacre 28-Aug-20	Current Openness <b>4 - Restricted access, unsafe for ISID use.</b>
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Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures			Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk			
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	Specific, competent staff assigned to continually monitor Government and industry (UK Active, CIMSPA) advice. Staff assigned to keep in contact University Sports Service, from whom guidance and support is available. Network of Senior College staff monitoring and communicating with each other and discussing working practices.	2	3	6	ALB Manager to be included in "responsible" staff, with remit for identifying bar-specific innovations or rule-changes. Scheduled day(s) per week to check latest guidance and implement updates College-wide.		
	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	Introduction of system for advance bookings (TBC) with controls on numbers in attendance simultaneously, per hour, and per day. Initial use restricted only to named individuals	2	4	8			
Prevention of Virus Spread	3	Multiple contact points	Disease spread contact with contaminated surfaces. Door drop could be considered.	3	4	12	Space assessment prior to opening, including detail on max toilet use. Max capacity strictly enforced. Cleaning assessment (including available products and HK routine) Door opening mechanism review? Place hand sanitiser both sides. Toilets to be subject to thorough cleaning between use or shut entirely and customers refused re-entry on leaving?	2	4	8	Ensure effective management of facility prior to and during re-opening. Test arrangements with competent staff/individuals and adjust where necessary.		
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	Hand sanitiser available en route to ALB. Signage advertising and encouraging hand cleaning. Pre-use document for all to read prior to using facility. Sufficient PPE for HK staff and any bar staff cleaning as they go. Clear and effective cleaning schedule in place.	2	4	8	Continually review all arrangements once operational. Consider opening hours and cleaning schedules to allow best possible safe use of facilities. Ensure that staff, including bar staff (students) are included in assessing optimum capacity.		
	5	Ineffective rules, supervision.	Users spread virus through lack of cleaning between sessions and no checks made. <b>Alcohol lowers inhibitions. Extended time in close proximity lowers inhibitions or increases familiarity.</b>	4	4	16	Rules clear, before use (pre-use documentation). User-signed agreements to rules. Spot-checks both in person (HK / Porter). Penalties clear and enforced, including facility closure. <b>Drink limits TBC.</b> <b>Time limits TBC.</b> <b>Access restriction by household TBC.</b>	3	4	12	<b>Prior to reopening, ALB Manager to be involved in detailed planning of potential restrictions on capacity, time limit, drink limit, access by household, proximity to staff, cleaning protocols, dealing with offenders, and reporting issues as they arise.</b>		
	6	Lack of distancing	Small space, users not following guidance, poor access control, capacity incorrectly assessed or managed	3	4	12	Double-check assessments, revise equipment layout or cordoning, floor markings, table markings, creation of floorspace. Effective management of access and capacity control via PL. Capacity booking system.	2	4	8			
	7	Viral spread via glassware, bar staff hygiene, etc	Increased risk of transmission via shared glasses, bottles, and poor hygiene practices behind the bar.	3	4	12	Reusable cups in place (with safe disposal method see below). Customers educated not to share bottles, glasses, etc (signs, info, bar staff verbal direction). Bar staff trained to acceptable level and provided with PPE to act safely (inc gloves and masks)	2	4	8			
Staff Behaviours	8	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly.		
	9	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low staff numbers in general.	1	4	4			
	10	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4			
	11	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4			
	12	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8			
Managing High Risk Individuals	13	High Risk Individuals (ISID)	Individuals Susceptible to Infectious Diseases (ISID) are more prone to contracting Covid-19, or to suffering from it	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	ISID / DRC to make themselves known and accept limited access to facility until later date.		
First Aid	14	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g., no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo. Lack of FA-trained personnel may result in closure.	2	5	10	ALB may be shut if no FA-trained personnel are available.		
	15	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; <b>potential closures on weekends unless ALB Manager can guarantee standard of cleaning by student staff</b> ; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; <b>pre-use documentation to include cleaning guidance.</b>	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate. ALB potentially closed when no HK available.		
	16	Low HK staffing											
	17	Untrained staff											

Cleaning and Waste Management	18	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed. Instructions / signs in place for all users. Lidded bins installed either in ALB or nearby. Customers and staff briefed on correct disposal methods. Waste disposal contract reviewed.	2	4	8	Bin change required. 72h bag-and-seal?
	Changes to Normal Operations	19	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	Facility supervised or reviewed regularly by staff able to identify issues and make changes. Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels) Accessibility issues considered and remedied Evacuation plans reviewed and changed if needed Effective and continuous [ongoing] user consultation, allowing concerns to be raised and reviewed effectively and swiftly	?	?	UNKNOWN
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Risk Assessment for Clare Hall Computer Room		Risk Assessor	Harry Joseph	Current Openness
		Date	14-Jul-20	5 - Closed

Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures Mitigation	Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating		Probability	Severity	Residual Risk	
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	Specific, competent staff assigned to continually monitor Government and industry (UK Active, CIMSPA) advice. Staff assigned to keep in contact University Sports Service, from whom guidance and support is available. Network of Senior College staff monitoring and communicating with each other and discussing working practices.	2	3	6	PL to take lead in Computer Room issues. Scheduled day(s) per week to check latest guidance and implement updates College-wide.
	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	Introduction of system for advance bookings (TBC) with controls on numbers in attendance simultaneously, per hour, and per day. Initial use restricted only to named individuals	2	4	8	
Prevention of Virus Spread	3	Multiple contact points	Disease spread contact with contaminated surfaces. Door prop could be considered.	3	4	12	Space assessment prior to opening, including detail on max toilet use. Max capacity strictly enforced. Cleaning assessment (including available products and HK routine) Door opening mechanism review? Place hand sanitiser both sides. <b>Keyboards, mice, etc all high-risk surfaces.</b>	3	4	12	Ensure effective management of facility prior to and during re opening. Test arrangements with competent staff/individuals and adjust where necessary.
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	Hand sanitiser available en route. Signage advertising and encouraging hand cleaning. Pre-use document for all to read prior to using facility. Sufficient PPE for HK staff and users. Clear and effective cleaning schedule in place.	2	4	8	Continually review all arrangements once operational. Consider opening hours and cleaning schedules to allow best possible safe use of facilities. Ensure that staff are included in assessing optimum capacity.
	5	Ineffective rules, supervision.	Users spread virus through lack of cleaning between sessions and no checks made	4	4	16	Rules clear before use (pre-use documentation). User-signed agreements to rules. Spot-checks both in person (HK / Porter). Penalties clear and enforced, including facility closure.	2	4	8	
	6	Lack of distancing	Small space, users not following guidance, poor access control, capacity incorrectly assessed or managed	3	4	12	Double-check assessments, revise equipment layout or cordoning. Effective management of access and capacity control via PL. Capacity booking system, likely solo use only.	2	4	8	
	7	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature: experience thus far in College suggests community is functioning honestly.
	8	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low staff numbers in general.	1	4	4	
Staff Behaviours	9	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4	
	10	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4	
	11	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8	
	12	High Risk Individuals (SID)	Individuals Susceptible to Infectious Diseases (SID) are more prone to contracting Covid-19, or to suffering from it	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	ISID / DRC to make themselves known and accept limited access to facility until later date.
	13	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g.: no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo. Lack of FA-trained personnel may result in closure.	2	5	10	Room may be shut if no FA-trained personnel are available.
Cleaning and Waste Management	14	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; <b>potential closures on weekends</b> ; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; <b>pre-use documentation to include cleaning guidance.</b>	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate. ALB closures when no HK available.
	15	Low HK staffing									
	16	Untrained staff									
	17	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed. Instructions / signs in place for all users. Lidded bins installed either in Computer Room or nearby. Waste disposal contract reviewed.	2	4	8	Bin change required. 7th bag-and-seal?

Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	<p>Facility supervised or reviewed regularly by staff able to identify issues and make changes.</p> <p>Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels)</p> <p>Accessibility issues considered and remedied</p> <p>Evacuation plans reviewed and changed if needed</p> <p>Effective and continuous (ongoing) user consultation, allowing concerns to be raised and reviewed effectively and swiftly</p>	?	?	UNKNOWN	Continuous improvement cycle needed
	19					0				0	
	20					0				0	
	21					0				0	
	22					0				0	
	23					0				0	
	24					0				0	
25					0				0		

