

COVID-19 RISK ASSESSMENT

ASSESSOR	Gareth Jones CMCIEH CEnvH	POSITION	Consultant Environmental Health Officer & Health and Safety Advisor
SCOPE OF ASSESSMENT & DESCRIPTION OF ACTIVITIES	Focus Hotels - property opening and operation – protection against Covid-19 infection spread.		
PERSONS WHO MAY BE AFFECTED	Group 1 - Clinically extremely vulnerable individuals	Group 6 - Agency staff	
	Group 2 - Clinically vulnerable individuals	Group 7 - Contractors	
	Group 3 - Employees (in good health)	Group 8 - Delivery personnel	
	Group 4 - Guests	Group 9 - Agents & third-party operators	
	Group 5 - Non-resident customers	Group 10 - Other visitors (e.g. Officials, consultants, emergency personnel etc.)	
NATURE OF RISK COVERED BY RISK ASSESSMENT Risk - a situation involving exposure to danger	The risk of persons being infected with Covid-19 virus in the hotel through all operations and the spread of the virus between individuals leading to the potential for ill health including the possibility of respiratory failure and other life-threatening conditions.		
KEY CONTROLS Detailed controls are listed in this assessment on a departmental level. However a summary of key controls is provided here for all hotel operations.	<ul style="list-style-type: none"> • Staff training in Covid-19 awareness. • Effective and regular hand washing throughout the operation. • Enhanced cleaning and disinfection, particularly of hand contact points throughout the operation. • Exclusion from the workplace for all staff that can work at home. • Limit the number of staff on site at any time so that the operation can be managed without unnecessary personnel. • Maintaining social distancing always so that staff, guests and third parties on site do not come within 2-metres of each other where practicable. • Implementing additional controls where social distancing cannot be achieved, on a temporary basis, with an emphasis that such situations should be time limited to as short a period as possible and social distancing should be restored at the earliest opportunity. • Effective and safe use of personal protective equipment throughout the operation. 		

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Infection risk during travel to work	Groups 1, 2, 3, 6 & 7		All Departments - Covid-19 v 1 - 1	
	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		3		12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> Guidance provided to all team members regarding travelling to and from site. Use of public transport to be avoided where practicable. Shift start/end times to be varied by supervisors on request, where practicable. Employees using vehicles to travel alone where possible. Use of face covering during travel to be considered but not a mandatory requirement in line with Government advice. Uniforms should not be worn on public transport. Outdoor clothing to be stored on arrival at work in designated locker area. On arrival at work mandatory hand washing must be carried out before any activities are undertaken. Back of house signage to encourage hand washing on arrival. Touch pads and shared sign in arrangements to be eliminated. Individual arrangements to be in place in departments to avoid risk of cross contamination. Where paper-based sign in is required for operational reasons then shared pens to be avoided. Pens to be disinfected and individually allocated. Departments to review options for paper free sign in process (e.g. sign in completed by supervisors). Only essential work conducted on site. Work that does not have to be on site (e.g. meetings, paperwork etc.) conducted away from the site through home working and/or online to minimise the requirements for travel. 				

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	Working at hotel – extremely clinically vulnerable and clinically vulnerable persons	Groups 1 & 2		All Departments - Covid-19 v 1 - 2	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	5		1		5
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> Persons falling into extremely clinically vulnerable should have been notified by the Government and are prohibited from coming to the hotel. Persons who are clinically vulnerable should work from home and should not be requested to attend the hotel at this time. Department managers to maintain regular contact with employees who are at home who fall into these categories, unless they are on sick leave, by way of email and telephone contact. Employees should be included in meetings through online technology options, where practicable, so that they do not become isolated from their colleagues. Clinically extremely vulnerable people will have received a letter telling them they are in this group or will have been told by their GP. Guidance on who is in this group can be found here: https://www.gov.uk/government/publications/guidance-on-shielding-andprotecting-extremely-vulnerable-persons-from-covid-19/guidance-onshielding-and-protecting-extremely-vulnerable-persons-from-covid-19 Clinically vulnerable people include those aged 70 or over and those with some underlying health conditions, all members of this group are listed in the 'clinically vulnerable' section here: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-awayfrom-others 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity Home working	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.		Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • Only essential work may be carried out on site. Where practicable home working should be permitted at the discretion of each Head of Department. Home working is a key requirement of the current Government guidance and should not be refused where it can be achieved without disruption to the operation. • Home working should be used to minimise the presence of personnel on site, where this is practicable. • Where employees and other affected persons do have to attend site this should be minimised in terms of the number of hours or days in the week where practicable. • Department managers to maintain regular contact with employees who are at home, unless they are on sick leave, by way of email and telephone contact. Employees should be included in meetings through online technology options, where practicable, so that they do not become isolated from their colleagues. • Third parties such as agency staff, contractors, consultants etc. should be encouraged to minimise time on site and should carry out functions away from the hotel where practicable. • Project work should be limited to essential tasks only where this requires additional personnel on site. 				

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • Departments to stagger arrival and departure times for employees to reduce crowding at peak times. • Staff entrance doors & barriers to be kept open where practicable. Where door locks are required for security opening/release should be undertaken remotely or automatically to avoid the necessity for multiple staff to open door. • Security to assess where additional access points can be provided to minimise congestion at main staff entrance. • Markings to indicate one-way flow at entry and exit points to be provided at staff entrance. • Eliminate touch pads and similar devices where practicable. If they cannot be eliminated, they should be disinfected hourly. Disinfection should be undertaken with at least 1,000 ppm available chlorine disinfectant or sensitive equipment or items that may be damaged by wet spray can be cleaned using an alcohol based cleaner (e.g. 70% isopropyl alcohol). Staff to be instructed to immediately wash hands through signage. • Shared sign in arrangements to be eliminated. Individual arrangements to be in place in departments to avoid risk of cross contamination. Where paper-based sign in is required for operational reasons then shared pens to be avoided. Pens to be disinfected and individually allocated. Departments to review options for paper free sign in process (e.g. sign in completed by supervisors). • Signage should be used to remind staff that if they have Covid-19 symptoms they must not enter the hotel and should return home immediately and seek advice from NHS111 (a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) and/or a high temperature – this means you feel hot to touch on your chest or back - you do not need to measure your temperature). • Signage should be used at staff entrance to advise that only essential work conducted on site. • Signage to be displayed to advise staff that hand washing on arrival at work is mandatory. Signage should provide guidance on hand washing and minimum duration (20 seconds). On arrival at work mandatory hand washing must be carried out before any activities are undertaken. 				

	<ul style="list-style-type: none">• If staff temperature monitoring is to be undertaken this should occur at the staff entry point into the hotel (having regard for privacy) and should only be conducted by trained security personnel. A standard operating procedure for instructing staff on the actions they need to take where an elevated temperature is identified must be in place. Privacy and confidentiality must be maintained. Staff taking temperatures must use remote non-contact thermometers only. A minimum of 2 metres must be maintained between the person taking the temperature and the member of staff being assessed. Staff taking temperatures must wear face covering that covers the mouth and nose. Infrared thermometers should target the face, away from the eyes and should not be pointed direct at the eyes at any time. Some infrared laser thermometers are meant exclusively for use on non-living objects and surfaces. Never use such thermometers for measuring body temperature. Before you use an infrared laser thermometer, read the usage instructions properly and confirm that it is appropriate for medical usage.• Return to work questionnaires to be used to verify that employees who have been absent with symptoms of Covid-19 have self-isolated for a minimum period of 7 days and are symptomless.• Return to work questionnaires to be used to verify that employees who have been absent where they live with someone who has been diagnosed with Covid-19 have self-isolated for a minimum period of 14 days and are symptomless.• Outdoor clothing to be stored on arrival at work in designated locker area.		
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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Use of locker rooms, WCs, and shower rooms	Groups 3 & 6		All Departments - Covid-19 v 1 - 5	
	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		3		12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • Lockers are issued to a single member of staff only and are not shared. • Locker rooms are disinfected daily, with 1,000 ppm available chlorine disinfectant used on the locker handles and lock and on door handles and plates. • External clothing and personal items are to be placed securely in the locker and should not be taken into work areas. • Employees entering locker rooms must always maintain 2-metre separation. Signage must be used at entrance to lockers rooms to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must not enter the locker room and should return when it is quieter. • Markings should be placed on the locker room floor at 2 metre intervals to visually demonstrate the separation distance. • Hand sanitiser must be provided at the entrance to all WC and shower facilities. • Non-contact soap dispensers and taps should be provided, where practicable, in WC areas. • WC areas should be disinfected hourly, with 1,000 ppm available chlorine disinfectant used on the door locks, flushing handles and on door handles and plates. • Shower areas should be disinfected twice daily, with 1,000 ppm available chlorine disinfectant used on the door locks, shower controls and on door handles and plates. 				

