

Please complete all of the white cells in this template, save, and return it to the [_____].

Responses will be collated for senior management review and service mobilisation planning.

Actions and issues for escalation will then be shared with the Tactical Group for Physical Spacing for review and, where required, guidance.

Name and post of Assessor(s):	Date of Assessment:	
Manager Responsible:		
Department / facility:		
Subject of Assessment:		
Physical spacing of 2m between people in the above department / facility.		
1: What are the Hazards?		
Transmission of Covid-19 arising out of close proximity working / patient pathways.		
2: Who might be harmed and how?		
Anyone in the department / facility Staff to patient, patient to staff, patient to patient, and staff to staff transmission. Occupational or Healthcare acquisition of infection leading to severe acute or life threatening infection or death.		
3: Function of service Brief description		
Does this service involve shie patients? Please high		
4. Overview of accommodat	DN Example spaces. Please highlight any that apply	
Reception and public space	reception / waiting areas / public WC / public corridors / staff only corridor	
Clinical accommodation	consulting room / treatment room / single bedrooms / multi-bed ward / multi-patient treatment area / therapy space	
Staff only space	offices / kitchen / staff rest area / utilities / storage / records / teaching	
Entrance arrangements	sole occupant of facility / occupant of shared facility / more than one public entrance / internal hospital entrance / external hospital entrance direct to departmen	
5. Physical distancing assessment		
Areas in which 2m distancing achieved at present		
Areas in which 2m distancing	is Limitations to the 2m distancing	
not possible		

6. Mitigation in place - existing precautions		
7. Actions that would be required to meet 2m spacing in all areas		
8. Recommendations / issues for escalation to Tactical Group for Physical Spacing		
9. Involvement in this risk assessme		
Staff groups contributing		
Patient involvement?		
10. Risk evaluation <i>Please highlight</i>		
Current level of risk	LOW / MEDIUM / HIGH / VERY HIGH SIGNIFICANT / MODERATE / LIMITED / NONE	
Current level of assurance Included in local risk register	YES / NO	
included in local lisk register		