Risk Assessment for Clare Hall Meeting Rooms		Risk Assessor Date	Harry Joseph 14-Jul-20	Current Openness <b>4 - Restricted access, unsafe for ISID use.</b>
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Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures		Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk		
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	Specific, competent staff assigned to continually monitor Government and industry (UK Active, CIMSPA) advice. Staff assigned to keep in contact University Sports Service, from whom guidance and support is available. Network of Senior College staff monitoring and communicating with each other and discussing working practices.	2	3	6	PL to take lead in Meeting Room management. Scheduled daily(s) per week to check latest guidance and implement updates College-wide.	
Prevention of Virus Spread	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	Introduction of system for advance bookings (FORUM) with controls on numbers in attendance simultaneously, per hour, and per day. Use restricted only to named individuals	2	4	8		
	3	Multiple contact points	Disease spread contact with contaminated surfaces. Door drop could be considered.	3	4	12	Space assessments, max capacity strictly enforced. Cleaning assessment (including available products and HK routine) Doors to be opened by Porter where possible, propped open, hand sanitiser available.	2	4	8	Ensure effective management of facility prior to and during re opening.	
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	Hand sanitiser available en route. Signage advertising and encouraging hand cleaning. Pre-use document for all to read prior to using facility. Sufficient PPE for HK staff and users. Clear and effective cleaning schedule in place.	2	4	8	Test arrangements with competent staff/individuals and adjust where necessary. Continually review all arrangements once operational.	
	5	Ineffective rules, supervision.	Users spread virus through lack of cleaning between sessions and no checks made	4	4	16	Rules clear before use (pre-use documentation). User-signed agreements to rules. Spot-checks both in person (HK / Porter). Penalties clear and enforced, including facility closure.	2	4	8	Consider opening hours and cleaning schedules to allow best possible safe use of facilities. Ensure that staff are included in assessing optimum capacity.	
	6	Lack of distancing	Small space, users not following guidance, poor access control, capacity incorrectly assessed or managed	3	4	12	Double-check assessments; revise equipment layout or cordoning. Effective management of access and capacity control via PL. Capacity identified during booking.	2	4	8		
	7	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly.	
Staff Behaviours	8	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low staff numbers in general.	1	4	4		
	9	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4		
	10	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4		
	11	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8		
Managing High Risk Individuals	12	High Risk Individuals (ISID)	Individuals Susceptible to Infectious Diseases (ISID) are more prone to contracting Covid-19, or to suffering from it	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	ISID / DRC to make themselves known and accept limited access to facility until later date.	
First Aid	13	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g.: no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo. Lack of FA-trained personnel may result in closure of facilities.	2	5	10	Room may be shut if no FA-trained personnel are available.	
Cleaning and Waste Management	14	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; potential closures on weekends; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; pre-use documentation to include cleaning guidance.	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate.	
	15	Low HK staffing									Closures when no HK available.	
	16	Untrained staff										
	17	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed. Instructions / signs in place for all users. Lidded bins installed nearby. Waste disposal contract reviewed.	2	4	8	Bin change required. 72h bag-and-seal?	
Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	Facility supervised or reviewed regularly by staff able to identify issues and make changes. Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels) Accessibility issues considered and remedied Evacuation plans reviewed and changed if needed Effective and continuous (ongoing) user consultation, allowing concerns to be raised and reviewed effectively and swiftly	?	?	UNKNOWN	Continuous improvement cycle needed	
	19					0				0		
	20					0				0		
	21					0				0		

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24					0				0	
25					0				0	

Risk Assessment for Issue of Cleaning Materials to Students in Shared Residences	Risk Assessor Date	Harry Joseph 14-Jul-20
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Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures	Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk	
Bodily Harm	1	Chemical Burn (external)	Cleaning products such as bleach may interact with skin and cause a reaction including chemical burn.	2	3	6	Products suitably labelled, residents aware of correct use; PPE available where needed; only restricted assortment of chemicals provided; all COSHH recorded to speed emergency response; FA Kits present in houses; Porters' Lodge staffed 24/7; chemicals not issued to households with children present; households under Covid-19 are not mixing (i.e.: limited pool of people available to access chemicals); educated adult population not usually prone to ingesting or inhaling cleaning chemicals for any reason; presence of housemates speeds response to incident; damage to clothing minimised through appropriate PPE; damage to property very rare given chemicals issued (low-concentrate or suitable for multi-purpose use); some minor property damage (e.g.: bleaching of worktop in kitchen, accidental discolouration to carpets) acceptable as part of fair wear and tear.	1	3	3	Risk of misuse of cleaning products if provided is very low given the education, understanding, and safety processes in place at the College as a whole. Naturally, risk cannot be eliminated, but is deemed to be minimal.
	2	Chemical Burn (internal)	Cleaning products such as bleach may cause significant harm if ingested.	1	5	5		1	5	5	
	3	Poisoning (mild)	Some chemicals may cause poisoning if ingested at low doses.	2	3	6		1	3	3	
	4	Poisoning (severe)	Some chemicals may cause poisoning if ingested at high doses.	2	4	8		1	4	4	
	5	Fume inhalation	Some chemicals may cause harm if inhaled during use.	2	4	8		1	4	4	
	6	Damage to eye(s)	Some chemicals may cause damage if in contact with eyes.	2	4	8		1	4	4	
Property Harm	7	Damage to clothing	Chemicals may damage user's clothing.	2	1	2	1	1	1		
	8	Damage to property (College or resident)	Chemicals may damage floors, tables, windows, etc if used improperly.	2	1	2	1	1	1		
Extreme	9	Death	Many of the above may lead to death in extreme cases.	2	5	10	Incredibly low risk of death as a result of all precautions above.	1	5	5	
	10					0				0	
	11					0				0	
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	13					0				0	
	14					0				0	
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Risk Assessment for Clare Hall Pool	Risk Assessor	Harry Joseph	Current Openness	NB: POOL OPEN TO ESA ONLY UNTIL FURTHER NOTICE
	Date	31-Aug-20	4 - Restricted access, unsafe for ISID use.	