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> Food served in staff restaurants must be pre-packed or in grab and go bags. Self-service buffet food is not permitted. Staff restaurant and other rest areas are disinfected daily, with 1,000 ppm available chlorine disinfectant used on chairs, tables, door handles and plates and other hand contact points. Where the staff restaurant is used for rest breaks outside of any food service, this is permissible but social distancing must still apply. Staff must not sit together on the same table or together within 2-metres of each other. After each food service the staff canteen must be cleaned and sanitised. Normal hotel cleaning chemicals should be used. After cleaning, ventilation must be increased, preferably by simply opening a window or door to dry surfaces as quickly as possible. If this is not possible, then the tables must be physically dried with paper towels. Where microwave ovens, drinks vending machines etc. are provided with touch point controls, disinfectant spray and sterile paper towel must be provided for use before and after each operation. Signage must be used to advise staff members that disinfection at each use is mandatory. Signage must be used at entrances to staff restaurants and other rest areas to remind staff that hand washing is mandatory before and after using the facilities. Hand washing arrangements must be defined. Hand sanitiser must be provided at the entrance to staff restaurants and other rest areas. Employees entering staff restaurants and other rest areas must always maintain 2-metre separation. Signage must be used at entrance to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must not enter the staff restaurant or rest area and should return when it is quieter. Departments to stagger break times to minimise the number of employees using the facilities at any one time. Non-staff personnel (e.g. contractors) should be prohibited from using the staff restaurant and rest areas. Markings should be placed on the staff restaurant and other rest room floors at 2 metre intervals to visually demonstrate the separation distance. 				
	Hazard/Activity	Persons Affected		Hazard Reference No.	

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.		(group categories where hotel operation has duty of care and potential control of hazard)			
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation, where practicable, when moving around the hotel. This includes separation between themselves and other employees and between guests and non-resident visitors. Monitoring of staff behaviour must be undertaken continually by Department Heads, Supervisors and Security. Where social distancing rules are not followed then an education and disciplinary process must be in place. Signage must be used in back of house areas to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must leave or avoid the area and return when it is quieter. Markings can be used in busy back of house areas on the floor at 2 metre intervals to visually demonstrate the separation distance. Hand sanitiser to be provided in back of house areas at entrance points to guest and front of house areas. Back of house areas should be disinfected every 2 hours, with 1,000 ppm available chlorine disinfectant used on door handles and plates. Departmental Heads should plan work activities to reduce movement by discouraging non-essential trips within the building and by restricting access to non-essential areas. Departments to encourage use of radios or telephones, where permitted, to avoid movement in building. Shared radios and telephones should be cleaned between uses and all units should be cleaned at the start and end of each working day. 	Person Responsible		Date of Completion	

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation, where practicable, in office areas. This includes separation between themselves and other employees and visitors. Monitoring of staff behaviour must be undertaken continually by Department Heads, Supervisors and Security. Where social distancing rules are not followed then an education and disciplinary process must be in place. Signage must be used at the entrance to all offices to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must leave or avoid the area and return when it is quieter. Markings can be used in office areas on the floor around each workstation or desk to indicate 2 metre to visually demonstrate the separation distance. Hand sanitiser to be provided at the entrance to each office area. Office areas should be disinfected daily, with 1,000 ppm available chlorine disinfectant used on chairs, tables, door handles and plates. Workstation mouse and keyboard should be disinfected using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before and after each use by the individual employee. Workstations should not be shared. Workstations that are close together can be "quarantined" through signage or labelling. Remove chairs from unused workstations. Where workstations must face one another rather than be side by side a physical screen must be in place to definitively separate them. Efforts must be taken to separate workstations rather than screen and screening is a last resort. Departments to encourage use of email, radios, or telephones to contact other offices and to avoid visiting other members of staff at their desks where possible. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity Staff meetings and contact with third parties (e.g. contractors, visitors etc.)	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.		Consequence (1-5)	X	Likelihood (1 - 5)	=
CONTROL MEASURES	4		2		8
	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Non-essential visits to the hotel are prohibited. Sales visitors and non-essential meetings with third parties should be conducted using online meeting options. Where visitors are required to come to the hotel (e.g. for reasons of health & safety) then hosting employees must maintain 2-metre separation, always. If the meeting can be held externally then this is the preferred option. If not, then a well-ventilated space should be utilised, where the 2-metre separation can be maintained. Signage must be used at the entrance to all hotel meeting rooms to advise that 2-metre social distancing is mandatory. Markings can be used in meeting rooms to indicate 2 metre to visually demonstrate the separation distance. Hand sanitiser to be provided at the entrance to each meeting area. Meeting rooms should be disinfected daily, with 1,000 ppm available chlorine disinfectant used on chairs, tables, door handles and door plates. Shared workstations in meeting rooms should be removed where possible and if this is not practicable then mouse and keyboard should be disinfected using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before and after each use by the individual employee hosting the meeting. Pens and other objects must never be shared during meetings. Remove pens from meeting rooms unless they are disinfected and in individual sealed bags for single use. 	Person Responsible	Date of Completion		

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Goods receiving	Groups 3, 6 & 8		Goods Receiving - Covid-19 v 1 - 11	
	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation in goods receiving. Signage must be used in goods receiving to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must leave or avoid the area and return when it is quieter. Markings can be used at the point of receipt on the floor to indicate where the delivery can be placed and goods receivers should only approach the delivery when the delivery driver has stepped back to ensure the 2-metre social distancing rule. Hand sanitiser to be provided at the entrance to goods receiving. Goods receiving areas should be disinfected daily, with 1,000 ppm available chlorine disinfectant on hand contact surfaces. Workstation mouse and keyboard in goods receiving should not be shared by multiple employees where practicable and should be disinfected using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before and after each use by the individual employee. Workstations that are close together can be "quarantined" through signage or labelling. Remove chairs from unused workstations. Where workstations must face one another rather than be side by side a physical screen must be in place to definitively separate them. Efforts must be taken to separate workstations rather than screen and screening is a last resort. Goods receivers should be issued with, and wear, PPE. As a minimum this should be a protective coat or apron & protective gloves. Face covering should be provided for use if required by the individual employee. PPE should be worn when receiving a delivery. Any writing implement (e.g. pens) used to sign for receipt should be held only by the goods receiver and should not be given to or accepted from a delivery person. Each person in goods receiving should keep their own dedicated pen. A holding zone should be set up either in the goods receiving area or the receiving department to store non-food products and dry products awaiting secondary packaging decontamination. If practicable non-food products should be kept for 72 hours before being unwrapped and the outer packaging disposed of. If this is impractical the outer surfaces of the packaging should be wiped 				

clean with either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.). Avoid creating splashes and spray when cleaning.

- Fresh food products arriving in sealed packaging (meat, fish, eggs, cheese, fruits, vegetables etc.) should be unpacked close to the relevant storage area (with boxes etc. then discarded as waste).
- Fruit and vegetables and other loose items should be decontaminated in a food grade sanitiser solution for a minimum of 5 minutes (or longer if the solution manufacturer recommended contact time is longer) in a designated preparation area. They should then be peeled and re-sanitised in fresh solution again in the preparation area if intended to be consumed raw. Peeling should not be done in other areas of the kitchen.

	<p>clean with either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.). Avoid creating splashes and spray when cleaning.</p> <ul style="list-style-type: none">• Fresh food products arriving in sealed packaging (meat, fish, eggs, cheese, fruits, vegetables etc.) should be unpacked close to the relevant storage area (with boxes etc. then discarded as waste).• Fruit and vegetables and other loose items should be decontaminated in a food grade sanitiser solution for a minimum of 5 minutes (or longer if the solution manufacturer recommended contact time is longer) in a designated preparation area. They should then be peeled and re-sanitised in fresh solution again in the preparation area if intended to be consumed raw. Peeling should not be done in other areas of the kitchen.		

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Handling waste	Groups 3, 6, 7 & 8		Stewarding, Housekeeping & Maintenance - Covid-19 v 1 - 12	
	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation when handling waste. Waste must be cleared regularly throughout the working day and must never accumulate in work areas. Waste from cleaning tasks (including disposable cloths and tissues) must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place and marked for storage until the individual's test results are known. Waste should be stored safely and kept away from all members of the public. Waste must never be stored in communal waste. If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment. Waste containers in guest areas should always be considered as potentially clinical waste . Hand sanitiser to be provided at the entrance to waste handling rooms. Waste areas should be disinfected daily, with 1,000 ppm available chlorine disinfectant. Waste handlers should be issued with, and wear, PPE. As a minimum this should be protective overalls or apron & protective gloves. Face covering should be provided for use if required by the individual employee. 	Person Responsible		Date of Completion	

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RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation when carrying out housekeeping duties in rooms. If guest(s) are in a room then the room attendant must not enter and should return when the guest is absent. Occupied guest rooms should only be accessed for planned cleaning and in emergency situations. Housekeeping should ensure enough in room amenities/mini bar items etc. to minimise the number of requests and potential need for access to rooms. HM Government Guidance on Covid-19: cleaning in non-healthcare settings, updated 26th March 2020 must be considered in the development of specific housekeeping cleaning procedures. This can be found here: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings Staff involved in cleaning are to be trained on the methodology for cleaning of different areas and the use of each chemical product. The infection risk from Covid-19 following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours. Therefore if an area can be kept closed and secure for 72 hours, this should be ensured ahead of cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours. Service of any occupied room where a guest is suspected to have any symptoms of Covid-19 must be suspended. Advice may be provided by the Public Health Authorities (e.g. Public Health England) on the required cleaning where a guest is subsequently tested as positive for Covid-19. However where this is not the case the room should always be left for a minimum period of 72 hours before cleaning is undertaken. Housekeeping staff must be provided with minimum PPE of disposable gloves, apron, and face mask. These must always be carried on service trolleys. Wearing of disposable gloves and apron is mandatory. This PPE should be changed after cleaning each room. Face masks are provided but their use is voluntary. When entering a room to carry out housekeeping duties, where possible open windows and allow increased ventilation of the area. 				

	<ul style="list-style-type: none">• Use approved disinfectant (COSHH assessment must be in place) from the entrance door – starting with disinfecting the door handle.• Using a cleaning cloth, clean hard surfaces with approved disinfectant.• Cleaning cloths should be disposable. Waste must be cleared regularly throughout the working day and must never accumulate.• Never leave waste from cleaning tasks in guest rooms.• Waste from cleaning tasks (including disposable cloths and tissues) must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place.• Waste should be stored safely and kept away from all members of the public.• If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste.• If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.• Waste containers in guest rooms should always be considered as potentially clinical waste.• Room attendants must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds when entering a room to clean it. Hand sanitiser should be used after hand washing has been completed. Following cleaning a room hand washing should be undertaken again if facilities on the floor allow. If not, then hand sanitiser should be used.• Hand sanitiser to be provided on each service trolley.• Glasses and crockery should be removed and washed in a dishwasher not the guest room sink.• Left items after guest – wipe disinfectant wipes left coffee sticks, milk pouches and tea bags as they are in strong sealed package. Left sugar is in paper packaging and is to be replaced.• Avoid creating splashes and spray when cleaning.• Avoid shaking bed linen, towels, robes etc.• When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.• Clean and empty vacuum cleaners used immediately after cleaning process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.• Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.		
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HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Handling dirty laundry Consequence (1-5) 4	X	Groups 3, 6, 8 & 9 Likelihood (1 - 5) 3	=	Housekeeping - Covid-19 v 1 - 14 Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation when carrying out housekeeping duties in rooms. If guest(s) are in a room then the room attendant must not enter and should return when the guest is absent. HM Government Guidance on Covid-19: cleaning in non-healthcare settings, updated 26th March 2020 must be considered in the development of specific housekeeping cleaning procedures. This can be found here: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings The infection risk from Covid-19 following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours. Therefore if an area can be kept closed and secure for 72 hours, this should be ensured ahead of room servicing as the amount of virus living on surfaces will have reduced significantly by 72 hours. Service of any occupied room where a guest is suspected to have any symptoms of Covid-19 must be suspended. Advice may be provided by the Public Health Authorities (e.g. Public Health England) on the required cleaning where a guest is subsequently tested as positive for Covid-19. However where this is not the case the room should always be left for a minimum period of 72 hours before servicing is undertaken. Housekeeping staff must be provided with minimum PPE of disposable gloves, apron, and face mask. These must always be carried on service trolleys. Wearing of disposable gloves and apron is mandatory. This PPE should be changed after cleaning each room. Face masks are provided but their use is voluntary. Housekeeping staff must be trained to avoid shaking of linen and towelling items that could spread the virus. Dirty laundry items should be placed in a bag for removal from the room. Room attendants must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds when entering a room to service it. Hand sanitiser should be used after hand washing has been completed. Following servicing a room hand washing should be undertaken again if 	Person Responsible	Date of Completion		

facilities on the floor allow. If not, then hand sanitiser should be used.

- Hand sanitiser to be provided on each service trolley.
- Laundry items should be washed in accordance with a standard operating procedure. This should be on the warmest wash possible. The washing cycle, temperature and chemical used should be agreed with the chemical supplier, who should confirm and validate the effectiveness of the process.
- The use of laundry chutes should be suspended where practicable. If this is not possible then the area around the laundry chute discharge point should be fully screened. Employees should not be permitted within the screened area when laundry is being deposited.
- External laundry providers must provide written specification of their laundering process and confirm that it is effective against Covid-19.
- Contaminated pillows and duvets must be removed from service and cleaned and dried in hot air (e.g. tumble dryer).
- If practicable, duvets and pillows that are not rotated with 72-hour periods between uses should be placed in a tumble dryer on a hot setting.
- Clean and empty vacuum cleaners used immediately after cleaning process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.
- Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
	Cleaning public areas	Groups 3 & 6		Housekeeping - Covid-19 v 1 - 15	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation when carrying out housekeeping duties in public areas. Public area cleaning should be scheduled to avoid busy times when guests are less likely to be present. If guest(s) are in a room then the room attendant must not enter and should return when the guest is absent. HM Government Guidance on Covid-19: cleaning in non-healthcare settings, updated 26th March 2020 must be considered in the development of specific housekeeping cleaning procedures. This can be found here: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings Staff involved in cleaning are to be trained on the methodology for cleaning of different areas and the use of each chemical product. The infection risk from Covid-19 following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours. Therefore if an area can be kept closed and secure for 72 hours, this should be ensured ahead of cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours. Housekeeping staff must be provided with minimum PPE of disposable gloves, apron, and face mask. These must always be carried on service trolleys. Wearing of disposable gloves and apron is mandatory. This PPE should be changed regularly and always when damaged. Face masks are provided but their use is voluntary. Use approved disinfectant (COSHH assessment must be in place). Using a cleaning cloth, clean hard surfaces with approved disinfectant. Cleaning cloths should be disposable. Waste must be cleared regularly throughout the working day and must never accumulate. Never leave waste from cleaning tasks in public areas. Waste from cleaning tasks (including disposable cloths and tissues) must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place. 				

	<ul style="list-style-type: none">• Waste should be stored safely and kept away from all members of the public.• If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste.• If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.• Waste in containers in public areas should always be considered as potentially clinical waste.• Public area cleaning staff must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds before and after work. If hand washing facilities between PPE changes are not available, then hand sanitiser should be used.• Hand sanitiser to be provided on each service trolley.• Avoid creating splashes and spray when cleaning.• When items cannot be cleaned using detergents or laundered, for example, upholstered furniture, steam cleaning should be used.• Clean and empty vacuum cleaners used immediately after cleaning process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.• Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.		
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HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Employees must maintain 2-metre separation when carrying out housekeeping duties in sanitary accommodation. Cleaning should be scheduled to avoid busy times when guests are less likely to require the facilities. If guest(s) are in the facilities, then the cleaner must not enter and should return when the facilities are clear. Before commencing cleaning, signage should be used to explain that the facilities are closed for cleaning. Cleaning should only take place in vacant facilities. HM Government Guidance on Covid-19: cleaning in non-healthcare settings, updated 26th March 2020 must be considered in the development of specific housekeeping cleaning procedures. This can be found here: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings Staff involved in cleaning are to be trained on the methodology for cleaning of different areas and the use of each chemical product. Cleaning staff must be provided with minimum PPE of disposable gloves, apron, and face mask. These must always be carried on service trolleys. Wearing of disposable gloves and apron is mandatory. This PPE should be changed regularly and always when damaged. Face masks are provided but their use is voluntary. Use approved disinfectant (COSHH assessment must be in place). Using a cleaning cloth, clean hard surfaces with approved disinfectant. Use disinfectant and leave for required contact time on WC pan, seat, flush handle, taps and any other high-risk contact surface before attempting subsequent hard cleaning. Post cleaning a hypochlorite-based disinfectant should be used in all WC pans. Cleaning cloths should be disposable. Waste must be cleared regularly throughout the working day and must never accumulate. Never leave waste from cleaning tasks in public areas. Waste from cleaning tasks (including disposable cloths and tissues) must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place. Waste should be stored safely and kept away from all members of the public. 				

	<ul style="list-style-type: none">• If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste.• If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.• Waste in containers in WC areas should always be considered as potentially clinical waste.• Cleaning staff must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds before and after work. If hand washing facilities between PPE changes are not available, then hand sanitiser should be used.• Hand sanitiser to be provided on each service trolley.• Avoid creating splashes and spray when cleaning.• Clean and empty vacuum cleaners used immediately after cleaning process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.• Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.		

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Maintenance and repairs in a guest bedroom Consequence (1-5) 4	X	Groups 3 & 7 Likelihood (1 - 5) 2	=	Maintenance - Covid-19 v 1 - 18 Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Maintenance employees and contractors must maintain 2-metre separation when carrying out maintenance and repair duties in rooms. If guest(s) are in a room then the engineer or contractor must not enter and should return when the guest is absent. If emergency work is required in a room where the guest is present the Engineer or Contractor must always be accompanied to the room by the Duty Manager (maintaining the required 2-metre social distancing rule). The Duty Manager must explain to the guest the reason why access is required and request that the guest leaves the room for reasons of social distancing during the work. Planned preventative maintenance is in place to minimise the number of maintenance and repair requests and potential need for access to rooms. The infection risk from Covid-19 following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours. Therefore if an area can be kept closed and secure for 72 hours, ahead of maintenance or repair works, this will reduce the risk as the amount of virus living on surfaces will have reduced significantly by 72 hours. Non-emergency maintenance of any occupied room where a guest is suspected to have any symptoms of Covid-19 must be suspended. Advice may be provided by the Public Health Authorities (e.g. Public Health England) on the required cleaning where a guest is subsequently tested as positive for Covid-19. However where this is not the case the room should always be left for a minimum period of 72 hours before maintenance or repair works are undertaken. Maintenance staff and third-party contractors must be provided with minimum PPE of disposable gloves, overalls, eye protection and face mask. Wearing of disposable gloves and overalls is mandatory. Gloves should be single use only and should be changed after visiting each room. Face masks are provided but their use is voluntary. When entering a room to carry out maintenance or repair duties, where possible open windows and allow increased ventilation of the area. 	Person Responsible		Date of Completion	

	<ul style="list-style-type: none">• In occupied or un-serviced rooms avoid unnecessarily touching hand contact points.• Never leave waste from maintenance or repair tasks in guest rooms.• Waste from maintenance or repair tasks must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place.• Waste should be stored safely and kept away from all members of the public.• If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste.• If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.• Maintenance staff and contractors must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds prior to going to a room to carry out any work. Following work in a room hand washing should be undertaken again if facilities on the floor allow. If not, then hand sanitiser should be used, and the Engineer or contractor should make their way to the Maintenance Workshop to wash their hands.• Hand sanitiser to be provided.• Avoid creating splashes and spray when working, particularly in bathroom areas.• Avoid shaking bed linen, towels, robes etc. when carrying out works in occupied or un-serviced rooms.• If a vacuum must be used, then clean and empty vacuum cleaners used immediately after maintenance or repair process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.• Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.• Tools used should be disinfected using 1,000 ppm available chlorine before entering the room and immediately after the work has been completed. The minimum contact time should be ensured (check product being used). This includes tools provided by and used by contractors. A COSHH assessment must be in place.• Tools should not be shared between engineers and contractors. If tools must be shared for some technical reason, then they must be disinfected first.		
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HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Maintenance and repairs in public areas	Groups 3 & 7		Maintenance - Covid-19 v 1 - 19	
	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Maintenance employees and contractors must maintain 2-metre separation when carrying out maintenance and repair duties in public areas. Work should be planned and scheduled when areas are quiet, and guests are likely to be absent. Planned preventative maintenance is in place to minimise the number of maintenance and repair requests and potential need for emergency works. Maintenance staff and third-party contractors must be provided with minimum PPE of disposable gloves, overalls, eye protection and face mask. Wearing of disposable gloves and overalls is mandatory. Gloves should be single use only and should be changed regularly and always when damaged. Face masks are provided but their use is voluntary. Following maintenance and repair works in public areas cleaning should be subsequently carried out, ensuring disinfection of all hand contact points. When carrying out maintenance or repair duties, where possible open windows and allow increased ventilation of the area. Never leave waste from maintenance or repair tasks in public areas. Waste from maintenance or repair tasks must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place. Waste should be stored safely and kept away from all members of the public. If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste. If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment. Maintenance staff and contractors must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds prior to carrying out any work. Following work hand washing should be undertaken again if facilities allow. If not, then hand sanitiser should be used, and the Engineer or contractor should make their way to the Maintenance Workshop to wash their hands. 	Person Responsible	Date of Completion		

	<ul style="list-style-type: none">• Hand sanitiser to be provided.• Avoid creating splashes and spray when working.• If a vacuum must be used, then clean and empty vacuum cleaners used immediately after maintenance or repair process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.• Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.• Tools used should be disinfected using 1,000 ppm available chlorine before entering the room and immediately after the work has been completed. The minimum contact time should be ensured (check product being used). This includes tools provided by and used by contractors. A COSHH assessment must be in place.• Tools should not be shared between engineers and contractors. If tools must be shared for some technical reason, then they must be disinfected first.		

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Maintenance employees and contractors must maintain 2-metre separation when carrying out maintenance and repair duties in back of house areas. Work should be planned and scheduled when areas are quiet and other employees are likely to be absent. Planned preventative maintenance is in place to minimise the number of maintenance and repair requests and potential need for emergency works. Maintenance staff and third-party contractors must be provided with minimum PPE of disposable gloves, overalls, eye protection and face mask. Wearing of disposable gloves and overalls is mandatory. Gloves should be single use only and should be changed regularly and always when damaged. Face masks are provided but their use is voluntary. Following maintenance and repair works in back of house areas cleaning should be subsequently carried out, ensuring disinfection of all hand contact points. When carrying out maintenance or repair duties, where possible open windows and allow increased ventilation of the area. Never leave waste from maintenance or repair tasks in back of house areas. Waste from maintenance or repair tasks must be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place. Waste should be stored safely and kept away from all members of the public. If waste is likely to have been clinically contaminated, then store it for at least 72 hours and then put in with the normal waste. If clinical contamination is suspected and storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by the approved waste collection contractor or a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment. Maintenance staff and contractors must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds prior to carrying out any work. Following work hand washing should be undertaken again if facilities allow. If not, then hand sanitiser should be used, and the Engineer 				

or contractor should make their way to the Maintenance Workshop to wash their hands.

- Hand sanitiser to be provided.
- Avoid creating splashes and spray when working.
- If a vacuum must be used, then clean and empty vacuum cleaners used immediately after maintenance or repair process. Empty inside a large waste sack to avoid risk of inhalation of material. Wear face mask, eye protection and protective gloves during process. Treat all vacuum waste as potentially contaminated.
- Ensure vacuum cleaners are in good repair with tight seals. HEPA filter units should be used.
- Tools used should be disinfected using 1,000 ppm available chlorine before entering the room and immediately after the work has been completed. The minimum contact time should be ensured (check product being used). This includes tools provided by and used by contractors. A COSHH assessment must be in place.
- Tools should not be shared between engineers and contractors. If tools must be shared for some technical reason, then they must be disinfected first.

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Planned preventative maintenance is in place to minimise the number of maintenance and repair requests and potential need for emergency works. This includes air filter changes and regular servicing including cleaning of HVAC plant. Maintenance of ventilation system is particularly important as good ventilation helps to reduce risk from Covid-19 infection. Dilution of internal air should reduce any risk of potential airborne viral transmission by reducing exposure time to any airborne viral aerosols and reduce the chance for these aerosols to settle on surfaces. It is recommended that any ventilation or air conditioning system that normally runs with a recirculation mode should now be set up to run on full outside air where this is possible. In buildings with mechanical ventilation systems extended operation times are recommended. In demand control systems CO2 set points should be set to 400ppm to increase the delivery of outside air. Ventilation should be kept on for longer, with lower ventilation rates when people are absent. It is not recommended to switch ventilation systems off in any buildings, even those temporarily vacated, but to operate them continuously at reduced speeds. Recirculation of air between spaces, rooms or zones occupied by different people should be avoided. However, in the case of any systems serving a single space, partial recirculation of air within that space, such as through a local fan coil unit, is less of a concern. The reason is that the primary objective is to maximise the air exchange rate with outside air and to minimize the risk of any pockets of stagnant air. If a local recirculation unit enhances air disturbance and hence helps reduce the risk of stagnant air, then this should be considered when developing a strategy. Note that although these are relatively uncommon today, ceiling fans within a space can provide this function. On colder days consideration must be given to human behavioural responses. A ventilation system on full outside air which is not adequately heated may create discomfort draughts. This may lead to users seeking to turn the system off, or with naturally ventilated spaces users may close vents or windows. These actions will reduce 				

the air exchange rate and dilution of any contaminants (and not just any viral contamination) and overcome the primary objective of the ventilation strategy. It is important that where users can intervene in the control of the ventilation that they are made aware of the benefit of these for reducing the circulation of infectious material.

- Care should be taken with any ventilation grilles that can be blocked, e.g. floor grilles for displacement ventilation, and occupants educated on the purpose and benefits of these.
- The potential benefit to public health at this time outweighs the reduction in energy efficiency caused by not recirculating air. Airborne contaminants may be minimised by proper and effective filtration and regular maintenance. Viral material that settles in ductwork will become unviable over time. If some viral material entered ventilation and air-conditioning systems prior to buildings being vacated due to the current restrictions, it is extremely unlikely that that material will pose any risk when those buildings are re-occupied.
- Where cleaning or planned maintenance of ventilation systems is required, such as in catering premises, it should be undertaken in line with agreed industry guidance, including that relating to site operations under social distancing requirements. Appropriate PPE should be worn and all materials, including old filters, should be carefully bagged, and disposed of safely. Given the requirement for many business premises to close for the immediate future, there is unlikely to be a requirement to undertake work on their ventilation or air conditioning systems at this time.
- In poorly ventilated spaces with a high occupancy and where it is difficult to increase ventilation rates it may be appropriate to consider using air cleaning and disinfection devices. The most appropriate devices are likely to be local HEPA filtration units or those that use germicidal UV (GUV). GUV devices use light in the UV-C spectrum and have been shown to inactivate coronaviruses. They can be applied as an upper-room system or a stand-alone consumer unit, but it is important that these are sized correctly for the room as many do not have the flow rate to be effective in larger spaces. In-duct UV-C is not recommended to control disease transmission unless it is to decontaminate air that is recirculated. Devices that emit ozone or other potentially hazardous by-products should not be used in occupied spaces.

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity Use of work equipment	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard) Groups 3, 6, 7 & 8		Hazard Reference No. All Departments - Covid-19 v 1 - 23	
	RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. All staff and any third-party contractors must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds prior to carrying out any work, particularly where handling any work equipment. Following work hand washing should be undertaken again if facilities allow. If not, then hand sanitiser should be used, and the employee or contractor should make their way to the nearest washroom to wash their hands. Work equipment should not be shared where practicable. If it does have to be shared, then minimise the number of persons who use it. Avoid "borrowing" equipment by separate departments. Work equipment should be disinfected using 1,000 ppm available chlorine before each use. The minimum contact time should be ensured (check product being used). A COSHH assessment must be in place. Work equipment should not be shared between the hotel and third-party contractors. If tools must be shared for some technical reason, then they must be disinfected first. Where work equipment does need to be passed from one person to another this must never be by direct contact. Drop off points or transfer zones should be established. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. When opening car or taxi doors for arriving guests all staff must ensure social distancing is employed. Having opened the door the employee must step back out of the immediate zone of the vehicle and must always remain at least 2-metres from the guest . Shaking hands is strictly prohibited. Direct contact with a guest is strictly prohibited except for a medical emergency, when a first aider can be called to assist. Tipping by guests must not involve direct contact at any time. Staff should open the hotel entrance doors for guests to eliminate the need for the guest to have to touch the door. Luggage handles or items that may be damaged by wet spray can be cleaned using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before being handled. Trolleys, with handles disinfected before each use, should be utilised to minimise hand contact. Staff greeting and assisting guests must report any obvious sign of a guest being unwell with symptoms of Covid-19 (obvious fever or significant persistent cough) to Duty Manager for further investigation. Guest should not at this stage be approached regarding their health. Staff greeting and assisting guests must wash their hands thoroughly and effectively, in accordance with the published guidelines for a minimum period of 20 seconds after each guest arrival. If facilities are not immediately available, then hand sanitiser should be used, and the employee should then make their way to the nearest washroom to wash their hands. Work equipment should not be shared where practicable. If it does have to be shared, then minimise the number of persons who use it. Avoid "borrowing" equipment by separate departments (e.g. for luggage handling). Work equipment should be disinfected using 1,000 ppm available chlorine before each use. The minimum contact time should be ensured (check product being used). A COSHH assessment must be in place. Valet parking is prohibited at this time. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Signage should be considered at each entrance to ask customers with symptoms not to enter the hotel, and to remind both staff and customers to always keep 2-metres from other people, wherever possible. Alternatively if entrances are staffed then communication can be verbal. Hand sanitizer to be placed in all high traffic public area points (e.g. reception, concierge etc.). This should be located behind the reception counters for staff use and at a distance at least 2-metres from staff for guest use. Where practicable non-contact sanitiser dispensers should be considered in public areas. To assist all visitors the 2-metres distance from reception staff members can be indicated by suitable signage and markings on the floor. Guest should provide their ID and method of payment and remain behind the line indicating the 2-metre distance for their safety and that of front desk staff. Adjoining check in desks should be located at least 2-metres apart. If feasible, you should also put up plexiglass barriers at all points of regular interaction to further reduce the risk of infection for all parties involved, cleaning the barriers regularly. You should still advise staff to keep 2-metres apart as much as possible. Guests will be arriving from various parts of UK and, when travelling restrictions allow, from overseas. All required documentation including forms, room keys and guidance information (letter from GM) should be prepared in advance where practicable. This will help to ensure minimal contact between guest and hotel staff. Paperless check-in should be utilised whenever possible. If paperless check-in is not an option, please disinfect the pen with an approved disinfectant prior to handing to the guest. Social distancing must be observed by staff and guests during each interaction. Front desk staff should prepare a registration card and step way (2-metres) to allow the guest to sign in. Guest to then step back behind the line for front desk staff to complete check in process and issue a room key. Staff member to step away again for guest to collect their key. For payment allow the guest to insert and remove their own credit card into EPoS (point of sale terminal) devices. Clean the EPoS device after each transaction with approved disinfectant or an alcohol based cleaner (e.g. 70% isopropyl alcohol). 	Person Responsible		Date of Completion	

