

# Organisational Risk Assessment – COVID-19 – Operational Policing / all Business Areas

– **Version 12 31/12/20**

<b>Risk Assessment Duty / Activity</b>	COVID-19 – Operational Policing activities during an outbreak. <i><b>This assessment should be read in conjunction with Divisional / Business Area assessments, including patrol and other operational tasks. Hazards and Control measures identified in these associated assessments shall still be relevant.</b></i>	<b>Division / Department</b>	<b>Force wide</b> (Note: This assessment forms part of Police Scotland's Pandemic Influenza Preparedness Framework & looks at the provision of sustained operations.)
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No.	Description of Activity	No.	Description of Activity
1	Pre-planning and preparation	12	Medical and Emergency treatments e.g. Mouth-to-Mouth resuscitation
2	Operational planning	13	Attendance at internal meetings and external meetings with partner agencies and organisations
3	All operational duties including those listed below. Including new policing powers re COVID -19	14	Seizing & Handling Productions
4	Operational duties – Generic considerations including routine mobile and foot patrols, incorporating response and community policing; prisoner watch, alcohol/drug testing	15	Handling Mail
5	Interviewing accused, suspects and witnesses	16	Training
6	Attendance at Sudden Deaths when COVID-19 is suspected as the cause of death	17	Disposal procedures – used PPE
7	Search of custodies within custody designated COVID-19 reception areas AND/OR where coronavirus is suspected or confirmed	18	Resourcing levels to deliver effective policing

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<b>8</b>	Search of persons out with custody reception areas	<b>19</b>	Decontamination of vehicles / areas / equipment
<b>9</b>	Transportation of suspects with suspect / confirmed cases of COVID-19	<b>20</b>	All Police Scotland/SPA activities involving groups identified to be at greater risk.
<b>10</b>	Handling / care of custodies with suspected or confirmed COVID-19		APPENDIX A – TECHNICAL NOTES – MASKS AND SCORING
<b>11</b>	Serving Citations		

<b>No.</b>	<b>Description of Activity</b>	<b>Hazard Details</b>	<b>Persons at Risk</b>	<b>Risk Rating</b> (Severity x Likelihood)	<b>Control Measures</b> (Control measures required to reduce the risk to acceptable levels)	<b>Residual Risk</b> (Severity x Likelihood)	<b>All Control Measures in place?</b> (If <b>NO</b> – create Action Plan)
1	Planning and preparation	<p>Inadequate planning and preparation</p> <p>Reputational damage</p> <p>Death/Physical ill-health due to exposure to coronavirus.</p> <p>Potential for officers/staff to further transmit coronavirus</p> <p>Stress related ill health due to inadequate</p>	Police officers and Police staff	<p><b>20</b></p> <p><b>Very high</b></p>	<ul style="list-style-type: none"> <li>Gold, Silver and Bronze Command structure in place for COVID-19 co-ordination.</li> <li>A Preparedness Framework has been developed in the event of a pandemic influenza outbreak, including COVID-19. The Framework details Police Scotland's command structure, the link to multi-agency command structure and ensures delivery of critical functions.</li> <li>An internal media strategy to be in place taking cognisance of national government led media strategy.</li> <li>A dedicated PS Intranet page to be set up to provide information and guidance to officers and staff located <a href="#">here</a>.</li> <li>Obtain and maintain supplies of hand hygiene products, tissues and PPE for the duration of a pandemic wave (approximately 12-15 weeks)</li> <li>Measures to be maintained during the new "normal" business as usual following the pandemic</li> </ul>	<p><b>5</b></p> <p><b>Medium</b></p>	Yes

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		planning and preparation			<ul style="list-style-type: none"> <li>De-brief will carried out during the Recovery Phase.</li> </ul>		
2	Operational planning	Death/Physical ill-health due to exposure to Coronavirus	Police officers and Police staff	<b>20</b>  <b>Very high</b>	<ul style="list-style-type: none"> <li>1 Oct 20 – Outbreak Management Team established in order to monitor any workplace outbreaks (in support of NHS Test and Trace).</li> <li>C3 measures – only officers with suitable PPE deployed to suspected or confirmed coronavirus related calls.</li> <li>Comply with arrangements in Major Incident Plan where applicable</li> <li>Briefing and training in arrangements and safe systems of work for all operational Police Officers and Police Staff</li> <li>Coordination arrangements with all Control Rooms and all partner agencies</li> <li>Good hygiene measures shall be provided to reduce the spread of COVID-19. Guidance shall be available via the Coronavirus intranet pages.</li> <li>All officers and staff shall report via Scope absence telephone line if they have developed COVID-19 symptoms.</li> <li>Suspected exposures at work must be recorded on the Scope Accident/Violence form.</li> <li>Business Continuity Plans have been developed. Critical functions and workarounds have been identified to maintain operational levels.</li> <li><i>Note</i> - Anti-viral medications have commenced for high risk groups. It is anticipated that these may be provided to officers/staff in due course.</li> </ul>	<b>5</b>  <b>Medium</b>	Yes

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					<p><b><u>COMPLIANCE</u></b></p> <p>Line Managers / Supervisors are requested to 'dip sample' compliance with covid-19 risk control measures within their areas of business. This includes for example:</p> <ul style="list-style-type: none"> <li>• Periodic checks of offices and canteen areas – are occupants physically 2 metres apart?</li> <li>• Are building stocks of hand sanitiser showing that it is being depleted and replaced regularly (i.e. it is being used).</li> <li>• Vehicles – is there evidence to confirm vehicles are being wiped down between users (e.g. a visual check at vehicle changeover or confirmation the wipes etc. have been used).</li> </ul> <p>(Checks will be specific to the control measures adopted within the particular work area).</p> <p>Compliance visits are also undertaken by the SPF, staff associations and H&amp;S team.</p>		
		Death/Physical ill-health due to exposure to Coronavirus	Police officers and Police staff	<p><b>20</b></p> <p><b>Very High</b></p>	<p><b>PPE</b> (see also Technical Notes at the end of this assessment)</p> <p>The following PPE is to be worn by all predetermined operational Police Officers and Police Staff at risk of coming into contact with someone suspected or confirmed as having Coronavirus. This includes initial priority to Custody</p>	<p><b>5</b></p> <p><b>Medium</b></p>	Yes

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					<p>personnel, OSU and sudden death scene personnel. This has also been extended to all frontline police officers for use when dealing with suspected or confirmed covid-19 calls:</p> <ul style="list-style-type: none"> <li>1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving.</li> <li>FOR SUDDEN DEATH SCENES AND CRIME SCENES ONLY - 1 x pair of disposable protective over boots (EN14126 standards) – one size</li> <li>1 x pair of reusable goggles.</li> <li>1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving.</li> </ul> <p><b>NOTE: AS SOON AS OFFICERS/STAFF ARE FACE FIT TESTED AND PROVIDED WITH AN FFP3, THERE IS A REQUIREMENT TO REMAIN CLEAN SHAVEN.</b></p> <ul style="list-style-type: none"> <li>2 x pairs of LONG cuff nitrile disposable gloves – sized for officer receiving.</li> <li>Advice on the wearing and disposal of PPE is available on the Coronavirus/Op Talla intranet site guidance pages.</li> <li>PPE is NOT needed for routine policing activities. However gloves should be worn when touching surfaces e.g. door handles, lift buttons etc. in the public domain. (See below re Type II FRSM masks when 2m distancing cannot be achieved).</li> <li>Appropriate supplies of disposable PPE (gloves, FFP3 mask and goggles) to be distributed and maintained for all response officers, for use</li> </ul>		

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					<p>when dealing with suspected or confirmed cases.</p> <ul style="list-style-type: none"> <li>All PPE to be kept as readily available by the user as practicable.</li> <li>Anti-bacterial hand gels, wipes and other decontamination products will be made available to officers and held in vehicles.</li> <li>Appropriate waste disposal arrangements in place (for contaminated PPE) such as waste bags for containment and disposal of contaminated non-latex gloves, face masks, disposable wipes etc.</li> </ul>		
		Death/Physical ill-health due to exposure to Coronavirus	Third parties – Solicitors visiting police premises; unanticipated visitors including for example appropriate adults/parents of juveniles accused of serious crime	<b>20</b> <b>Very High</b>	<p>All visitors to Police premises that could come into contact with suspected or confirmed cases of covid-19 must wear the appropriate PPE and maintain a 2 metre distance from the subject.</p> <p>Visitors to Police premises must comply with the requirement for 2 m physical distancing at all times. Where this is not possible, a Type IIR FRSM must be worn.</p> <p>Solicitors – it is a statutory requirement for employers to provide their employees with PPE. Therefore the employing company for solicitors must provide their PPE.</p> <p>For unanticipated (non- work related) visitors to police premises who are not employers, a supply of FRSMs will be held for distribution as required. This may include for appropriate adults and parents of juveniles.</p>	<b>5</b> <b>Medium</b>	Yes