Category	Serial	Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures	Residual Risk Calculation			Other Controls or Comment
		Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk	
Maintaining Awareness	1	Not able to keep up to date information regarding the virus	Lack of information or superseded details may result in incorrect protocols and decreased safety	3	3	9	<p>Specific, competent staff assigned to continually monitor Government and industry (UK Active, CIMSPA) advice.</p> <p>Staff assigned to keep in contact University Sports Service, from whom guidance and support is available.</p> <p>Network of Senior College staff monitoring and communicating with each other and discussing working practices.</p>	2	3	6	<p>Need to identify staff responsible.</p> <p>Scheduled day(s) per week to check latest guidance and implement updates College-wide.</p>
Prevention of Virus Spread	2	Inadequate access controls	Disease spread through unauthorised or uncontrolled access	3	4	12	<p>Introduction of system for advance bookings (TBC) with controls on numbers in attendance simultaneously, per hour, and per day.</p> <p>Initial use restricted only to named individuals, or just to ESA by local agreement.</p>	2	4	8	<p>Ensure effective management of facility prior to and during re opening.</p> <p>Test arrangements with competent staff/individuals and adjust where necessary.</p> <p>Continually review all arrangements once operational.</p> <p>Consider issuing pool users with appropriate equipment (spray bottle and cleaning cloth) to ensure that all surfaces are cleansed prior to and post use. Equipment would then be collected and cleaned prior to reissue to new users.</p> <p>Consider opening hours and cleaning schedules to allow best possible safe use of facilities.</p> <p>Ensure water systems have been fully checked and maintained and that L8 Assessment is in place and control measures applied.</p> <p>Ensure that staff are included in assessing optimum capacity.</p>
	3	Multiple contact points (doors, surfaces, equipment, storage)	Disease spread contact with contaminated surfaces. Door should not be propped open (does not allow ventilation to work properly).	3	4	12	<p>Pool space assessment prior to opening</p> <p>Cleaning assessment (including available products and HK routine)</p> <p>Door opening mechanism review? Place hand sanitiser both sides.</p>	2	4	8	
	4	Lack of handwashing stations	Viral spread through unwashed / unsanitised hands across multiple surfaces or equipment pieces	3	4	12	<p>Hand sanitiser available inside and outside entrance, and in toilet.</p> <p>Signage advertising and encouraging hand cleaning.</p> <p>Pre-use document for all to read prior to using facility.</p> <p>Sufficient PPE for HK staff.</p> <p>Clear and effective cleaning schedule in place.</p>	2	4	8	
	5	Ineffective rules, supervision.	Users spread virus through lack of cleaning between sessions and no checks made	4	4	16	<p>Rules clear before use (pre-use documentation).</p> <p>User-signed agreements to rules.</p> <p>Spot-checks both in person (HK / Porter) or via CCTV (Porter).</p> <p>Swimming teacher present and aware of best practice; empowered to enforce</p> <p>Penalties clear and enforced.</p>	3	4	12	
	6	Lack of distancing	Small space, users not following guidance, poor access control, capacity incorrectly assessed or managed	3	4	12	<p>Double-check assessments; revise equipment layout or cordoning.</p> <p>Effective management of access and capacity control (how?)</p> <p>Capacity booking system or restriction to ESA</p>	2	4	8	

Staff Behaviours	7	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or wilful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance.  Repeated encouragement of honesty and of limiting movement when unwell.  Ability to tactfully remove individuals showing symptoms and have them tested.  College prevention of facility access by individuals awaiting test results  Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly.
	8	More staff than necessary	Overstaffing will spread virus more rapidly	2	4	8	Low HK numbers in general, and one specifically assigned to pool make this unrealistic.	1	4	4	
	9	Staff not taking appropriate practice to support virus control	Staff not following protocol	2	4	8	Staff included and consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4	
	10	Poor workplace hygiene	Staff not taking care to clean thoroughly	2	4	8	Experienced staff, fully trained and with a high level of attention to detail.	1	4	4	
	11	Staff not enabled or empowered to effectively manage facility or users	Staff unable to remove problem-makers or otherwise report incorrect use of facility, thus increasing risk to all users	2	4	8	Staff fully enabled and supported to report or remove individuals for being symptomatic, or otherwise non-compliant with existing rules and guidance. PPE provided to all who need it.	2	4	8	
Managing High Risk Individuals	12	High Risk Individuals (ISID)	Individuals Susceptible to Infectious Diseases (ISID) are more prone to contracting Covid-19, or to suffering from it	3	4	12	Those with known / declared health conditions are known to College and may be prevented from using facilities until a trial period has elapsed.	2	4	8	ISID / DRC to make themselves known and accept limited access to facility until later date.
First Aid	13	First Aid / Emergency Response	Inability to deliver FA through conflicting guidance regarding virus	3	5	15	FA-trained staff available during pool opening hours (usually Porter). FA-trained staff have received latest guidance from PHE / Resuscitation Council re Covid-19 (e.g.: no rescue breaths, use of face covering on patient during CPR). FAK contain PPE including masks and gloves. All personnel carry individually bagged mask/glove combo.	2	5	10	Pool to be open only when suitably qualified staff are on site. NOTE NO CURRENT LIFEGUARD SETUP MEANS SOLO SWIMMING IS NOT ALLOWED. ONLY COMPETENT SWIMMERS (ACCOMPANIED POOLSIDE OR OTHERWISE) OR SUITABLY SUPERVISED LEARNERS ARE PERMITTED.
Cleaning and Waste Management	14	Ineffective cleaning	Surfaces not thoroughly decontaminated, either by HK or users	3	4	12	HK staff all trained and experienced; facility cleaned prior to opening; schedule clearly identified; <b>potential closures on weekends</b> ; cleaning material selected with bacterial management in mind; all those cleaning to have appropriate PPE; <b>pre-use documentation to include cleaning guidance.</b>	2	4	8	Pre-use documentation needs to include guidance plus pictures where appropriate.  Pool closures when no HK available. Use of contract cleaner at weekends to ensure service.
	15	Low HK staffing									
	16	Untrained staff									
	17	Inappropriate waste disposal	Covid-risk waste disposed of incorrectly or left exposed	3	4	12	Waste management processes reviewed and improved as needed.  Instructions in place for all users.  Lidded bins installed.  Waste disposal contract reviewed.	2	4	8	Bin change required.  72h bag-and-seal?

Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	<p>Facility supervised or reviewed regularly by staff able to identify issues and make changes.</p> <p>Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels)</p> <p>Accessibility issues considered and remedied</p> <p>Evacuation plans reviewed and changed if needed</p> <p>Effective and continuous (ongoing) user consultation, allowing concerns to be raised and reviewed effectively and swiftly</p>	?	?	UNKNOWN	Continuous improvement cycle needed
	19					0				0	
	20					0				0	
	21					0				0	
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	23					0				0	
	24					0				0	
25					0				0		

Risk Assessment for Clare Hall Choir Practice (Location TBC)	Risk Assessor	Ben de Souza / Harry Joseph	Current Openness
	Date	14-Sep-20	4 - Restricted access, unsafe for ISD use.

		Brief Outline of Issues		Initial (Uncontrolled) Risk Calculation			Control Measures	Residual Risk Calculation			Other Controls or Comment
Category	Serial	Risk	Explanation	Probability	Severity	Initial Risk Rating	Mitigation	Probability	Severity	Residual Risk	
Specific Covid	1	Covid transmission in rehearsal spaces	Shared rehearsal space brings people into contact with one another	4	4	16	Staggered entry; hand sanitiser on entry; allocated seats; seats placed apart 1m+ in all directions; singers never facing one another when singing; cleaning of chairs before and after use; personal issue of sheet music; use of PPE and masks upon entry and exit and when not singing; possible alternating rehearsal weeks depending on size of choir and rehearsal space	3	4	12	Choir members to read and understand choir restart document (BdeS/HJ) <b>Conductor to address and correct behaviour (HJ)</b>
Specific Covid	2	Covid transmission between choir members	Choir members coming into contact with one another, or spending prolonged periods in close proximity while performing duties.	3	4	12	Staggered entry; allocated seats; seat placed apart 1m+ in all directions; singers never facing one another when singing; use of PPE upon entry and exit and when not singing; one way system in rehearsal space	2	4	8	Choir members to read and understand choir restart document (BdeS/HJ) <b>Conductor to address and correct behaviour (HJ)</b>
Specific Covid	3	Covid transmission in enclosed rehearsal spaces	Transmission of aerosols emitted through singing	3	4	12	Enclosed spaces aired before and after use; doors and windows open throughout use to improve ventilation; use outdoor spaces where possible; allocated seats; seat placed apart 1m+ in all directions; singers never facing one another when singing use of PPE upon entry and exit and when not singing; one way system in rehearsal space	2	4	8	Choir members to be informed of rehearsal space in advance and any subsequent measures; choir members to dress accordingly where weather is a factor; choir members to understand the need for ventilation <b>Conductor to mark and direct singers to designated spaces (HJ)</b>
Specific Covid	4	Covid transmission through use of physical resources	Shared resources/objects can transmit Covid from choir member to choir member	2	4	8	Choir members to print and bring their own sheet music and pencils; choir members must not share music or pencils; Ben de S (conductor) will not carry spares or pass resources out among the singers; all choir folders to be cleaned and sanitised before use for performance; chairs to be cleaned before and after use; only conductor and pianist to use keyboard instruments; instruments to be cleaned before and after use and when switching user mid rehearsal; door handles and bannisters (if in use) to be cleaned before and after use;	1	4	4	Choir members to read and understand choir restart document (BdeS/HJ); choir members to understand no spare music will be provided and they must bring their own <b>Conductor to address and correct behaviour (HJ)</b>
Specific Covid	5	Covid transmission through inadequate rehearsal space size	Ratio of number of singers to rehearsal space size can increase or limit Covid transmission risk	3	4	12	If rehearsal space is too small to accommodate the number of singers safely the choir is to be split in half and alternate weekly rehearsals or a rehearsal for each group one after the other (venue dependent); outdoor rehearsals will allow for more space; dimensions of rehearsal space to be known to calculate how many singers can be in situ at a safe distance; <b>strict adherence to agreed capacity limits.</b>	2	4	8	Choir members to read and understand choir restart document (BdeS/HJ); choir members to be informed of rehearsal space in advance and any subsequent measures; choir members to be informed and understand that rehearsals may not be weekly for every individual depending on the size of the choir. <b>Conductor to enforce capacity limit. (HJ)</b>
Specific Covid	6	Covid transmission to non-choir members	Non-choir members coming into contact with choir members during their rehearsals	2	4	8	Close off access to rehearsal space for general college public during rehearsals; appropriate signage on entrances and exits; <b>suitable time period (TBC) between use of space by others and choir.</b>	1	4	4	College members to be informed of choir rehearsal times and venue in advance and requested not to be present unless in unavoidable emergency.
Prevention of virus spread	7	Inappropriate PPE	Choir members don't have appropriate/sufficient PPE	1	4	4	Insist all choir members bring a mask (or preferred PPE) to all choir events (rehearsals/performance/socials); all choir members to wear PPE on arrival and departure for events; PPE to be worn at all times unless stated otherwise by choir conductor (BdeS); choir members to be refused entry if they have no PPE; <b>correct technique used to don / doff PPE (i.e. removal by ear loops rather than front of mask); ensure PPE fits correctly to limit adjustments needed while wearing.</b>	1	4	4	Choir members to read and understand choir restart document (BdeS/HJ) <b>Conductor to address and correct behaviour (HJ)</b>
Prevention of virus spread	8	Insufficient record of attendance and tracing	Insufficient record of attendance or ability to track choir attendees should a Covid case occur among choir members	1	4	4	All choir members to "sign in" to rehearsal venue using Sprout track and trace code; choir conductor (BdeS) to make note of who is present at each rehearsal; choir members to provide conductor (BdeS) with contact details at the start of the choir year for emergency use	1	4	4	<b>Conductor to enforce (HJ)</b>
Choir behaviours	9	Choir members not being kept up to date with changes to Covid protocol, rehearsal rules or rehearsal timings	Choir members putting themselves and others at risk if not up to date with any important changes	2	4	8	All choir members to agree to be on choir email list; all choir members to agree to be on choir instant messaging chat group; BdeS to provide weekly reminder/update about rehearsal times and venues and/or any changes to rehearsal protocol re Covid; all choir members to agree to check choir email and instant messaging groups on the day of rehearsal in case of last minute changes;	1	4	4	Choir members to read and understand choir restart document (BdeS/HJ); choir members to agree to being in choir email and instant messenger groups <b>Consider designated Covid-update member? (Conductor?) (HJ)</b>
Choir behaviours	10	Access (inc staff) despite showing symptoms of Covid-19	Risk of transmission through dishonesty and / or willful breach of basic Covid rules	2	4	8	College procedures to manage illness in line with national guidance. Repeated encouragement of honesty and of limiting movement when unwell. Ability to tactfully remove individuals showing symptoms and have them tested. College prevention of facility access by individuals awaiting test results Signage	2	4	8	Hard to lower the risk of human nature; experience thus far in College suggests community is functioning honestly. <b>Conductor empowered to enforce policy and protocols, including removal of non-compliant individuals. (HJ)</b>
Choir behaviours	11	Choir members not taking appropriate practice to support virus control	Choir members not following protocol	2	4	8	Choir members consulted at every stage. Strong buy-in and appreciation of opinions offered. Keen awareness of protocols and desire to remain safe.	1	4	4	<b>Feedback mechanism via Conductor (preferred), to collate issues and address in real-time) but also direct to Domestic Bursar if needed. (HJ)</b>
	12					0				0	
	13					0				0	