	<ul style="list-style-type: none">• Front desk staff, Concierge etc. should regularly wash their hands and should always do so if they have handled items presented by a guest during check in or any other interaction.• Shaking hands should be avoided and if a guest motions to do so, this should be politely declined by the staff member involved.• Luggage porters should deliver guest luggage outside of guest bedroom, they should knock and then step back 2-metres, wait for an answer before leaving the corridor. Shaking hands is strictly prohibited.• Direct contact with a guest is strictly prohibited except for a medical emergency, when a first aider can be called to assist.• Tipping by guests must not involve direct contact at any time.• Luggage handles or items that have not previously been handled by hotel team and that may be damaged by wet spray can be cleaned using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before being handled. Trolleys, with handles disinfected before each use, should be utilised to minimise hand contact.• Staff greeting and assisting guests must report any obvious sign of a guest being unwell with symptoms of Covid-19 (obvious fever or significant persistent cough) to Duty Manager for further investigation. Guest should not at this stage be approached regarding their health.• Work equipment should not be shared where practicable. If it does have to be shared, then minimise the number of persons who use it. Avoid "borrowing" equipment by separate departments (e.g. for luggage handling).• Work equipment should be disinfected using 1,000 ppm available chlorine before each use. The minimum contact time should be ensured (check product being used). A COSHH assessment must be in place.		
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HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
	Use of guest lifts	Groups 3, 4, 5 & 10		Receptionist, Concierge and Front Office Staff- Covid-19 v 1 - 26	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		3		12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. • Where possible staff should not use guest lifts and should utilise staircases provided. If directing a guest to another level, they should be assisted with the lift but then allowed to travel on their own, whilst the employee arranges to meet them at the required level, having used the staircase. • Employees must maintain 2-metre separation from all guests when waiting for a lift to arrive. Monitoring of staff behaviour must be undertaken continually by Department Heads, Supervisors and Security. Where social distancing rules are not followed then an education and disciplinary process must be in place. • Signage should be considered by lift lobbies to advise that 2-metre social distancing is required. • Markings can be used on the lift floor to indicate the positions to stand with the feet facing outwards towards the lift walls. Where practicable, when a lift must be used, guests should use it individually or together as a related group (e.g. one household). In small lifts there should be no more than 2 persons in the cab at any time, facing away from one another. In larger lifts there can be up to 4 users, but all must be able to face directly away from each other. • Hand sanitiser to be provided at lift access door points. Signage should be used to recommend guests use hand sanitiser before and after touching the lift controls. • Where possible staff should operate lift controls for the guest so that they do not have to touch them. But the 2-metre social distancing rule must be maintained. • Lifts controls, doors and walls should be disinfected every 2 hours, with 1,000 ppm available chlorine disinfectant. • Direct contact with a guest is strictly prohibited except for a medical emergency, when a first aider can be called to assist. • Tipping by guests must not involve direct contact at any time. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 2	=	Risk Rating (1-25) 8
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. As guestrooms are accessed after post departure hotel staff can follow hotel's L&F procedure when dealing with items collected from guest bedrooms. L&F property should be double bagged before storing. L&F items from the public areas should be considered as contaminated. Staff must use suitable PPE when handling the L&F. Ensure those responsible for the handling of L&F items, as a minimum, wear disposable gloves. After handling L&F items the employee must wash their hands immediately following the guidance provided for a minimum period of 20 seconds. 	Person Responsible		Date of Completion	

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. External clothing and personal items must never be brought into the food preparation areas but are to be placed securely in the allocated lockers. Employees entering the food preparation areas must always maintain 2-metre separation. Signage must be used at entrance to each kitchen or other food area to advise that 2-metre social distancing is mandatory and that where this cannot be achieved at busy times the employee must not enter the area and should return when it is quieter. Non-food handling staff should not enter the kitchen unless it is for critical reasons. If so, they must wear full protective clothing consisting of a full-length food grade protective coat and hair covering. Markings should be placed on the food preparation area floor at 2 metre intervals to visually demonstrate the separation distance. Preparation areas should be allocated to each food handler or food & beverage team member so that they are clearly separated by at least 2-metres. If strict 2-metre separation cannot be achieved (e.g. facing work preparation counters) then physical screening will be required to ensure separation. Hand sanitiser must be provided at the entrance to all food and beverage areas. Non-contact soap dispensers and taps should be provided, where practicable, in food and beverage areas. Hand washing must be increased in frequency. It is recommended that as a minimum an hourly alert is given to request all food handlers to wash their hands, although this should be staggered in areas so that not all attempt to do so at the same time, so that the 2-metre social distancing rule is not compromised. Signage should be used throughout the food & beverage areas reminding staff to wash their hands more regularly during this period of heightened risk. Supervisors should monitor how often hand washing is being undertaken and should intervene and re-train staff who are noted to be compromising hand washing rules, both in terms of frequency and effectiveness. Food preparation areas should be sanitised throughout the production period and food handlers should be trained so that they 				

are aware that the hotel is operating in a heightened period of risk and that sanitising is a key control that must be adhered to.

- Stewarding must monitor the use of sanitiser and should collate daily records of the volume of sanitiser used for the Executive or Head Chef so that a daily comparison can be made to ensure that use is relatively consistent and avoid risk of reduced focus in this area.
- General hand contact points such as door handles, taps, light switches, oven controls etc. should be disinfected hourly, with 1,000 ppm available chlorine disinfectant used.
- Daily deep clean all areas of the kitchen, storage areas and equipment to ensure that it is clean.
- Wash crockery, glassware, cutlery trays and small equipment in a hot wash where practicable.
- Make sure all perishable food is freshly supplied and is in date and check dates daily.
- Make sure that ambient goods are in good condition and have been stored in lidded containers. Check best before dates daily.
- Clean and disinfect ice machines and re-fill with clean ice at least twice weekly.
- Minimise interaction between kitchen staff and other workers, including when on breaks. Break periods for kitchen staff should be scheduled when they do not have to encounter non-food staff where practicable.
- Only 1 person is permitted inside walk in chillers, freezers, and dry stores at any time. Signage should be used to highlight this rule.
- Chefs should place food on service counter/service pass and there should be a clear floor mark on either side of the pass to then stand behind so that the 2-metre social distancing rule is maintained whilst serving staff collect it. In return serving staff should stand behind their line until the chef has stepped back.
- Kitchen and food area ventilation systems should operate during working hours on the highest setting practicable to ensure effective ventilation. Systems that are on automatic timing should remain on for a minimum period of 60 minutes after the food production has ended. Where practicable ventilation systems should always remain on. [Please note that ventilation systems may be critical to other health & safety requirements such as gas safety and should not be adjusted without advice from Maintenance).
- Doors that can be kept open in food preparation and storage areas, without compromising fire safety or security, should be so as this minimises the need for hand contact.
- Only disposable sterile paper towel should be used on food and hand contact surfaces. The use of cotton cloths and tea towels must be strictly prohibited.
- When using sanitary facilities, food handlers must remove their protective clothing and should not enter WC areas wearing food protective clothing. Hands should be thoroughly washed before putting protective clothing back on and should then be re-washed on entry to the food preparation areas.

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Bar areas – bar operations	Groups 3, 4, 5 & 10		Bar - Covid-19 v 1 - 29	
	Consequence (1-5) 4	X	Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. External clothing and personal items must never be brought into the bar areas but are to be placed securely in the allocated lockers. Employees entering bar areas must always maintain 2-metre separation. Bar stools must be removed as guests using these will not be able to maintain a 2-metre separation from staff working behind the bar. Only authorised bar staff should be permitted behind the bar unless it is for critical reasons. Bar staff must be issued with food grade uniform, which must not be worn outside the hotel. Other persons who need to access the bar for critical reasons must wear full protective clothing consisting of a full-length food grade protective coat. Where practicable bars should be operated by a single bar person. If this is not possible then markings should be placed on the bar floor at 2-metre intervals to visually demonstrate the separation distance. If 2-metre social distancing cannot be maintained, then the bar should be closed. Bar preparation areas should be allocated to each team member so that they are clearly separated by at least 2-metres. If strict 2-metre separation cannot be achieved (e.g. facing work preparation counters) then physical screening will be required to ensure separation. Hand sanitiser must be provided in the bar area. Non-contact soap dispensers and taps should be provided, where practicable, in bar areas. Hand washing must be increased in frequency. It is recommended that as a minimum an hourly alert is considered so that all bar staff wash their hands. Signage should be used throughout the food & beverage areas reminding staff to wash their hands more regularly during this period of heightened risk. Supervisors should monitor how often hand washing is being undertaken and should intervene and re-train staff who are noted to be compromising hand washing rules, both in terms of frequency and effectiveness. Bar areas should be sanitised regularly, and food handlers should be trained so that they are aware that the hotel is operating in a 				

heightened period of risk and that sanitising is a key control that must be adhered to.

- General hand contact points such as door handles, taps, ice machine doors, light switches, coffee machine controls etc. should be disinfected hourly, with 1,000 ppm available chlorine disinfectant used.
- Daily deep clean all areas of the bar, storage areas and equipment to ensure that it is clean.
- Wash crockery, glassware, cutlery trays and small equipment in a hot wash where practicable.
- Clean and disinfect ice machines and re-fill with clean ice at least twice weekly.
- Minimise interaction between bar staff and other workers, including when on breaks. Break periods for bar staff should be scheduled when they do not have to encounter non-food staff where practicable.
- Only 1 person is permitted inside walk in chillers, freezers, and dry stores at any time. Signage should be used to highlight this rule.
- Bar staff should place drinks on bar counter and there should be a clear floor mark on either side of the counter to then stand behind so that the 2-metre social distancing rule is maintained whilst waiting staff collect the drinks. In return waiting staff should stand behind their line until the bar staff member has stepped back.
- Doors that can be kept open without compromising fire safety or security, should be so as this minimises the need for hand contact.
- Only disposable sterile paper towel should be used on beverage and hand contact surfaces. The use of cotton cloths and tea towels must be strictly prohibited.
- When using sanitary facilities, hands should be thoroughly washed and should then be re-washed on entry to the bar areas.
- Bar menus and drinks lists should be laminated so that they can be wiped clean. They should be disinfected after each use.
- If condiments, including milk for hot beverages, are required, these should be only provided as disposable condiments.
- Bar seating areas must be set up so that there is a clear 2-metre space between each table. This includes between each table and behind and in front of each table.
- When a guest arrives at the bar they should be escorted to the selected table. Employees must always maintain 2-metre separation from all guests. Care is required when escorting a guest to and from a table to ensure you do not encroach within the 2-metre social distancing rule from other seated guests. Monitoring of staff behaviour must be undertaken continually by Department Heads, Supervisors and Security. Where social distancing rules are not followed then an education and disciplinary process must be in place.
- Signage should be considered at entrances to bars to advise that 2-metre social distancing is required.
- Before a guest sits down the bar staff should use the standard sanitiser and should spray the table and hard surfaces of the chair(s) (e.g. arms) and wipe dry with disposable paper towel.

	<ul style="list-style-type: none">• Hand sanitiser to be provided at bar entrances. Signage should be used to recommend guests use hand sanitiser before entering the bar.• During serving guests staff the 2-metre social distancing rule should be maintained and the period of placement of drinks on the table should be minimised so that it is as short as possible. Guest must be advised when staff are approaching the table so that they can move away or turn away if they wish to do so.• Key touch points in guest facing areas, such as door handles, switches etc. should be disinfected every 2 hours, with 1,000 ppm available chlorine disinfectant.• Tipping by guests must not involve direct contact at any time.• When the guest leaves the table and hard surfaces of the chair(s) (e.g. arms) should be disinfected and wiped dry with disposable paper towel.• Contactless payment should be encouraged, where possible.• Where card machines have to be used, these should be disinfected with at least 1,000 ppm available chlorine disinfectant or if it is sensitive equipment that may be damaged by wet spray they can be cleaned using an alcohol based cleaner (e.g. 70% isopropyl alcohol). This should be done in front of the guest before the terminal is handed over so that the guest can see that the unit has been disinfected. Following the transaction the unit is to be disinfected again (this can be done away from the guest) and staff to be instructed to then immediately wash hands.• Guests should be asked if they require a receipt and should not automatically be required to accept one if they do not wish to do so.		
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HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Restaurant areas – restaurant operations	Groups 3, 4, 5 & 10		Restaurant - Covid-19 v 1 - 30	
	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		3		12
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. External clothing and personal items must never be brought into the restaurant areas but are to be placed securely in the allocated lockers. Employees entering restaurant areas must always maintain 2-metre separation. In restaurant service areas, markings should be placed on the floor at 2-metre intervals to visually demonstrate the separation distance. If 2-metre social distancing cannot be maintained, then the restaurant should be closed. Hand sanitiser must be provided in the restaurant area by the point of sales terminals/display screen equipment. Protective disposable gloves should be provided by the sales terminals/display screen equipment where these cannot be allocated to an individual user. Hand washing must be increased in frequency. It is recommended that as a minimum an hourly alert is considered so that all restaurant staff wash their hands. Signage should be used throughout the food & beverage areas reminding staff to wash their hands more regularly during this period of heightened risk. Restaurant staff must wash their hands after taking and placing each order. Supervisors should monitor how often hand washing is being undertaken and should intervene and re-train staff who are noted to be compromising hand washing rules, both in terms of frequency and effectiveness. Restaurant service areas should be sanitised regularly, and staff should be trained so that they are aware that the hotel is operating in a heightened period of risk and that sanitising is a key control that must be adhered to. General hand contact points such as door handles, taps, ice machine doors, light switches, coffee machine controls etc. should be disinfected hourly, with 1,000 ppm available chlorine disinfectant used. Daily deep clean all areas of the restaurant, storage areas and equipment to ensure that it is clean. Wash crockery, glassware, cutlery trays and small equipment in a hot wash where practicable. Clean and disinfect ice machines and re-fill with clean ice at least twice weekly. 				

- Minimise interaction between restaurant staff and other workers, including when on breaks. Break periods for restaurant staff should be scheduled when they do not have to encounter non-food staff where practicable.
- Kitchen staff should place food on the pass and there should be a clear floor mark on either side of the pass to then stand behind so that the 2-metre social distancing rule is maintained whilst restaurant waiting staff collect the food. In return waiting staff should stand behind their line until the kitchen staff member has stepped back.
- Doors that can be kept open without compromising fire safety or security, should be so as this minimises the need for hand contact.
- Only disposable sterile paper towel should be used in the restaurant areas and hand contact surfaces. The use of cotton cloths and tea towels must be strictly prohibited.
- When using sanitary facilities, hands should be thoroughly washed and should then be re-washed on entry to the restaurant areas.
- Restaurant menus, wine lists etc. should be laminated so that they can be wiped clean. They should be disinfected after each use.
- If condiments, including milk for hot beverages, are required, these should be only provided as disposable condiments.
- Restaurant seating areas must be set up so that there is a clear 2-metre space between each table. This includes between each table and behind and in front of each table.
- When a guest arrives at the restaurant they should be escorted to the selected table. Employees must always maintain 2-metre separation from all guests. Care is required when escorting a guest to and from a table to ensure you do not encroach within the 2-metre social distancing rule from other seated guests. Monitoring of staff behaviour must be undertaken continually by Department Heads, Supervisors and Security. Where social distancing rules are not followed then an education and disciplinary process must be in place.
- Signage should be considered at entrances to restaurants to advise that 2-metre social distancing is required.
- Before a guest sits down the restaurant staff should use the standard sanitiser and should spray the table and hard surfaces of the chair(s) (e.g. arms) and wipe dry with disposable paper towel.
- Hand sanitiser to be provided at restaurant entrances. Signage should be used to recommend guests use hand sanitiser before entering the restaurant.
- During serving guests staff the 2-metre social distancing rule should be maintained and the period of placement of food and drinks on the table should be minimised so that it is as short as possible. Guest must be advised when staff are approaching the table so that they can move away or turn away if they wish to do so.
- Key touch points in guest facing areas, such as door handles, switches etc. should be disinfected every 2 hours, with 1,000 ppm available chlorine disinfectant.
- Tipping by guests must not involve direct contact at any time.
- When the guest leaves the table and hard surfaces of the chair(s) (e.g. arms) should be disinfected and wiped dry with disposable paper towel.

	<ul style="list-style-type: none">• Contactless payment should be encouraged, where possible.• Where card machines have to be used, these should be disinfected with at least 1,000 ppm available chlorine disinfectant or if it is sensitive equipment that may be damaged by wet spray they can be cleaned using an alcohol based cleaner (e.g. 70% isopropyl alcohol). This should be done in front of the guest before the terminal is handed over so that the guest can see that the unit has been disinfected. Following the transaction the unit is to be disinfected again (this can be done away from the guest) and staff to be instructed to then immediately wash hands.• Guests should be asked if they require a receipt and should not automatically be required to accept one if they do not wish to do so.		

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Room service Consequence (1-5) 4	X	Groups 3 & 4 Likelihood (1 - 5) 3	=	Risk Rating (1-25) 12
CONTROL MEASURES	Control Action Required <ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. When delivering food to a guest room the employee should follow the procedures for hand washing. Hands must be washed before each room service delivery. The food tray, box, bag etc. should be placed on the floor by the threshold to the room. The employee should knock on the guest door or ring a bell, where provided. The employee should immediately stand back from the door to ensure the 2-metre separation guidance is followed. When the guest answers the door the employee is to indicate the food location and should then leave the guest to collect and take the food into their room. Guests should be requested to leave trays, waste items etc. outside their room or to call Room Service to advise when the tray can be collected. Room Service staff should only enter a guest room to collect a tray, waste etc. when the room is unoccupied. All items collected by Room Service from a guest room should be considered to be contaminated. Gloves should be work when handling items collected. Waste should be treated as per the waste handling procedure and risk assessment. Trays, utensils, plates, cutlery, and glassware should be placed through a hot wash. Tipping by guests must not involve direct contact at any time. 	Person Responsible		Date of Completion	

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
	Setting up meeting spaces	Groups 3, 4, 5 & 10		Meetings & Events - Covid-19 v 1 - 32	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. • Signage must be used at the entrance to all hotel meeting rooms to advise that 2-metre social distancing should be followed. • Markings can be used in meeting rooms to indicate 2 metre to visually demonstrate the separation distance. • Chairs should be set 2-metres apart and where a table is less than 2-metres in width the chair locations should be staggered so that attendees do not sit directly opposite one another. Excess chairs should be removed from the room. • Bottled water and glassware, if required, should be set up by each chair so that items do not need to be shared. • Hand sanitiser to be provided at the entrance to each meeting area. • Meeting rooms should be disinfected daily and always immediately after a meeting has been held, with 1,000 ppm available chlorine disinfectant used on chairs, tables, door handles and door plates. • Shared workstations in meeting rooms should be removed where possible and if this is not practicable then mouse and keyboard should be disinfected using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before and after each use. • Pens and other objects must never be shared during meetings. Remove pens from meeting rooms unless they are disinfected and in individual sealed bags for single use. • Meeting and Events staff setting up a room should wash their hands thoroughly before set up and immediately afterwards. • Meeting and Events staff clearing a room post meeting should wear protective gloves and should immediately wash their hands after clearing the room. • Glassware, bottles etc. should be sterilised after use through a hot wash. • Waste should be handled in accordance with the waste handling risk assessment. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
	First aid and security	Groups 3, 4, 5 & 10		First Aiders & Security - Covid-19 v 1 - 33	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	5		3		15
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> • All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. • All first aiders should be given training in accordance with the guidance published by HM Government. This can be found via the following link: https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov • First aiders and Security staff should maintain the 2-metre social distancing rule whenever practicable. However in an emergency, where life is threatened, immediate action must be taken, and this 2-metre rule can be suspended for a short period as is necessary. • First aid kits and security kits should have surgical face masks provided. These can be used by first aiders and security staff and can also be given to someone requiring treatment in an emergency, if safe to do so. • Hand sanitiser to be provided in each first aid kit. • First aid kits, equipment and materials should be disinfected immediately after they have been used for an incident, with 1,000 ppm available chlorine disinfectant. If equipment is sensitive, it should be disinfected using an alcohol based cleaner (e.g. 70% isopropyl alcohol) before and after each use. • Waste should be handled in accordance with the waste handling risk assessment and if used for first aid treatment should be assessed to determine whether it is clinical waste. • Conflict resolution training should be in place for all team members involved in security operations with a clear emphasis on limiting contact and de-escalating incidents where possible. Where incidents cannot be rapidly de-escalated early support from the Police should be considered to limit the risk of direct contact. • In an emergency direct contact should always be time limited to as short a period as possible. 				

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
CONTROL MEASURES	Control Action Required	Person Responsible		Date of Completion	
	<ul style="list-style-type: none"> All employees must receive Covid-19 awareness training so that they are aware of the actions that they can personally take to reduce risk. Training must cover the safe and effective use of personal protective equipment. Existing risk assessments have considered the use of PPE and where already provided this must always be used. PPE is required to minimise risk in many activities and the risk of Covid-19 should not detract from existing controls. Additional levels of PPE will be provided, and the individual departmental Covid-19 risk assessments identify where PPE is mandatory. PPE is not a replacement for maintaining the 2-metre social distancing rule. The minimum PPE to be worn for cleaning an area where a person with confirmed Covid-19 is a facemask (The HSE has stated that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against Covid-19, disposable gloves, eye protection and an apron. Hands should be washed with soap and water for 40 seconds after all PPE has been removed. If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where confirmed cases have slept such as a hotel room) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) will advise on this in the event of confirmed cases. Face covering is not mandatory in most circumstances. However staff may feel reassured by having face covering available. Training must be provided and documented when staff are issued with face masks. Wearing a mask is just one way to help prevent respiratory tract infections. Most important is to observe good personal hygiene. Wash hands frequently with liquid soap. Always wash hands after sneezing, coughing, cleaning the nose; going to the toilet; and before touching the eyes, nose, and mouth, or preparing food. You can also build up body immunity by developing a healthy lifestyle - eat well, get plenty of rest, exercise, do not smoke. 				

- Facemasks may help limit the spread of germs. When someone talks, coughs, or sneezes they may release tiny drops into the air that can infect others. If someone is ill a face masks can reduce the number of germs that the wearer releases and can protect other people from becoming sick. A face mask also protects the wearer's nose and mouth from splashes or sprays of body fluids.
- Disposable face masks should be used once and then put into waste bag. You should also remove and replace masks when they become moist.
- Always follow product instructions on use and storage of the mask, and procedures for how to put on and remove a mask. If instructions for putting on and removing the mask are not available, then follow the steps below.
- How to put on a face mask:
 Clean your hands with soap and water or hand sanitizer before touching the mask.
 Remove a mask from the box and make sure there are no obvious tears or holes in either side of the mask.
 Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mould to the shape of your nose.
 Determine which side of the mask is the front. The coloured side of the mask is usually the front and should face away from you, while the white side touches your face.
 Follow the instructions below for the type of mask you are using.
 Face Mask with Ear loops: Hold the mask by the ear loops. Place a loop around each ear.
 Face Mask with Ties: Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.
 Face Mask with Bands: Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
 Mould or pinch the stiff edge to the shape of your nose.
 If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
 Pull the bottom of the mask over your mouth and chin.
 When wearing a surgical mask, ensure that:
 The mask fits snugly over the face.
 The coloured side of the mask faces outwards, with the metallic strip uppermost.
 The strings or elastic bands are positioned properly to keep the mask firmly in place.
 The mask covers the nose, mouth, and chin.
 The metallic strip moulds to the bridge of the nose.
 Try not to touch the mask once it is secured on your face as frequent handling may reduce its protection. If you must do so, wash your hands before and after touching the mask.
- When taking off the mask, avoid touching the outside of the mask as this part may be covered with germs.

	<ul style="list-style-type: none">• How to remove a face mask: Clean your hands with soap and water or hand sanitizer before touching the mask. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band. Follow the instructions below for the type of mask you are using. Face Mask with Ear loops: Hold both ear loops and gently lift and remove the mask. Face Mask with Ties: Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened. Face Mask with Bands: Lift the bottom strap over your head and then pull the top strap over your head. After taking off the mask, fold the mask outwards (i.e. the outside of the mask facing inwards), then put the mask into a plastic or paper bag before putting it into a rubbish bin with a lid. A surgical mask should be discarded after use and under no circumstances should it be used for longer than a day. Replace the mask immediately if it is damaged or soiled.		

HAZARD IDENTIFICATION Hazard - something with the potential to cause harm within the process, task etc. assessed.	Hazard/Activity	Persons Affected (group categories where hotel operation has duty of care and potential control of hazard)		Hazard Reference No.	
RISK RATING For further detail on calculation of risk rating please see table below. Rating calculation based on implementation of all listed controls.	Consequence (1-5)	X	Likelihood (1 - 5)	=	Risk Rating (1-25)
	4		2		8
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ASSESSMENT APPROVAL & REVIEW			
Assessment Reviewed By (Manager's Name)		Manager's Signature	
Date Assessment Approved		Next Date of Review	
Copies of Assessment to: (please identify)			

Risk Rating Table

LIKELIHOOD	CONSEQUENCE				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 - Rare	1	2	3	4	5
2 - Unlikely	2	4	6	8	10
3 - Possible	3	6	9	12	15
4 - Likely	4	8	12	16	20
5 - Almost Certain	5	10	15	20	25