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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **122RA** |
| **Completed by (name):** |        | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Respiratory Illnesses** |
| **This template attempts to address all foreseeable hazards in relation to Respiratory Illness and provides a list of suggested controls. Please note these are suggestions and may need modification to meet the context of specific sites. Remove or add content as applicable.** |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** Identify the hazard/s:What do you believe are the hazards?(Refer hazard sheet 1) | **Step 2:** Assess the risks:What do you believe are the risks?(Refer hazard sheet 2) | **Step 3:** Reducing the risk:What do you believe can be done to reduce the risk?(Refer hazard sheet 3) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Biological*** Transmission within the workplace
 | * Workers / Visitors / Students / Clients / Contractors catching a respiratory Illness resulting in serious illness.
 | * Encourage vaccinations for respiratory illnesses (influenza, COVID-19).
* Workers / Visitors / Students / Clients / Contractors who are unwell should stay at home until their symptoms have gone or are significantly improved.
* People educated on good hand and respiratory hygiene.
* Cleaning and disinfecting in accordance with guidance from Safe Work Australia and public health authority.
* Physical distancing where possible.
* Alcohol based hand sanitiser is provided at all workstations and on entry to the workplace (out of reach of children).
* Posters on hand washing / cleaning are prominent in the workplace and hand washing facilities are available in the bathrooms.
* Clear communicated directions on what is required to be adhered to in the workplace with regards to respiratory infections.
* Plans in place for the impacts of respiratory illness in the workplace setting. (Outbreak Management Plan or similar).
* Where possible set up ways to communicate with workers / clients online (e.g., through Skype, TEAMS, Zoom or via telephone).
* Personal Protective Equipment issued to workers whose tasks require close contact with students / clients / visitors.
* Entry screening questions.
 |
| **Biological** * Person unwell presents to site.
 | * Others catching respiratory illness.
 | * Workers / Students / Clients / Visitors / Contractors told to stay home if they are unwell.
* If a worker / student becomes unwell at work, a process is in place to isolate them and arrange for them to be sent home to receive medical attention.
* Clear communicated directions on what is required to be adhered to in the workplace with regards to respiratory infections.
* Cleaning and disinfecting are done in accordance with guidance from Safe Work Australia and Health authorities
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| **Psychological*** Client / Contractor/ Student / Visitor Aggression due to being asked to go home.
 | * Physical or psychological injury to workers
 | Workers have access to psychological support through EAP.* De-escalation training.
* Duress Alarms and process.
* Reporting of aggressive Clients / Contractor / Students / Visitors
* Processes in place to ban abusive and violent persons
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| **Biological*** Persistent use of hand sanitiser
 | * Dermatitis
 | Workers encouraged to wash hands with soap and water for 20 seconds where possible as an alternative to hand sanitiser in non-medical situations.* Obtain worker history of dermatitis or allergy to alcohol.
* Supply hand cream
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| **Chemical** * Persistent use of latex gloves
 | * New or aggravated latex sensitivity
 | Workers provided with non-latex gloves and / or remove gloves when no necessary |
| **Other** | *
 |       |
| **Authorised by (name):** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**(Refer to hazard sheet)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |