

**EMPLOYERS CORONAVIRUS - COVID-19 SPECIFIC RISK ASSESSMENT FOR
 YOUNG WORKERS EMPLOYED IN KEY ACTIVITIES**

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|---|--|
| EMPLOYERS NAME | |
| YOUNG WORKERS NAME | |
| JOB TITLE | |
| ADDRESS/AREA WHERE EMPLOYMENT TAKES PLACE | |
| CONTACT NUMBERS: Young Worker Employer Parents/Legal Guardian | |

| EMERGENCY PHONE NUMBERS | |
|--------------------------------|--|
| Doctors | |
| Hospital | |
| Local Police | 999 for emergency 101 for non-emergency |
| Other | |

RISK ASSESSMENT Sheet 1 of 2

| HAZARD IDENTIFIED | PEOPLE AT RISK | Probability | Severity | RISK LEVEL H M L | CONTROL MEASURES | REMAINING RISK |
|------------------------|--------------------------------------|-------------|----------|---------------------|---|----------------|
| Working Pattern | Young Worker Colleagues Public | M | M | L | <p>Any team member feeling unable to perform their duties should inform their Employer immediately.</p> <p>Regular breaks will be scheduled during each day in line with Child Employment permitted legal hours of work.</p> <p>Consideration will be given to the young workers hours of work to reduce the possibility of social interaction in line with Child Employment permitted legal hours of work.</p> | L |
| Coronavirus – COVID-19 | Young Worker Colleagues Public | | | | <p>In response to Coronavirus (Covid 19) instructions and guidance from Welsh Government, the NHS and World Health Organisation Guidelines will be followed.</p> <p>World Health Organisation Guidelines: Stay aware of the latest information on the COVID-19 outbreak, available on Welsh Governments website, through the World Health Organisation website and through national and local public health authority. COVID-19 is affecting people across the world. Most people who become infected experience mild illness and recover, but it</p> | L |

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|-------------------|----------------|-------------|----------|---------------------|--|----------------|
| | | | | | <p>can be more severe for others. Take care of your health and protect others by doing the following:</p> <p>Wash your hands frequently Regularly and thoroughly wash and dry your hands with soap and water (for at least 20 seconds).</p> <p>If washing facilities are not available regularly, clean your hands with an alcohol-based hand wipes or sanitiser.</p> <p>Hands should be washed/sanitised before you start work, regularly throughout work time and immediately on your return home</p> <p>PPE Protective equipment will be provided e.g gloves, face mask, hand washing facilities, hand sanitiser etc,</p> <p>Maintain social distancing Maintain AT LEAST a 2 metre (6 feet) distance between yourself, work colleagues and members of the public.</p> | |

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|-------------------|----------------|-------------|----------|---------------------|---|----------------|
| | | | | | <p>If you have any concerns about a member of the public and social distancing this should be shared with your employer.</p> <p>If you are concerned that a colleague, or member of the public has symptoms of Covid 19 this should be shared with your employer.</p> <p>Avoid touching eyes, nose and mouth AT ALL TIMES.</p> <p>Practice respiratory hygiene Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.</p> <p>If you have fever, cough and difficulty breathing, seek medical care early Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.</p> | |

EMPLOYERS SIGNATURE:

NAME:

DATE:

I have read the above, and am satisfied that:

- it constitutes a proper and adequate risk assessment in respect of the risk of infection posed to this young worker and that control measures identified are sufficient to control the risks.
- adequate measures are in place to communicate the risk assessment findings and to co-ordinate the safety arrangements of all those affected.

YOUNG WORKER SIGNATURE:

NAME:

DATE:

PARENT/LEGAL GUARDIAN SIGNATURE:

NAME:

DATE: