



Name of Work mate:	Activity/Task : On site/ Offsite	Date of assessment:
	Location: Meadow Barn View	Assessors name:

10	8	5	3	1
Fatality	Severe	Moderate	Minor	None

10	8	5	2	1
Certain/ Imminent	Very likely	Likely	Unlikely	Remote

High	Medium	Low
50-100	20-49	1-19

Things relevant to this Risk Assessment include (tick which apply and include below)

On site
 off site
 Road Safety
 Kitchen safety
 Sporting activities
 Health conditions

Potential hazards identified	Worst Case Outcome (score 10-1)	Control measures to be applied	Likelihood (score 10-1)	Multiply scores	Risk Rating High Medium Low
Activity; workmate being directly supported at Meadow Barn View (MBV) Hazard; Covid-19 - Workmate could contract Covid-19 and become very unwell.	10	Workmate (or parent/carer) to sign an agreement around responsibilities and expectations with a view to minimising the risk of the transmission of Covid-19. Workmate (or parent/carer) and staff agree to advise MBV ASAP if they are experiencing symptoms of Covid-19 at home and must not come to MBV. If they develop symptoms whilst at MBV we will immediately isolate that person and use appropriate PPE to meet	2	20	Medium

		<p>their needs until arrangements can be made for them to be collected.</p> <p>Workmate to be prompted to wash their hands thoroughly and frequently throughout their session. In between washes or where handwashing facilities are less easily accessible, hand sanitiser gel will be provided and workmate encouraged to use it. Toilets will be cleaned between uses. Outdoor spaces are to be used wherever possible for activities/break times. Where workmate is unable to adhere to social distancing guidelines, facemasks to be worn by workmate. Staff to wear a facemask and/or shield at all times.</p> <p>A thorough clean of all surfaces to take place at least daily with touchpoints (door handles/ handrails etc) being cleaned regularly throughout the day.</p>			
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Actions Required as result of completing assessment	Date Completed	Further information

Workmate/parent/carer to sign agreement around responsibilities and expectations to reduce risk of transmission of Covid-19.	April 2020	
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<p>Declaration for client:</p> <ul style="list-style-type: none"> • I am aware of the risks outlined on this form. • I agree to follow the control measures above. • I will inform Meadow Barn View of any changes to health, activity or environment. • I understand that I am responsible for my own personal care. <p>Signed: _____ Date: _____</p>	<p>To be reviewed Annually or at any declaration of change.</p>
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