COVID SECURE RISK ASSESSMENT

INTRODUCTION

The RSC has a duty to carry out an assessment of any foreseeable risk of harm by deciding what may cause the harm and identifying reasonable steps to take to prevent that harm occurring. This is a legal requirement under the Management of Health and Safety Regulations, 1999.

Any work activity or workplace must have a suitable and sufficient Covid-Secure risk assessment in place to ensure that the RSC can control the risk of transmission of the Covid-19 virus and fulfil its duty of care towards all staff, freelancers, contractors, visitors and any others affected by our work.

DEFINITIONS

Risk: The likelihood of a hazard causing harm and the severity of the potential harm it could cause.
Risk Assessment: The evaluation of the level of risk and the implementation of reasonable controls.
Suitable and Sufficient: Balancing the level of risk with the cost of control.

PROCEDURE

Heads of Department are responsible for ensuring that suitable and sufficient Covid-secure risk assessments are in place for their department.

Producers and Production Managers are responsible for ensuring that show specific Covid-secure risk assessments are in place. Project Managers are responsible for ensuring that project specific Covid-secure risk assessments are in place. The task of carrying out a risk assessment may be delegated to another person if the Head of Department, Producer, Production Manager or Project Manager deems them as more competent.

A separate Covid-secure risk assessment must be carried out for anyone i who is clinically or extremely clinically vulnerable, including expectant mothers and those who are in a household bubble with an extremely clinically vulnerable person.

Clinically vulnerable or extremely clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing conditions), have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.

Clinically or extremely clinically vulnerable workers who have been shielding, or workers who live with a clinical or extremely clinically vulnerable person, must not carry out work that does not enable them to follow social distancing rules. If 2 metres cannot be maintained in the workplace, they can only work at 1 metre distance if there is sufficient mitigation to remove the risk of infection. Any person returning to work after shielding or living with someone who has been shielding must be referred for an Occupational Health appointment before starting work.

The risk assessment five-step procedure, detailed in the *Health and Safety Policy* should be followed when carrying out a Covid-secure risk assessment. Guidance on what suitable and sufficient controls must be implemented can be found in the *Guide to Safe Systems of Work – Productions and Events* (2.03.2) / *Offices* (2.03.3) / *Education Offsite Activity* (2.03.4) and the Covid-19 Risk Assessment Flowchart. When evaluating what suitable and sufficient controls can be implemented, assessor must follow a hierarchy of control, as follows:

ELIMINATE virus as much as possible from workplace	Think about how to prevent the Covid-19 virus from being present in the workplace. Work remotely, restrict people showing symptoms, follow major incident plans to isolate unwell persons, and have robust cleaning and disinfection of work areas.
REDUCE possible exposure to virus	Restrict movement, the amount of time in the workplace and how many things people need to touch, maintain social distancing and reduce close contact by forming worker bubbles and ensuring no-one is in close contact for longer than a minute or two without protection. Dilute the air with good ventilation.
ISOLATE from possible exposure to virus	Isolate people from each other with screens, barriers or face visors. Allocate areas and zones for specific teams, bubbles or individuals. Stop the sharing of equipment and quarantine items that may be contaminated.
COMMUNICATE	Write operating procedures, safe systems of work and method statements and train staff on how to follow them. Use signage and verbal instruction.
PPE	PPE is not necessary as a suitable control of Covid-19 transmission outside of healthcare settings, except for the administration of first aid. However, if a risk assessment concludes that the risk of transmission is still high after all other controls are considered, CE-marked FFP2 or FFP3 filtered RPE should be used. Face coverings are not classified as PPE.

Any activity that is rated as 12 or higher or relies only on the use of face coverings or PPE to manage the risk of Covid-19 virus transmission is not permitted and additional controls must be implemented.

Covid-secure risk assessments must be reviewed at least annually. Risk assessments must also be reviewed if there is an incident, such as an accident or near miss; a change in process or people; or if competent authority advice changes.

Covid-secure risk assessments must be recorded on an RSC risk assessment form, found in the *Health and Safety Policy* and stored for a minimum of three years. They must be displayed on the intranet and must be shared with all staff members.

RELEVANT LEGISLATION

The Health and Safety at Work etc Act, 1974

The Health and Safety (Management) Regulations, 1999