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

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| **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**

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| 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
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| 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
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| 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
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| 1. Were any visitors to the workplace in close contact. (if PPE was worn correctly, these individuals would not be counted as contacts.)
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| 1. Did the employee become unwell in the workplace? Did anyone assist them? Did they wear PPE? If yes, provide details
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| 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
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| 1. Are any other employees being tested for COVID-19? Detail names, job title and job location
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| 1. Do any other employees have COVID-19 symptoms? Detail names, job title and job location
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| 1. Is additional cleaning or a deep clean required? Yes/No. Provide brief details. If yes, date clean will take place
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| 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.
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| 1. Are there staffing implications Yes/No. If yes, action taken to address this
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| 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.
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| 1. Were there any breaches in control measures (e.g. social distancing in the workplace) Provide details
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| 1. Any links with clusters or outbreaks outside the workplace
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| 1. Any further actions required to update existing risk assessment including the risk rating. Detail actions required and responsible person
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| **Manager Name:** |
|  |
| **Date:** |