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3	All operational duties including those listed below.  Including new policing powers re COVID -19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Partners / Others indirectly affected	<b>20</b> <b>Very High</b>	<p>Reduction of potential for routine physical contact with potentially infected persons through:</p> <ul style="list-style-type: none"> <li>UK government physical distancing rules implemented – sustained closure of some commercial premises, cancellation of sporting events and prohibition of physical gatherings. Infection control measures within premises permitted to reopen.</li> <li>UK Government rules on symptomatic individuals to self-isolate.</li> <li>Introduction of Type II Fluid Repellant Surgical face Mask for use in Physical Distancing situations. Note 23/06/20 - Given the new legal requirement to wear face coverings on public transport and the Scottish Government's strong advice to wear them in shops and other enclosed public spaces, officers and staff should now consider that wearing the Type IIR FRSM when on duty in these settings is the default position unless employees feel it is inappropriate to do so. Force memo PS 076/20 <a href="#">here</a> refers.</li> </ul> <p>Type II FRSM masks to be worn <b>anywhere</b> that officers and staff cannot physically distance (2 metres) for example toilets. Corridors and communal areas if 2m cannot be achieved.</p> <p>31/12/20 - Type II masks should also be worn in multiple-crewed vehicles this should be the <b>default position</b>.</p>	<b>5</b> <b>Medium</b>	Yes

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					<p>14/09/2020 – In line with Government Regulations – Type II FRSM masks must be worn when entering, exiting or moving around 'hospitality' areas. These rules apply to the canteens and cafes across the Police Scotland estate. For the avoidance of doubt, this includes facilities at Fettes, Jackton, Gartcosh, Inverness, and Nelson Street, Aberdeen as well as the shop, Starbucks and restaurant at the Scottish Police College. People using any other similar facilities are also subject to the same restrictions.</p> <p>Anyone using these facilities must wear a face covering in these circumstances, unless they have an exemption.</p> <p>The Scottish Court and Tribunal Service has made the use of face coverings mandatory within all of its premises from Monday 31 August and all police officers and staff who are required to attend any SCTS building must therefore wear their Type II R FRSM if attending.</p> <p>PS Guidance in place on Operation Talla intranet guidance pages as follows:</p> <ul style="list-style-type: none"> <li>• Operational Guidance (including CPR)</li> <li>• CJSD / Border Policing specific guidance</li> <li>• Donning and Doffing PPE training and guidance</li> <li>• Estates Cleaning Guidance</li> <li>• Office Response and First Aid guidance</li> <li>• COVID-19 – What you must do</li> <li>• Vehicle Cleaning Guidance</li> </ul>		

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					<ul style="list-style-type: none"> <li>Physical Distancing guidance</li> </ul> <p><b>Overarching Operational instruction – officers must not be deployed by ACRs to any calls where COVID-19 is suspected or confirmed without first being provided with PPE UNLESS delay introduces other intolerable risks.</b></p> <p><b>Where PPE is not available, suitably trained Officers with the required PPE must be requested to attend UNLESS delay introduces other intolerable risks</b></p> <p><b><i>Control measures are to be task-specific but shall include the following:</i></b></p> <ul style="list-style-type: none"> <li>Dynamic risk assessment techniques to be used in all instances.</li> <li>FFP3 Face masks, goggles and disposable gloves in use.</li> <li>Officers and staff should carry out Dynamic risk assessment.</li> <li>Managers and Supervisors to monitor, manage and advise on appropriate safe systems of work seeking advice as appropriate from NHS, ACR, H&amp;S / Wellbeing / OH professionals</li> <li>FFP3 masks should be worn if it is assessed that close contact (within 2 metres) with an infected or suspected infected person is likely to take place.</li> <li>Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.</li> </ul>		

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					<ul style="list-style-type: none"> <li>Any potential or confirmed exposures to be reported on the SCOPE accident reporting module.</li> <li>Decontamination of staff – Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel* should be used to cleanse hands and any potentially infected equipment. Further decontamination advice is contained within the operational guidance document on the Operation Talla intranet guidance pages.</li> </ul> <p>* In ALL instances where hand gel is used – hand gel must be rubbed in to the hands until dry. Do not make contact with metal surfaces with wet hand gel on hands (this can generate a static charge).</p> <p><b>ASYMPTOMATIC TESTING PROCEDURE AS OF 22 MAY 2020</b></p> <ul style="list-style-type: none"> <li>As of 14 Oct 20 the asymptomatic testing process will be managed by the Outbreak management Team.</li> <li>If there is a concern indicating a risk of the virus having been passed to the officer/staff member through e.g. being spat on, coughed on, engaged in a struggle and PPE has been removed during an incident, then the People Management Testing guidance <a href="#">here</a> gives supervisors the option to allow a person to self-isolate because there may be a heightened risk.</li> </ul>		

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					<ul style="list-style-type: none"> <li>Supervisors should fully assess what the level of interaction their officer had with an individual confirmed or suspected of Covid 19 and determine if the interaction, physical contact, actions of the prisoner (spitting in face/coughing if no PPE is worn) has increased the risk. The guidance applies to all circumstances.</li> </ul> <p>In addition to the above, the NHS Test and Trace system will also pinpoint outbreaks and recommend any close contacts self-isolate.</p> <ul style="list-style-type: none"> <li><b>ALL INCIDENTS OF POTENTIAL / SUSPECTED EXPOSURE TO COVID-19 MUST BE RECORDED ON THE SCOPE H&amp;S ACCIDENT/VIOLENCE FORM.</b> As of 14 Dec 2020 Covid related Scope forms will be completed where required by the Outbreak Management Team.</li> </ul>		
<b>SPECIFIC OPERATIONAL SCENARIOS</b>							
4	Operational duties – mobile and foot patrols, incorporating response and community policing	Death/Physical ill-health due to exposure to Coronavirus  Note – actual hazard and corresponding risk level will be incident specific – for example	Police Officers and staff / Others indirectly affected	<b>20</b>  <b>Very High</b>	<b><i>Control measures are to be task-specific but shall include the following:</i></b> <ul style="list-style-type: none"> <li>Police Scotland have adjusted their operating model and will now work to principles of reduced attendance:</li> <li>We will not execute search or apprehension warrants unless in response to an investigation that presents significant risk to the public. Stop search activity will reduce and will only be used as a tactical option when absolutely necessary to ensure public safety.</li> </ul>	<b>5</b>  <b>Medium</b>	Yes

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		scenarios involving more significant numbers of persons in enclosed areas will pose a greater risk. Also – incidents involving alcohol/drugs pose a greater risk due to the increased likelihood of non-compliance/ resist arrest, bodily fluids/secretions (higher chance of viral content).			<ul style="list-style-type: none"> <li>We will seek to attend only those incidents which require a physical police presence, in doing so we seek to protect the public, our officers and still support Government guidance.</li> <li>In all instances, when practicable, officers and staff are encouraged to use mobile and electronic technology in order to prevent unnecessary contact with the public.</li> <li>FFP3 Face mask, FRSM mask, goggles and disposable gloves shall be carried. Anti-bacterial hand gels, wipes and other decontamination products available to officers and held in vehicles. Note 23/06/20 - Given the new legal requirement to wear face coverings on public transport and in retail and other enclosed public spaces, officers and staff should now consider that wearing the Type IIR FRSM when on duty in these settings is the default position unless employees feel it is inappropriate to do so. The Type II R mask should be worn in all instances where it is not possible to maintain a 2 m distance, including vehicles.</li> <li>Where possible officers should be partnered with the same person on an ongoing basis, particularly for mobile patrol where 2m distancing is not possible.</li> <li>Consideration given to all officers and front line police staff may be offered vaccination (if this becomes available).</li> <li>Staff shall carry out dynamic risk assessment.</li> <li>FFP3 masks should be worn if likely to be in close contact (within 2 metres) with any member of the public.</li> </ul>		

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					<ul style="list-style-type: none"> <li>Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.</li> <li><i>Decontamination staff protocols</i> – Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected (non-metal) equipment.</li> </ul>		
4.1	Constant Supervision/Hospital Prisoner Watch/ Prolonged Wearing of PPE	<p>Death/Physical ill-health due to exposure to Coronavirus.</p> <p>Fatigue, dehydration, overheating, in isolated cases- mild skin irritation, issues for those wearing spectacles with masks (fogging of lenses)</p>	Police Officers and staff / Custodies	<p><b>20</b></p> <p><b>Very High</b></p>	<p>Officers / staff deployed on Constant Supervision / Hospital watch of "at risk" prisoners, or involved in prolonged enquiries where the presence of COVID-19 is suspected / confirmed will be in full COVID-19 PPE.</p> <p>Supervisors / Officers / Staff must be aware that whilst deployed on these duties that more regular breaks will be required than normal due to dehydration / overheating and fatigue associated with wearing the PPE.</p> <p>Officers / Staff should refer to CJSd document 'Masks - Reuse V2 Final' for guidance on the safe removal and reuse of the FFP3 mask'.</p> <p>To reduce the fogging of spectacle lenses:</p>	<p><b>5</b></p> <p><b>Medium</b></p>	Yes

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					<ul style="list-style-type: none"> <li>Improve the fit of your mask over your nose. Reducing any gaps will reduce the amount of exhaled air venting via the upper edge of the mask.</li> <li>Pull your mask higher on your face and use the weight of your glasses on top of the mask to block the flow of air- this method is most effective with large, thick frames.</li> <li>Washing glasses with soapy water and letting them air dry can help prevent fogging. Soap acts as a surface active agent, or surfactant, and leaves behind a thin film that helps prevents fog.</li> </ul>		
4.2	Evidential Breath Test Device – Intoximeter EC/IR on a subject who is suspected or confirmed of having COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Custodies	<b>20</b> <b>Very High</b>	<p>The device manufacturer has confirmed that the single-use disposable mouthpiece is fitted with a non-return valve which prevents any pathogenic material from one subject being inhaled from the device by the next. Although viruses could enter the Intoximeter there is no way for them to be inhaled by the next user. In addition, the machine heats up and destroys any pathogenic material during its purge phase.</p> <p>Officers/staff MUST be in Full PPE, as listed within Op Talla Operational Guidance, and should adhere to the following:</p> <ul style="list-style-type: none"> <li>Officer should wear FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> <li>Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance</li> <li>Clean the breath tube and other surfaces with a disinfecting wipe</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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4.3	Evidential Breath Test Device – Intoximeter EC/IR on a subject NOT suspected or confirmed of having COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Custodies	<b>5 x 2 = 10</b> <b>High</b>	<p>The device manufacturer has confirmed that the single-use disposable mouthpiece is fitted with a non-return valve which prevents any pathogenic material from one subject being inhaled from the device by the next. Although viruses could enter the Intoximeter there is no way for them to be inhaled by the next user. In addition, the machine heats up and destroys any pathogenic material during its purge phase.</p> <ul style="list-style-type: none"> <li>Officer should wear FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> <li>Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance</li> <li>Clean the breath tube and other surfaces with a disinfecting wipe</li> </ul>	<b>5</b> <b>Medium</b>	Yes
4.4	Breath testing – roadside. <b>Where coronavirus is suspected or confirmed:</b>	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Drivers	<b>20</b> <b>Very High</b>	<p>Roadside breath test devices use single-use mouthpieces that are fitted with a non-return valve. There is little risk of transfer of pathogenic material between subjects.</p> <ul style="list-style-type: none"> <li>Full PPE, as listed within Op Talla Operational Guidance, must be worn. Officer should wear FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> <li>Test MUST be conducted <b>outwith</b> police vehicle</li> <li>Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)</li> <li>Ensure the subject is not blowing towards the officer during the test</li> <li>Hold breath test device at full arm's length for subject testing</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<ul style="list-style-type: none"> <li>Stand up wind of the subject if possible</li> <li>Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance.</li> <li>Clean the device with a disinfecting wipe</li> </ul>		
4.5	Breath testing – roadside. <b>Where driver is not symptomatic and coronavirus is not suspected</b>	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Drivers	<b>10</b> <b>High</b>	<p>Roadside breath test devices use single-use mouthpieces that are fitted with a non-return valve. There is little risk of transfer of pathogenic material between subjects.</p> <ul style="list-style-type: none"> <li>Test MUST be conducted <b>outwith</b> police vehicle</li> <li>Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)</li> <li><b>Officer should wear FFP3 mask and gloves, regardless of whether or not there is any indication of a possible risk of infection.</b></li> <li>Ensure the subject is not blowing towards the officer during the test</li> <li>Hold breath test device at full arm's length for subject testing</li> <li>Stand up wind of the subject if possible</li> <li>Dispose of mouthpiece, gloves and mask as clinical waste in line with current guidance.</li> <li>Clean the device with a disinfecting wipe.</li> </ul> <p>Note 04 Jun 20 – The wearing of goggles for this scenario is not recommended or instructed. This type of PPE would potentially reduce situational awareness whilst working on a live road network through possible impairment of vision.</p>	<b>5</b> <b>Medium</b>	Yes
4.6	Drug testing - roadside on a subject suspected or confirmed of having COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / subject	<b>20</b> <b>Very high</b>	Officers carrying out a roadside drug wipe MUST be in Full PPE, as listed within Op Talla Operational Guidance, and should adhere to the following:	<b>5</b> <b>Medium</b>	Yes

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					<ul style="list-style-type: none"> <li>MUST carry out test <b>outwith</b> police vehicle</li> <li>Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)</li> <li>Don't stand directly in front of the subject</li> <li>Dispose of the Drug Wipe, gloves and mask as clinical waste in line with current guidance</li> </ul>		
4.7	Drug testing - roadside on a subject NOT suspected or confirmed of having COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / subject	<b>10</b> <b>High</b>	<ul style="list-style-type: none"> <li>MUST carry out test <b>outwith</b> police vehicle</li> <li>Reduce time spent in close proximity of the subject to a minimum (less than 5 minutes)</li> <li><b>Officer should wear FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</b></li> <li>Don't stand directly in front of the subject</li> <li>Dispose of the Drug Wipe, gloves and mask as clinical waste in line with current guidance</li> </ul>	<b>5</b> <b>Medium</b>	Yes
5	Interviewing accused, suspects and witnesses within Police Stations where covid-19 is suspected or confirmed	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / subject	<b>20</b> <b>Very High</b>	<p>Where interviews must take place and be recorded inside Police Stations in designated interview rooms as defined by the memo from ACC Sloan <a href="#">here</a>.</p> <p>The following control measures are to be adopted. (When there is no need for the interviews to be recorded these should take place in solicitors rooms where walls and glass panels separate interviewers and interviewee)</p> <ul style="list-style-type: none"> <li>Risk assessments of the interviewee must be carried out prior to the interview and any interviews of individuals displaying aggression, volatility or non-compliance should be deferred.</li> <li>Interviews should take place in one of the adapted interview rooms with screens (where available) providing protection from accidental</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					transmission by droplets from any individual with suspected or diagnosed Covid-19. <ul style="list-style-type: none"> <li>Officer should wear FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> <li>Any (compliant) custody with suspected or diagnosed Covid-19 should be requested to wear an FRSM IIR2 type mask before, during and after the interview where possible.</li> <li>Panic strips should be checked that they are working and the alarm can be heard clearly to ensure that assistance is speedily provided if required.</li> </ul>		
5.1	Interviewing accused, suspects and witnesses out with Police Stations, e.g. within private properties – where covid-19 is suspected or confirmed	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	<b><i>Control measures are to be task-specific but shall include the following:</i></b> <ul style="list-style-type: none"> <li>Police Scotland have adjusted their operating model and will now work to principles of reduced attendance.</li> <li>We will not execute search or apprehension warrants unless in response to an investigation that presents significant risk to the public. Stop search activity will reduce and will only be used as a tactical option when absolutely necessary to ensure public safety.</li> <li>We will seek to attend only those incidents which require a physical police presence, in doing so we seek to protect the public, our officers and still support Government guidance.</li> <li>In all instances, when practicable, officers and staff are encouraged to use mobile and electronic technology in order to prevent unnecessary contact with the public.</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<ul style="list-style-type: none"> <li>The complainer should be contacted prior to any visit to confirm if there is anyone within the property with COVID-19 like symptoms. If the interview is not urgent then no visit should take place for that period. In the event of a visit being necessary, a risk assessment should be carried out to ensure officers/staff are not put at risk through the use of proper training and PPE proportionate to the potential risk and level of contact with the person.</li> <li>Full PPE - FFP3 Face masks should be worn if it is assessed that close contact (within 2 metres) with an infected person is likely to take place.</li> <li>Officers should have access to FRSM face masks and disposable gloves if required. Note 23/06/20: Given the new legal requirement to wear face coverings on public transport and in retail and other enclosed public spaces, officers and staff should now consider that wearing the Type IIR FRSM when on duty in these settings is the default position unless employees feel it is inappropriate to do so.</li> <li>Disposable gloves should be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.</li> <li>Medical advice should be sought as appropriate.</li> <li>Staff shall carry out Dynamic risk assessment.</li> <li>Sensible and proportionate use of reporting options should be utilised.</li> </ul>		

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					<ul style="list-style-type: none"> <li><i>Decontamination staff protocols –</i> Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected equipment.</li> </ul> <p>Further information on decontamination (people, premises and vehicles) is available in the Operational Guidance <a href="#">here</a>.</p>		
5.2	Interviewing accused, suspects and witnesses in any setting – where covid-19 is NOT suspected or confirmed	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>10</b> <b>High</b>	Where an officer believes they will be unable to maintain 2m distancing from a member of the public, priority should be given to wearing FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.	<b>5</b> <b>Medium</b>	Yes
6	Attendance at Sudden Deaths when COVID-19 is suspected as the cause of death	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	In all cases where it is confirmed or presumed that the death is as a result of COVID-19 (medical death), there <i>should</i> be no requirement for police attendance. Refer to Attendance at Sudden Deaths guidance on Op Talla guidance pages.	<b>5</b> <b>Medium</b>	Yes
6.1	Attendance at Sudden Deaths when deceased is suspected or confirmed to be COVID-19 case	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	<p><b><i>Control measures are to be task-specific but shall include the following:</i></b></p> <ul style="list-style-type: none"> <li>Staff should carry out Dynamic risk assessment.</li> <li>Professional advice sought as appropriate</li> <li>Body removal to be carried out by the relevant undertaker</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<ul style="list-style-type: none"> <li>• If possible, after body removal, leave locus for 72 hours before scene processing and assessment.</li> <li>• Any PS officers and staff who require access to the locus before 72 hours are up must wear the following PPE (and follow the video donning and doffing guidance on the coronavirus intranet pages):</li> <li>• 1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving.</li> <li>• 1 x pair of disposable protective over boots (EN14126 standards) – one size.</li> <li>• 1 x pair of reusable goggles.</li> <li>• 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving.</li> <li>• 2 x pairs of LONG cuff nitrile disposable gloves – sized for officer receiving.</li> </ul> <p>If accessing after 72 hours – normal crime scene procedures to apply.</p> <ul style="list-style-type: none"> <li>• Decontamination of staff – Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person.</li> <li>• Follow the PPE doffing and decontamination guidance on the coronavirus intranet web pages.</li> <li>• Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to</li> </ul>		

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					cleanse hands and any potentially infected (non-metal) equipment.		
7	Search of custodies within custody designated COVID-19 reception areas AND/OR where coronavirus is suspected or confirmed	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	<p><b><i>Control measures are to be task-specific but shall include the following:</i></b></p> <p><b><i>PPE</i></b></p> <ul style="list-style-type: none"> <li>• 1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving.</li> <li>• 1 x pair of reusable goggles.</li> <li>• 1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving.</li> <li>• 2 x pairs of LONG cuff nitrile disposable gloves – sized for officer receiving.</li> <li>• Prisoner processing procedures will be undertaken within the designated police cell.</li> <li>• Where possible, and the prisoners behaviour and safety permits, officers should physically distance themselves from the prisoner.</li> <li>• Suitably trained custody staff at all Designated Regional Custody Suites will carry out all 'hands on' procedures including searching, obtaining biological samples, and general care of the prisoner.</li> <li>• The above applies to all crimes, including road traffic procedures.</li> <li>• There may be instances, as a result of staff training, where the arresting officer is required to undertake the searching or obtaining of samples. In these circumstances the officers will</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<p>be provided with PPE by custody staff to safely undertake this task.</p> <ul style="list-style-type: none"> <li>• Single use gloves should be worn and physical contact should be kept to a minimal.</li> <li>• When removed from the designated police cell the prisoner should be asked to wear a surgical face mask.</li> <li>• Any equipment, Live Scan, Intoxometer etc. should be thoroughly cleaned with disinfectant / alcohol wipes before and after use.</li> <li>• Intimate searches of prisoners suspected or confirmed as having COVID – 19 will not be undertaken. In such circumstances the prisoner should be placed on constant observations.</li> <li>• Any deviation from normal procedure requires to be discussed and agreed with the Force Custody Inspector (FCI) and documented on the prisoners National Custody Record.</li> <li>• If a prisoner, previously not suspected as suffering from COVID – 19 starts to display symptoms of COVID -19 (fever and/or persistent cough) they will be deemed to be 'at risk' and wherever possible examined by NHS Custody Healthcare Staff.</li> <li>• If the medical assessment or police assessment is that they are suspected of having COVID – 19 Service Overview should be advised and arrangements made for OSD to transfer the prisoner to a Designated Regional Custody Suite, if not already within one.</li> <li>• The number of officers and staff dealing with a suspected or confirmed COVID – 19 prisoner should be kept to a minimum.</li> </ul>		

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					<ul style="list-style-type: none"> <li>Further advice relating to Custody Environment Guidance is available on the coronavirus intranet pages.</li> <li><i>Decontamination staff protocols</i> - Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected (non-metal) equipment.</li> <li>Follow the PPE doffing and decontamination procedures on the coronavirus intranet pages.</li> </ul>		
7.1	Routine searches of custodies – no symptoms or suspected Coronavirus infection	Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>10</b> <b>High</b>	<ul style="list-style-type: none"> <li>Where an officer believes they will be unable to maintain 2m distancing from a member of the public, priority should be given to wearing FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> </ul>	<b>5</b> <b>Medium</b>	Yes
8	Search of persons <b>outwith</b> custody reception areas	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	<ul style="list-style-type: none"> <li>Appropriate professional H&amp;S advice / Medical advice taken</li> <li>We will not execute search or apprehension warrants unless in response to an investigation that presents significant risk to the public. Stop search activity will reduce and will only be used as a tactical option when absolutely necessary to ensure public safety.</li> <li>Where an officer believes they will be unable to maintain 2m distancing from a</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<p>member of the public, priority should be given to wearing FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</p> <ul style="list-style-type: none"> <li>Adherence to custody care procedures and OST guidance</li> </ul>		
9	Transportation of suspects with suspected / confirmed cases of COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very High</b>	<p>PPE required:</p> <ul style="list-style-type: none"> <li>1 x disposable one piece protective suit (EN14126 standard) - sized for officer receiving.</li> <li>1 x pair of reusable goggles.</li> <li>1 x disposable face mask (to FFP3 standards) – make and model face fitted and fit tested for officer receiving.</li> <li>2 x pairs of LONG cuff nitrile disposable gloves – sized for officer receiving.</li> </ul> <p>Control measures are to be task-specific but could include the following:</p> <ul style="list-style-type: none"> <li>In line with normal procedures when considering arrest, professional Medical advice to be taken. Should this person be coming to custody?</li> <li>Hand protection is mandatory - wear gloves.</li> <li>FFP3 Face mask worn as appropriate and subject to dynamic risk assessment by arresting officers. This is mandatory if COVID - 19 is suspected.</li> <li>If COVID -19 is confirmed or suspected, PPE trained officers should be contacted with a view to conveying the prisoner to the Designated Regional Custody Suite, resources permitting.</li> <li>Suitable vehicles preferably a caged van, with a closed ventilation system, no fabric surface in</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<p>the area where the prisoner travels, (easily cleaned after use), is to be used whenever possible, where it is strongly suspected that an individual has, or is exhibiting, signs or symptoms of COVID - 19.</p> <ul style="list-style-type: none"> <li>Prisoners should be conveyed to a Designated Regional Custody Suites as per agreement with Custody Division.</li> <li>Adherence to normal custody care procedures and Officer Safety Training guidance.</li> <li>Procedures for vehicle cleaning are detailed in Section 9 of operational guidance document on the coronavirus intranet.</li> </ul>		
9.1	Transfer of suspects to Custody suites who are not suspected / confirmed cases of COVID-19	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>10</b> <b>High</b>	<ul style="list-style-type: none"> <li>Where an officer believes they will be unable to maintain 2m distancing from a member of the public, priority should be given to wearing FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection.</li> </ul>	<b>5</b> <b>Medium</b>	Yes
10	Handling / care of custodies with suspected or confirmed COVID-19	<p>Death/Physical ill-health due to exposure to Coronavirus</p> <p>Cross contamination to other custodies</p> <p>Potential presence of bodily fluids –</p>	Police Officers and staff / Custodies	<b>20</b> <b>Very High</b>	<p><b><i>Control measures are to be task-specific but shall include the following:</i></b></p> <p>The prisoner should not be removed from the police vehicle until the Custody Sergeant is ready to accept them. Ensure the cell van ventilation is kept running whilst the prisoner is within the vehicle.</p> <ul style="list-style-type: none"> <li>It is important that any NHS Custody Healthcare staff are advised of the pending arrival of a potential COVID – 19 infected prisoner.</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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		faecal matter, urine, blood			<ul style="list-style-type: none"> <li>• Custody staff, trained and fitted with the agreed PPE will attend at the police vehicle.</li> <li>• If the prisoner is compliant Custody Staff will ask them to clean their hands using a hand gel prior to being removed from the vehicle.</li> <li>• The prisoner will be removed from the vehicle by custody staff directly to the police cell designated for their use.</li> <li>• Non-compliant prisoners will be removed directly to the police cell designated for their use.</li> <li>• The movement of all other prisoners within the custody suite as far as is practicable must be avoided whilst the 'at risk' prisoner is being conveyed from the police vehicle to the designated police cell.</li> <li>• Immediately prior to being placed in the designated police cell the prisoner will be asked to clean their hands again. Any face mask worn by the prisoner will be removed prior to them being placed within the designated cell.</li> <li>• Care of Detained person in accordance with normal guidance and risk assessment process.</li> <li>• Medical assessment is required and shall be complied with by all police officers and Staff.</li> <li>• Consideration given to relocation to hospital on the advice of medical professionals.</li> <li>• All cells after use must be cleaned and disinfected. Contact Estates for cleaning processes.</li> </ul>		

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					<p>Control measures are to be task-specific but could include the following:</p> <ul style="list-style-type: none"> <li>• Installation of / plan to install Perspex (or similar) screens at charge bars within relevant custody suites</li> <li>• FFP3 Face masks and disposable gloves should be available.</li> <li>• Staff shall carry out dynamic risk assessment. FFP3 Face masks shall be worn if it is assessed that close contact (within 2 metres) with an infected person is likely to take place.</li> <li>• Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.</li> <li>• If there is more than one prisoner with COVID-19 -like symptoms in custody, PPE should be changed after contact with each prisoner and hands cleaned.</li> <li>• Disposable gloves should be worn when handling any used dishes etc. and the dishes etc. should be washed using hot, soapy water.</li> <li>• Staff working within custody should wash their hands more frequently than usual.</li> <li>• Visitors to custody should be required to wash their hands upon arrival and leaving.</li> </ul> <p><i>Decontamination staff protocols –</i> Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink</p>		

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					<p>until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected (non-metal) equipment.</p> <p>Decontamination guidance on the coronavirus intranet pages to be followed.</p> <p><i>Decontamination of Cell</i> – refer to Estates cleaning guidance on Op Talla web site.</p>		
10.1	Care of Custodies	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / NHS nursing staff / Custodies	<b>20</b> <b>Very High</b>	<ul style="list-style-type: none"> <li>Care of custodies in accordance with guidance</li> <li>Medical assessment is required and shall be complied with by all police officers and staff</li> <li>Consideration given to relocation to hospital on the advice of medical professionals</li> <li>All cells after use must be cleaned and disinfected.</li> </ul>	<b>5</b> <b>Medium</b>	Yes
11.	Resumption of Summary Trials – serving citations	Death/Physical ill-health due to exposure to Coronavirus	Police Officers	<b>10</b> <b>High</b>	<ul style="list-style-type: none"> <li>Local policing divisions should liaise directly with their Criminal Justice partners to ensure they are fully engaged in the resumption of court processes.</li> <li>Where personal service is required officers are reminded to ensure they do so minimising contact, ensuring safe separation and use PPE as appropriate to the circumstances. If officers have any concern regarding how to achieve this please consult with your first line supervisor.</li> </ul> <p><b>Safe Service procedure</b></p> <ul style="list-style-type: none"> <li>Gloves should be worn when handling the document to be served.</li> <li>Call at the address and step back from the door awaiting a response.</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					<ul style="list-style-type: none"> <li>Confirm the identity of the individual to ensure legal service.</li> <li>Sign the service of document and ask householder to step back.</li> <li>Place their documentation in doorway.</li> <li>Step back and allow them to collect the served document.</li> <li>Return service of document as normal.</li> </ul>		
12.	Medical and Emergency treatments e.g. CPR	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff	<b>20</b> <b>Very High</b>	<p>Control measures are to be task-specific but shall include the following:</p> <ul style="list-style-type: none"> <li>Officers must follow the guidance contained within the Operational Guidance document.</li> <li>Separate First Aid Guidance for office-based officers and staff is available within the First Aid and Office Response Guidance Document <a href="#">here</a>.</li> <li>Advice sought as appropriate – where time is critical action and first aid should not be delayed.</li> <li>Ensure personal precautions are taken to limit exposures including the use of appropriate safety equipment and PPE.</li> <li>Follow good hygiene arrangements.</li> <li>Adherence with First Aid advice provided to all staff via OST</li> <li>No mouth to mouth resuscitation should be carried out. Cover the person's mouth to prevent any expelled viral infection. Follow the CPR guidance within the Operational Guidance document on the coronavirus intranet pages.</li> <li>Decontamination staff protocols – Hands must be washed with soap and water as soon as</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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					possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected (non-metal) equipment.		
13	Attendance at internal meetings and external meetings with partner agencies and organisations	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>15</b> <b>High</b>	<p><b><i>Control measures are to be task and site - specific but shall include the following.</i></b></p> <p>General advice for operational/key/critical employees who cannot work from home:</p> <p>Ensure workspaces are assessed using the returning to work generic risk assessment – “Working Safely, Adapting Your Premises” template.</p> <ul style="list-style-type: none"> <li>• Observe enhanced hand hygiene.</li> <li>• Use of teleconferencing, skype, email etc. should be maximised to avoid attendance at non-business critical meetings, maintaining organisational distancing.</li> <li>• Briefings must be conducted observing the 2 meter spacing rule. This may mean undertaking more than one briefing at the commencement of a shift to facilitate this or utilising larger spaces such as gymnasiums or canteens.</li> <li>• Maintain a 2m distance from colleagues – if practical to do so move to another work area.</li> <li>• If unable to maintain 2m distance must use a face covering.</li> <li>• Do not gather with colleagues for coffees or refreshments.</li> </ul>	<b>3</b> <b>Low</b>	Yes

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					<ul style="list-style-type: none"> <li>Where possible keep hot desking to a minimum.</li> <li>If hot desking is unavoidable, take hygiene precautions before and after use by using antibacterial products/wipes wherever possible.</li> <li>Remember if you develop symptoms – self isolate as per NHS instructions.</li> <li>Staff should carry out Dynamic risk assessment.</li> <li>Additional PPE must be worn if it is assessed that close contact (within 2 metres) with a suspected or infected person is essential and unavoidable.</li> <li>Decontamination staff protocols – Hands must be washed with soap and water as soon as possible following contact with an infected or suspected infected person. Do not eat or drink until hands have been washed. If soap and water are not available anti-bacterial wipes or gel should be used to cleanse hands and any potentially infected (non-metal) equipment. Further advice on decontamination is available in the operational guidance on the coronavirus intranet pages.</li> </ul> <p>Note: Given the new legal requirement to wear face coverings on public transport and in retail and other enclosed public spaces, officers and staff should now consider that wearing the Type IIR FRSM when on duty in these settings is the default position unless employees feel it is inappropriate to do so.</p>		
14a	Seizing Productions from locus involving suspected or confirmed Covid-19 -	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Partners / Others	<b>15</b> <b>High</b>	<ul style="list-style-type: none"> <li>Only seize items from sudden death scenes if a death is crime related.</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
	virus can remain viable on surfaces for 72 hours.		indirectly affected		<ul style="list-style-type: none"> <li>PPE to be worn as per attendance at a suspected or COVID - 19 call, in particular:                             <ul style="list-style-type: none"> <li>1 x pair of reusable goggles.</li> <li>1 x disposable face mask (to FFP3 standards)</li> <li>2 x pairs of LONG cuff nitrile disposable gloves.</li> </ul> </li> <li>All productions from suspected or confirmed cases involving coronavirus must be double bagged and suitably marked with COVID-19 information.</li> <li>Bags to thereafter be wiped down prior to being transferred to productions.</li> <li>If packaging is damaged it must be inserted into further bags and re-labelled.</li> <li>Observe hand hygiene instructions after seizure, packaging and hand over of productions.</li> </ul>		
14b	Handling Productions from locus involving suspected or confirmed Covid-19 - virus can remain viable on surfaces for 72 hours.	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Partners / Others indirectly affected	<b>15</b> <b>High</b>	<ul style="list-style-type: none"> <li>Specific Guidance for all Productions Management Officers to be followed from Op Talla Guidance pages on the intranet: "OPERATION TALLA - Guidance on packaging and handling items and exhibits during coronavirus".</li> <li>Packaging should be clearly marked up as being a Covid19 case.</li> <li>Once items are packaged, in tamper evident packaging the outer surfaces should be wiped down with suitable cleaning products e.g. alcohol based disinfectant or wipe or 1% Virkon solution and stored in a 'clean working area'.</li> <li>Production Management Officers are advised to wear disposable gloves when handling all items</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
					(avoiding touching mouth, eyes or nose until PPE has been removed and hand hygiene measures performed). Cleaning regimes for transit and storage areas should be followed. <ul style="list-style-type: none"> <li>When opening packaged items for return to owner or disposal – instructions within the above Productions Handling guidance must be followed.</li> </ul>		
15	Handling mail  (Theoretically it is possible for coronavirus to be present on a package at the source of delivery, however it is unlikely any viral content would survive transit. Mechanical, temperature, and humidity changes would likely kill the virus prior to delivery)	Death/Physical ill-health due to exposure to Coronavirus	Personnel handling mail items	<b>10</b> <b>High</b>	<ul style="list-style-type: none"> <li>Make sure there are clean places to wash hands with hot water and soap, and encourage everyone to wash their hands regularly</li> <li>Provide hand sanitisers and tissues to staff, and encourage them to use them regularly</li> <li>Use tissues when sneezing or coughing and throwing them away in a bin and washing hands thereafter</li> <li>Avoid touching the face/mucous membranes</li> <li>Ensure that the office, particularly communal areas and areas with lots of touch points (door handles, desk equipment, machinery, kitchen facilities etc.), are regularly cleaned and sanitised. Staff can assist with this also by ensuring equipment they use is cleaned before/after personal use</li> <li>Enforce physical distancing in work areas</li> <li>Identify specific tasks to be performed and by whom i.e. specific mail centre handling techniques and procedures for sorting items/envelopes</li> <li>Implement a system that reduces numerous people handling items/documents</li> <li>Ensure deliveries are made in accordance with physical distancing measures.</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
					<ul style="list-style-type: none"> <li>Use pre-sealed envelopes, do not lick envelopes</li> <li>Communicate confirmed process and technique to staff</li> <li>Implement a regular communications policy to keep everyone updated on actions being taken to reduce risks of exposure of catching the coronavirus in the workplace</li> <li>Ensure that the contact numbers and emergency contact details for all staff are up to date</li> </ul>		
16	Training	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>20</b> <b>Very high</b>	<ul style="list-style-type: none"> <li>All non-business-critical training activity ceased at the commencement of the pandemic.</li> <li>All business-critical training to be risk assessed with suitable risk reduction measures implemented.</li> </ul> <p>Note: Given the new legal requirement to wear face coverings on public transport and in retail and other enclosed public spaces, officers and staff should now consider that wearing a face covering when on duty in these settings is mandatory when moving around the building.</p>	<b>5</b> <b>Medium</b>	
17	Disposal procedures – used PPE, for all operational officers provided with PPE for OP TALLA.	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Partners / Others indirectly affected	<b>20</b> <b>Very high</b>	<p>All used PPE must be carefully removed in accordance with the doffing instructions provided on the Op Talla Intranet Guidance pages.</p> <p>Items must be stored and disposed of using procedures within the “STORAGE AND DISPOSAL OF WORN PPE” guidance document, including double bagging, wearing gloves, sealing and labelling bags and storage in secure location for 72 hours. The bags can then be disposed of in the normal waste stream.</p>	<b>5</b> <b>Medium</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
18	Decontamination of uniform/ vehicles / premises / equipment /	Death/Physical ill-health due to exposure to Coronavirus	Police Officers and staff / Others indirectly affected	<b>15</b> <b>High</b>	<ul style="list-style-type: none"> <li>• PPE doffing guidance to be followed as required.</li> <li>• Decontamination information provided in the Operational Guidance Document (includes uniform guidance).</li> <li>• Decontamination areas within police premises to be used as instructed <a href="#">here</a></li> <li>• Estates cleaning procedure also in place on the Op Talla intranet guidance pages.</li> <li>• Estate cleaning focus has shifted from routine cleaning to touch points.</li> <li>• Routine and contamination cleaning within the Estate to be recorded in order to provide assurance on areas covered and cleaning frequency.</li> <li>• Vehicle cleaning process is also in place via 3<sup>rd</sup> party provider – see vehicle cleaning guidance on Op Talla intranet.</li> <li>• Adherence to medical advice and H&amp;S advice</li> <li>• Use good standards of personal hygiene particularly handwashing</li> <li>• Appropriate disinfectants used for cleaning.</li> <li>• Custody clothing and bedding etc. to be laundered in a hot wash using water soluble bags.</li> <li>• Care taken when handling clothing and equipment / personal items and good hygiene precautions especially handwashing employed. Do not shake contaminated items.</li> <li>• Disinfection / of reusable utensils – cutlery, cups and other drinking equipment as per procedure.</li> <li>• Training and awareness/ guidance in good hygiene provided</li> </ul>	<b>3</b> <b>Low</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
19	Resourcing levels to deliver effective policing	Death/Physical ill-health due to exposure to Coronavirus  Anxiety, stress, increased workload and longer working hours  Dealing with distressed and angry people – increased risk of violence and aggression	Police Officers and staff / Partner Agencies / Contractors / Visitors / Public / Custodies	<b>20</b> <b>Very High</b>	<ul style="list-style-type: none"> <li>Critical functions have been identified. Front counters may be closed due to resourcing levels. This may lead to increased calls to 101.</li> <li>Officers and staff may be redeployed to support critical functions.</li> <li>Regular briefings and up to date information will be available to officers/staff on the Op Talla dedicated intranet page.</li> <li>Managers should monitor workload, working hours and ensure officers/staff take breaks. They should adopt a flexible approach.</li> <li>Officers and staff can access <a href="#">Help Employee Assistance</a> and <a href="#">TRiM</a>.</li> </ul>	<b>5</b> <b>Medium</b>	Yes – subject to ongoing review by RDU
20	All Police Scotland/SPA activities involving groups identified to be at greater risk.	Death/Physical ill-health due to exposure to Coronavirus.  At risk groups:  BME communities disproportionately affected by COVID-19  AGE/SEX Evidence suggests that the impact may also be higher	Protected characteristic groups who may be more vulnerable and at greater risk of more significant illness due to <ul style="list-style-type: none"> <li>race,</li> <li>age, sex,</li> <li>disability</li> <li>pregnancy</li> <li>Black, Asian and</li> </ul>	<b>25</b> <b>Very High</b>	<ul style="list-style-type: none"> <li>Employers should carry out appropriate and proportionate risk assessments on any front-line workers who fall into any of the “at risk” groups. Proportionate and, where appropriate, reasonable adjustments must be made where required.</li> <li>The current information coming out from Public Health England regarding adverse impact of COVID19 on BME mortality rates may manifest itself in an adverse reaction <i>towards</i> BME staff working on the front line. Employers should consider bespoke risk assessments in different work settings in collaboration with individuals and staff networks.</li> <li>National Police Chiefs Council have recommended that “over 55” BME police</li> </ul>	<b>5</b> <b>Medium</b>	Yes

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
		<p>among men and those in the higher age brackets (over 55).</p> <p><b>PREGNANCY</b> Pregnant women at whatever stage of pregnancy are classed as at risk.</p> <p><b>DISABILITY</b> Some disabled staff members may have a weak immune system, or other underlying conditions leaving them more vulnerable to getting an infection. Also those with a BMI over 40 are listed as high risk with increasing risks reported in relation to obesity.</p> <p>There may be compatibility</p>	minority ethnic staff (BME)		<p>officers and staff with no underlying health conditions are in the “high risk” group and this group will need to be prioritised in terms of individual risk assessments by immediate line managers and Occupational Health departments in police forces.</p> <ul style="list-style-type: none"> <li>• This should include key workers who may be carers or shielding anyone in any of the “at risk” groups.</li> <li>• Front line key workers in any of the vulnerable groups who rely on public transport may be more “at risk” and appropriate measures need to be put into place by employers to safeguard these individuals.</li> <li>• Front-line key workers who fall into any of the “at risk” groups should be assessed and provided essential personal protection equipment to allow them to do their job without any fear of infection.</li> <li>• The impact of wearing personal protection equipment (PPE) for staff with hearing difficulties, facial hair such as beards for medical/cultural reasons, turbans, visual aids, etc., must be taken into consideration to ensure appropriate equipment is provided</li> <li>• Managers/supervisors should take into consideration that front-line key workers may be working excessively long hours during the pandemic combined with other personal, caring and home responsibilities and this may have an impact on their personal and emotional wellbeing. This should also include any members of staff in any of the above “at risk”</li> </ul>		

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
		<p>issues associated with personal protective equipment (PPE) for staff members with a disability.</p> <p><b>MENTAL HEALTH</b> Those with a mental health condition may feel increased levels of anxiety and stress.</p> <p><b>CARERS</b> With services and interventions being impacted staff may find themselves in the role of carer for the first time, and for existing careers they may be experiencing increased levels of stress and anxiety</p>			<p>groups who may be working long hours without breaks or days off during this crisis.</p> <ul style="list-style-type: none"> <li>Where possible, ensure welfare and support mechanisms in the form of staff networks or internal support groups are engaged with to ensure that issues are being fed back to the organisation to ensure welfare and support for all front-line key workers.</li> <li>Managers should ensure that conversations are undertaken and revisited with all staff to encourage disclosure of any medical condition to the manager in confidence, or underlying health conditions that may increase the risks for staff in undertaking their roles, particularly frontline or public facing, to ensure actions to keep staff safe are progressed.</li> <li>Government guidance on shielding for underlying health conditions must be complied with; along with any individual medical advice from primary medical care.</li> <li>Managers should also seek and follow occupational health advice where appropriate.</li> <li>Effort must be made to encourage all staff to disclose any medical condition that might compromise their health.</li> <li>Where required, adjustments (and additional restrictions) must be considered. Adjustments may include moving to a lower-risk area, undertaking lower-risk tasks, limiting exposure (for example through reducing shift lengths) and remote working.</li> </ul>		

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
					<ul style="list-style-type: none"> <li>Where proportionate, the risk assessment process can be used to assess individual risk and implement control measures.</li> <li>In all cases, managers must be aware of ongoing research into potential for increased vulnerability; reviewing and adapting risk controls as more information becomes available.</li> </ul> <p><b>BME employees</b></p> <ul style="list-style-type: none"> <li>Effort must be made to encourage staff to disclose any concerns that they may have in respect of their ethnicity and their working practices.</li> <li>Line managers are advised to have thorough, sensitive and comprehensive conversations with their BME staff and those who fit into any of the other protected or vulnerable groups; ensuring they are aware of the increased potential vulnerability.</li> <li>The conversations should also, on an ongoing basis, consider the feelings of BME colleagues, particularly with regard to their safety and their mental health.</li> </ul> <p><b>PREGNANCY</b></p> <ul style="list-style-type: none"> <li>Line Manager to complete specific pregnancy risk assessment</li> <li>Women less than 28 weeks' pregnant can continue to work outside the home provided</li> </ul>		

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No.	Description of Activity	Hazard Details	Persons at Risk	Risk Rating (Severity x Likelihood)	Control Measures (Control measures required to reduce the risk to acceptable levels)	Residual Risk (Severity x Likelihood)	All Control Measures in place? (If <b>NO</b> – create Action Plan)
					<p>they take the necessary precautions, and stay 2m (6ft) away from other people.</p> <ul style="list-style-type: none"> <li>The Royal College of Obstetricians and Gynaecologists, (plus NHS Scotland) have updated their advice on Pregnancy and COVID-19. They advise that there is no evidence that pregnant women are more likely to get seriously ill from Coronavirus. Whilst they are in the moderate risk category (clinically vulnerable), this is precautionary. They should follow the general advice given to the general public and if in the third trimester pay particular attention to social distancing and are encouraged to continue stringent hygiene routines to keep themselves safe.</li> </ul>		

**Action Plan / Further Control Measures Required**

Where applicable, use this table to describe further control measures required and target dates for completion. Plan should be signed off when actions complete.

No.	Control Measures Required	Person Responsible	Target Date	Completion Date	Signature Confirming Completion

**Assessment Confirmation**

Signed (Assessor)		Print Name	Peter Jones	Date	Feb 20
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<b>Signed (Gold)</b>		<b>Print Name</b>	DCC Malcolm Graham	<b>Date</b>	Feb 20
<b>Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic				

**Risk Assessment Review**

<b>Reviewed By</b>	Sarah Robertson/Peter Jones/ Charlene Smyth	<b>Date</b>	01 April 2020
<b>Position</b>	H&S Advisors	<b>Location</b>	N/A
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Peter Jones	<b>Date</b>	09 April 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	N/A
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	James Bertram/Sarah Robertson/Peter Jones	<b>Date</b>	21 April 2020
<b>Position</b>	H&S Manager/Advisors	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Sarah Robertson	<b>Date</b>	06 May 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

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<b>Reviewed By</b>	Sarah Robertson	<b>Date</b>	15 May 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Sarah Robertson	<b>Date</b>	04 June 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Sarah Robertson	<b>Date</b>	23 June 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Peter Jones, Sarah Robertson	<b>Date</b>	28 July 2020
<b>Position</b>	Assistant H&S Manager, H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Peter Jones, Sarah Robertson	<b>Date</b>	16 Sept 2020
<b>Position</b>	Assistant H&S Manager, H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

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<b>Reviewed By</b>	Peter Jones, Sarah Robertson	<b>Date</b>	14 Dec 2020
<b>Position</b>	Assistant H&S Manager, H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

<b>Reviewed By</b>	Jackie Lambert	<b>Date</b>	31 Dec 2020
<b>Position</b>	H&S Advisor	<b>Location</b>	
<b>Next Review Date</b>	Regularly, as and when significant changes arise during COVID-19 pandemic		

**Monitor and review as per review date, or when there are changes in Staff, Equipment or Work Activity.**

## APPENDIX A – TECHNICAL NOTES

### 1. MASKS

*Note* – The FFP3 face mask was chosen for a number of reasons and consideration was given to the Public Health England guidance available. Following discussion with the Police Scotland Gold and wider Executive it was decided that the FFP3 mask offered the correct level of protection for Police Officers and Police Staff along with a workable solution taking into cognisance wider work of Police Scotland and its use of RPE. In making this decision we also consulted with the Scottish Police Federation, Unison and Force CBRN experts. There was unanimous support for the use of FFP3 masks and this was further ratified at the Covid 19 Health & Safety Group. Points to note are as follows:

- The Health & Safety Executive do not class surgical masks as PPE.
- The World Health Organisation state that nothing lower than an FFP2 mask should be considered.
- The FFP3 mask was already the mask of choice for Police Scotland and a previous decision had been taken only to utilise one type of mask following previous experiences of officers becoming confused by different standards of mask.
- Police Scotland has in excess of 20 Standard Operating Policies and other safety related documents which require the use of FFP3 masks and an officer or member of staff may be required deal with one of these scenarios at the same time as dealing with the risk of Covid 19. (Cannabis, powdered drugs, suspected Anthrax, Fentanyl, vehicle examinations, burnt out vehicles, chemical suicides, CPR, sudden deaths, dusting for fingerprints, etc.) This presents a problem unique to Policing.
- The Resus Council UK have confirmed that chest compression CPR is an Aerosol Generating Procedure (AGP).

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- The PHE guidance for more complex incidents such as sudden deaths is also FFP3 masks as is the guidance for undertakers.
- Checks were carried out with the Scottish Ambulance Service SORT Team who also highlighted the need for FFP3 masks.
- Advice was sought from the Chair of the Association of Police Health & Safety Advisors who stated that he had carried out tests on surgical masks and, in his opinion, “they were not fit for a policing purpose.” This was on the grounds of issues around ear fastenings interfering with communications equipment and also the fact that they get very wet, very quickly.
- Checks were also made with APHSA and PSNI in terms of what other Forces were doing. APHSA Chair stated that he was unaware of any Force in England and Wales not using (or not wishing to use, if they could not get) FFP3 masks.
- PSNI stated using FFP3 masks with a dispensation from HSENI not to porta count all masks but allowing them to do a dip sample. HSENI in agreement on use of FFP3 masks.
- The Scottish Police Federation also highlighted the HSEs own report “Evaluating the protection afforded by surgical masks against influenza bio aerosols” published in 2008.
- Advice was also taken from major suppliers such as 3M.

N.B. Another option presented is that Gold may choose/require to issue masks to all officers and retrospectively face fit them.

### Risk Assessment Update 09/04/20

- On Monday 06 April 2020 Police Scotland contacted the Health & Safety Executive (Jo Anderson) to discuss their strategy. After briefing the HSE on our risk assessment approach, the reasons for our approach and the research carried out Police Scotland received an email from the HSE confirming the Police Scotland strategy.
- Later on 06 April we took part in a tele conference with staff from Health Protection Scotland (HPS) who stated that our decision to use FFP3 masks was not required or proportionate and that these were required for the NHS and not Police Scotland.
- A number of points were made to HPS to explain why the organisation was risk assessing to this level but these points were dismissed. HPS wished to downgrade our PPE in a number of ways but the main issue was where they wished officers and staff to wear Fluid Repellent Surgical Masks (FRSM) rather than FFP3 masks. An agreement was reached that Police Scotland would email a number of concerns to HPS for them to answer by return and if there was science behind the statements made then a change in strategy would take place. By 1600hrs 09/04/20 no suitable reply had been received and DCC Malcolm Graham asked that we look to progress a policy to be signed off.
- We reviewed the strategy for Police Scotland using FFP3 masks.
- We looked at the international picture which allowed us to, for the first time, obtain a sector specific safety plan from the CDC in the United States. We also looked at a number of Law Enforcement organisations in the United States and also Interpol. All were using N95/FFP2 masks as a minimum.
- We also noted the risks highlighted by these agencies from not wearing a face fitted mask and working in close proximity to the public. I.e. arresting an angry person.
- We looked at the risk from sputum, coughing, sneezing and heavy breathing directly in the face of a police officer/member of staff.
- We considered the type of mask and how it would stand up to officer safety type issues during an assault.
- Based on the above the Health & Safety Group met (including Scottish Police Federation, Unison and all areas of Police Scotland) it was agreed that we would continue to use FFP3 masks for suspected and confirmed Covid 19 persons and introduce FRSM for other aspects of physical distancing.

### Risk Assessment Update 09/04/20

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The Scottish Police Federation engaged a panel of experts to consider the Health & Safety implications for Police Scotland and to look at the guidance provided by Public Health Scotland, Health Protection England and the Health and Safety Executive. A letter detailing 21 specific points was received by the Gold on 17 April 2020 and each one of these points has been considered in a policing context and reviewed against this risk assessment. Further guidance has been received from NPCC which has also been sense checked against this risk assessment. To date, the Police Scotland Health & Safety Team are happy that the organisation is doing as much as it can balancing the risk of Covid 19 against the operational needs and risks of policing and keeping the public safe.

### Risk Assessment Update 04/06/20

Following the compilation of a separate generic risk assessment template Working Safely, Adapting Your Premises for use by business areas planning on returning employees to the office, this assessment was updated with the following information: If unable to maintain 2m distance consider using FRSM mask.

### Risk Assessment Update 23/06/20

Given the new legal requirement to wear face coverings on public transport and the Scottish Government's strong advice to wear them in shops and other enclosed public spaces, officers and staff should now consider that wearing the Type IIR FRSM when on duty in these settings is the default position unless employees feel it is inappropriate to do so.

The provision of protective equipment has also been added into the reviewed First Aid guidance within offices to include the provision of gloves and FRSM Type II masks for first aiders. They will also be fitted and provided with FFP3 and goggles for use if compression only CPR is required within offices.

### Risk Assessment Update 24/09/20

In view of the second wave of the pandemic, OP Talla has been re-established to co-ordinate the PS response.

Since version 9 – updates in relation to masks are as follows.

09/09/20 – Message circulated: Type II masks should also be worn in multiple-crewed vehicles and when dealing with the public, this should be the **default** position.

14/09/2020 – In line with Government Regulations – Type II FRSM masks must be worn when entering, exiting or moving around 'hospitality' areas. These rules apply to the canteens and cafes across the Police Scotland estate.

The Scottish Court and Tribunal Service has made the use of face coverings mandatory within all of its premises from Monday 31 August and all police officers and staff who are required to attend any SCTS building must therefore wear their Type II R FRSM if attending.

Type II FRSM masks to be worn **anywhere** that officers and staff cannot physically distance (2 metres) for example toilets. Corridors and communal areas if 2m cannot be achieved.

### Risk Assessment Update 14/12/2020

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9 November 2020 – in line with changes to Covid Regulations - Re-usable dark blue face coverings issued for use by all employees within the office environment. These must be worn whenever moving around the buildings, attending canteens and wherever maintaining a 2m distance cannot be achieved.

26 December 2020 - Where an officer or member of staff believe they will be unable to maintain 2m distancing from a member of the public, priority should be given to wearing FFP3 mask, goggles and gloves, regardless of whether or not there is any indication of a possible risk of infection. As part of the increased use of this type of face mask officers are reminded that they must be clean shaven. Supervisors must be aware of this requirement.

## 2. SCORING

Initial severity score was set at 4 for most tasks in view of the demographic (age, fitness level etc.) of frontline officers. During the review dated 5 June 20 this was increased to 5 in order to:

- Take account of emerging research on “at risk” employees e.g. BME, age profile and
- To align the scoring more closely with that used within the Corporate Risk Register.

Likelihood scoring was also adjusted to take account of the following:

- Nationally, we have passed the peak of infections/death rates
- PS processes are now well established
- PPE training, face fit testing and availability is now fully rolled out
- A comprehensive suite of guidance is in place
- Communication processes are well established including printable resources / posters
- Asymptomatic testing is now in place.

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## Risk Matrix and Ratings

Severity of Harm	Rating	Likelihood of Occurrence
Death, major permanent incapacity or multiple casualties	<b>5</b> Very High	Certain, near certain or imminent
Major injuries (RIDDOR) or long-term incapacity	<b>4</b> High	Likely, probable
Injury / ill health requiring medical treatment or counselling	<b>3</b> Medium	Possible
Minor injury / ill health requiring first aid	<b>2</b> Low	Unlikely
Minor injury / ill health	<b>1</b> Very Low	Remote or very unlikely

## Risk Rating = Severity x Likelihood

<b>Severity</b> ↑	Very High (5)	Medium 5	High 10	High 15	Very High 20	Very high 25
	High (4)	Medium 4	Medium 8	High 12	High 16	Very high 20
	Medium (3)	Low 3	Medium 6	Medium 9	High 12	High 15
	Low (2)	Low 2	Medium 4	Medium 6	Medium 8	High 10
	Very Low (1)	Low 1	Low 2	Low 3	Medium 4	Medium 5
		Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
		<b>Likelihood</b> →				

Risk Rating	Risk Outcomes
<b>Very High (20-25)</b>	<b>Unacceptable, consider stopping activity or task. Action must be taken immediately to reduce the risk. Will require considerable resources involving specialist equipment, training, high levels of supervision.</b>
<b>High (10-16)</b>	<b>Will require considerable resources involving specialist equipment, training, high levels of supervision.</b>
<b>Medium (4-9)</b>	<b>Will require an appropriate level of resources to reduce or control risk within a specified timescale.</b>
<b>Low (1-3)</b>	<b>Broadly acceptable – No action required. However, monitor control measures to ensure implementation, as risk rating could increase if risk not adequately managed.</b>