



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment H7									
Work Activity	Large Scale Sickness eg: Norovirus/Infectious Illness												
	<table border="1" style="border: 2px solid black; width: 100%;"> <tr> <td colspan="2">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td>High</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>
Risk rating, without controls <i>(see Matrix overleaf)</i>													
High	<input checked="" type="checkbox"/>												
Medium	<input type="checkbox"/>												
Low	<input type="checkbox"/>												
Hazards	Sick people – both visitors and centre staff Any item in contact with illness Poor hygiene Lack of awareness/information sharing												
Population Exposed	Employees:	<input checked="" type="checkbox"/>	Sub Contractors:	<input checked="" type="checkbox"/>	Public:	<input checked="" type="checkbox"/>							
	Young Persons:	<input checked="" type="checkbox"/>	Special Groups:	<input checked="" type="checkbox"/>	Children:	<input checked="" type="checkbox"/>							
Control Measures	As per Operating Procedure. Suitable personal hygiene to be highlighted Suitable cleaning temperatures to be used (60 deg C) Suitable cleaning products to be used Staff and participants to be made aware Possible centre closure and deep clean Continue on separate sheet, if necessary												
Information Instruction Training Required	Gather advice from public health and local doctors.												
Personal Protective Measures (PPE)													

Implementation Plan		By Whom	Target Date
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input checked="" type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW
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Monitoring and Review	Review Date	By Whom	Target Date
	<i>Jan 2022</i>		<i>Jan 2023</i>

Action Identified From Review	None	By Whom	Target Date
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Risk Matrix				
Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ Signed: _____ Date: _____

Revised: January 2022 AS, AD, JH, SB, JY.