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| --- | --- | --- |
| **covid-19 risk assessment for college events and meetings** | **reference no. *(compliance manager to add)*** | selcrest |

**THE EVENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **proposed event/activity:** |  | **venue :** |  |
| **date of event:** |  | **number of stewards:** |  |
| **event organiser(s) / responsible person(s):** |  | **total no. of attendees:** |  | **maximum capacity of venue:** |  |
| **does a record of names of attendees need to be kept for track & trace? yes / no?** |  |
| **which social distancing measures will be applied?** | 2m 1m+ (outside or face coverings) | ☐☐ |

**ASSESSMENT OF RISKS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **risk** | **questions** | **responses – how will risk be managed?** | **risk ok?** | **any further actions** |
| **transmission of covid-19** | **Attendees with Covid-19 symptoms***How will organisers ensure people with symptoms don’t attend?**How will organisers ensure people who have been in close proximity of a person with Covid don’t attend?* | e.g. When booking/confirming events, organisers will ensure delegates are instructed not to attend the event if they have any of the following:* a high temperature
* a new, continuous cough
* a loss of, or change to sense of smell or taste.

Or have been in close contact with someone who has tested positive | YesNo | ☐☐ |  |
| **social distancing** | **Event control***How many stewards would be present? Where will they be positioned?* |  | YesNo | ☐☐ |  |
| **social distancing** | **Queue management***How will queues and entry be managed to maintain social distancing?* |  | YesNo | ☐☐ |  |
| **social distancing** | **Keeping delegates in households/groups of 6***How will organisers ensure attendees do not socialise with others outside of their households or groups of 6 during the event?*  |  | YesNo | ☐☐ |  |
| **social distancing** | **Dispersal after the event***How will households/groups of 6 leave the event?* |  | YesNo | ☐☐ |  |
| **disabilities** | **People with disabilities***What arrangements will be in place for people with limited mobility?**How will social distancing be maintained?* |  | YesNo | ☐☐ |  |
| **personal hygiene** | **Hand sanitisation***What hand washing/sanitising facilities will be provided and where will they be located:* |  | YesNo | ☐☐ |  |
| **personal hygiene and social distancing** | **Toilet facilities***How will toilet facilities be managed?**How will social distancing be maintained in respect of toilet facilities (e.g. queuing, one way systems)?* |  | YesNo | ☐☐ |  |
| **face coverings** | **Face coverings***When will face coverings need to be worn at the event?* |  | YesNo | ☐☐ |  |
| **cleaning** | **Cleaning arrangements before the event***Who will clean/sanitise the venue?**Who will ensure hand sanitiser is available?*  |  | YesNo | ☐☐ |  |
| **cleaning** | **Arrangements for cleaning during the event***How will frequently touched surfaces be cleaned during the event?**By whom? How?* |  | YesNo | ☐☐ |  |
| **cleaning** | **Arrangements for cleaning after the event***How will venue be cleaned and sanitised after the event?* |  | YesNo | ☐☐ |  |
| **catering** | **Food & drink** *How will refreshments (if any) be provided in a Covid-19 secure manner? (Note that generally catering will be discouraged as it adds risk)* |  | YesNoN/A | ☐☐☐ |  |

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| **ANY OTHER COMMENTS TO SUPPORT THIS RISK ASSESSMENT:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk assessment completed by:** | **Name:** | **Email address:** | **Date:** |
| **Risk assessment approved by:*****(Master, Vice Master, Dean, Senior Tutor or Bursar)*** | **Name:** | **Email address:** | **Date:** |

# All completed and signed risk assessments should be sent to the Compliance Manager (Sue Barnes – slb54@cam.ac.uk)

# This risk assessment must be kept under regular review until the even takes place and aligned with current government guidance.