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	15					0				0	
	16					0				0	
	17					0				0	
Changes to Normal Operations	18	Covid changes create unforeseen safety issues	Risk of introducing unsafe practices or creating problems despite best intentions	?	?	UNKNOWN	Facility supervised or reviewed regularly by staff able to identify issues and make changes. Recorded pre- and post-session checks of facilities (assess equipment, hygiene, signage, consumable stock levels)	?	?	UNKNOWN	Continuous improvement cycle needed

**PROBABILITY x SEVERITY MATRIX AND GUIDANCE STATEMENT**

Probability / Severity	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Probability	Description
1	Very unlikely / near impossible (<1%)
2	Unlikely (1% - 25%)
3	Possible (25% - 50%)
4	Probable (50% - 75%)
5	Near certainty (75% - 100%)

Severity	Description
1	Very little or no injury or damage (e.g., small bruise, scrape, minor cosmetic damage to property)
2	Minor injury or damage (e.g., small cut, deep bruise, other first aid but non-hospitalised injury, property damage but repairable)
3	Major injury or damage (e.g., deep cut, small break, concussion, other injury requiring hospital treatment, property broken requiring extensive repair or replacement)
4	Severe injury or damage (e.g., large laceration, long-term injury, heavy structural damage, immediate hospitalisation required (MHI), property damaged beyond repair)
5	Catastrophic injury or damage (e.g., immediately life-threatening injury (MFI), anaphylaxis, haemorrhage, property and surroundings destroyed, e.g., uncontrolled fire)

**COLOR-CODED SCALE**

Restrictions	Time	Capacity	Booking	Cleaning	PPE	ISD	Explanation	
1							No restrictions	
2	Maybe	Maybe	Maybe	Maybe	Maybe	Yes	Open with minimal restrictions. Safe for ISD use.	
3	Yes	Yes	Yes	Yes	Yes	Maybe	Open with some restrictions. ISD use possible but not guaranteed.	
4	Yes	Yes	Yes	Yes	Yes	Yes	Open with several restrictions. Unsafe for ISD use.	
5	Facility completely closed to all but essential, planned, and contracted maintenance.							Closed

**Dropdown Selection**

- 1. No restrictions
- 2. Minimal restrictions, safe for ISD use
- 3. Restricted access, ISD use possible
- 4. Restricted access, unsafe for ISD use
- 5. Closed