



Donnington Grove Covid19 Risk Assessment

Equine Department

Area		Equine department			05/20		05/2020		
Person conducting RA		Sian Dear – Practice Manager			Date Reviewed				
Detail the source of the risk, the background information, description of the Event / Task / Service		COVID-19 – the infection and spread of coronavirus through contact with infected persons in carrying out veterinary care, dealing with clients & members of the public & controlling contamination from staff to staff							
Identify Hazards?	Describe the Risk?	Describe what Controls / Mitigating actions are being taken to reduce the risk	Actual Risk level			Are further actions necessary to reduce the risk below a Moderate Risk	Residual Risk level		
			L	C	R I S K		L	C	R I S K
1	Client contact Hospital COVID 19 transmission	Risk of contamination from an infected person, virus spread by close proximity contact, airborne particles, fomites (horse) , physical contact, hard surfaces, money, payment devices or products surfaces <ul style="list-style-type: none"> • Reduce contact with clients, with them remaining in vehicles • Horses placed in a holding stable by owners – no contact with staff • All paperwork is emailed • Clients are prohibited from entering the yard • No clients to visit horses in the hospital unless special circumstances • Payment taken over the phone 	4	3	12	<ul style="list-style-type: none"> • Prescriptions including food/products to be dropped to client vehicles (maintaining distancing,) • Delivery of products to clients where possible to avoid attendance • No ridden lameness assessments 	2	3	6

2	Client contact Visits/consults COVID 19 transmission	Risk of contamination between clients and vets when out visiting and treating horses. Virus spread by close proximity contact (airborne particles, fomites), physical contact, hard surfaces, money, payment devices or products surfaces	<ul style="list-style-type: none"> • Clients & vets to confirm they have no symptoms of COVID19 and neither does anyone in their household on the day of the visit • Clients are not to be in high risk/shielding category. If they are, they are advised to organise someone else to attend the horse • Ambulatory vets to attend to horses that are tied up in stables without owners present. • PPE used as appropriate, gloves, visor, masks if available & appropriate, this on occasions when the welfare of the horse would be compromised if social distancing were enforced. • Social distancing at all times • Payment taken over the phone 	4	3	12	<ul style="list-style-type: none"> • COVID checklist to be followed at all times • Tele-video consults available to establish if the horse needs to be physically seen. • Appointments to be cancelled if anyone starts symptoms of COVID19 • Sanitizer used at start and end of each consult 	2	3	6
3	Staff to staff Clinical areas, close proximity work with others, hard surfaces in clinical areas	Risk of contamination from an infected person, virus spread by close proximity contact (airborne particles), physical contact, hard surfaces,	<ul style="list-style-type: none"> • Regular hand washing • Maintain distancing where possible of 2m • Increase existing clean down or pre use/sterilization processes, (clinical areas are clean by general practice) • Use of PPE if unable to social distance 	4	3	12	<ul style="list-style-type: none"> • Reduce staff numbers allowed in clinical areas to a minimum • Suitable signage to remind staff of the measures in place • Increased cleaning regimes in-house 	3	3	9
4	Staff to staff Practice areas, entrances, kitchen, office, staff room areas	Risk of contamination from an infected person, virus spread by close proximity contact (airborne particles), physical contact, hard surfaces, staff entry door handle,	<ul style="list-style-type: none"> • Provide sanitizer inside/outside all entry points for staff, clean door handles/keypads, high traffic areas before /after shift changes or periodically 	4	3	12	<ul style="list-style-type: none"> • Reduce staff levels to a minimum • Vets to avoid entering office areas • Vets to drop off and 	3	3	9

	contaminated	keypads, lockers, particularly resting and/or shared areas, (staff room, kitchen) communal crockery and cutlery present risk of contamination	<ul style="list-style-type: none"> Clean all shared computer terminals/keyboards/phones before and after all changeovers of staff 				collect drugs and samples in a location outside the practice			
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Take serial number from Risk Assessment	Transfer Key Actions Required for Risks	Who is responsible?	Target date / By When?	Progress	Completed Date
1	Ensure that the further controls are adhered to at ALL times	ALL staff	From 1/6/20 and on going	To be reviewed when guidelines change periodically	

Calculate the risk score by multiplying the Likelihood by the Consequence: L = (likelihood) x C (consequence) = R (risk score).

	Likelihood				
Consequence	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5
Negligible - 1	1	2	3	4	5
Minor - 2	2	4	6	8	10
Moderate - 3	3	6	9	12	15
Major - 4	4	8	12	16	20
Death / Catastrophic - 5	5	10	15	20	25

KEY: Low risk Moderate risk Significant risk High risk