|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
| **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 | | | |
| **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 | | | |
| **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).**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |