**Rapid Risk Assessment Template – (excluding Schools)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of confirmed COVID-19 case** | | **Date of Notification:** | |
| **Service Unit/Location** | | **Service Area** | |
| **Date Test Taken:** | **Date symptoms started:** | | **Date last at work** |
| **Record dates when employee was at work during infectious period. (**Infectious period is 48 hours prior to the onset of symptoms until 10 days after symptom onset) | | | |

**Areas of Consideration**

|  |
| --- |
| 1. Where has the employee been working in the last 72 hours: Address, postcode of building, which areas of the building were they working in, where did they sit |
| 1. Was the employee working in any clients’/service users’ homes in the last 72 hours: Detail the names, address and post code of all clients’/services users’ homes, areas of the home they were working in, who was present etc |
| 1. Who is at Risk(has the employee who tested positive been in close contact with colleagues, clients or service users. Also consider did they car share, share a council vehicle). Detail the names of all close contacts, as per definition of close contact |
| 1. Were any visitors to the workplace in close contact. (if PPE was worn correctly, these individuals would not be counted as contacts.) |
| 1. Did the employee become unwell in the workplace? Did anyone assist them? Did they wear PPE? If yes, provide details |
| 1. Do any of the member of staff’s household work for the council in non-education establishments. Yes/No. If yes, provide details of name and service unit/work location |
| 1. Are any other employees being tested for COVID-19? Detail names, job title and job location |
| 1. Do any other employees have COVID-19 symptoms? Detail names, job title and job location |
| 1. Is additional cleaning or a deep clean required? Yes/No. Provide brief details. If yes, date clean will take place |
| 1. Is there a requirement to send staff home and/or a building closure? Yes/No. If required duration of building closure. Decision should be made in conjunction with answer to Q2. |
| 1. Are there staffing implications Yes/No. If yes, action taken to address this |
| 1. Do staff, visitors, service users or family members of service users require to be notified Yes/No. If yes, discuss arrangements for doing so and agree communication with the relevant Service / Senior Manager. A template is attached in Appendix 3. |
| 1. Were there any breaches in control measures (e.g. social distancing in the workplace) Provide details |
| 1. Any links with clusters or outbreaks outside the workplace |
| 1. Any further actions required to update existing risk assessment including the risk rating. Detail actions required and responsible person |
| **Manager Name:** |
|  |
| **Date:** |