


Risk Assessment Form

Risk Assessment Number: 1	Date of Assessment: 01/06/2021	Additional Information check sheet/risk assessments required.																																									
Task / Work Activity / Work Area Assessed: COVID-19 MEASURES	Assessment carried out by: Emma Owers	Substances Hazardous to Health: Manual Handling: Display Screen Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 <p>Reanimar Sports Massage. 6 Buxton Road, North Walsham, NR28 0ED</p>																																					
<table border="1"> <thead> <tr> <th colspan="5">Worst Case Outcome</th> <th colspan="5">Likelihood</th> <th colspan="3">Risk Rating (Outcome x Likelihood)</th> </tr> <tr> <th>5</th> <th>4</th> <th>3</th> <th>2</th> <th>1</th> <th>5</th> <th>4</th> <th>3</th> <th>2</th> <th>1</th> <th>High</th> <th>Medium</th> <th>Low</th> </tr> </thead> <tbody> <tr> <td>Fatality</td> <td>Severe Injury</td> <td>Lost time Injury</td> <td>Minor Injury</td> <td>No Injury</td> <td>Certain</td> <td>Very likely</td> <td>Likely</td> <td>Unlikely</td> <td>Remote</td> <td style="background-color: red;">13-25</td> <td style="background-color: yellow;">5-12</td> <td style="background-color: green;">1-4</td> </tr> </tbody> </table>		Worst Case Outcome					Likelihood					Risk Rating (Outcome x Likelihood)			5	4	3	2	1	5	4	3	2	1	High	Medium	Low	Fatality	Severe Injury	Lost time Injury	Minor Injury	No Injury	Certain	Very likely	Likely	Unlikely	Remote	13-25	5-12	1-4			
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Persons affected by the Activity	Identified Hazards	Control Measures Already in Place	Outcome	Likelihood	Risk Rating	Further action required? Yes/No																																					
Therapist / Client	Cross contamination of live virus. Action agreements set out prior to appointment	<ul style="list-style-type: none"> • Booking online or over telephone • If possible, consultation completed over telephone / video conferencing to reduce contact time • All procedures made available to client – sent on email • Client to complete Covid-19 screening form prior to appointment 	3	2	6	N																																					

Therapist/Client	Car parking – Arrival (Client cross-over)	<ul style="list-style-type: none"> • Designated car parking area on driveway • Client to be called in for their appointment • 15 minutes scheduled between appointments 	1	2	2	N
Therapist/Client	Entering the building – social distancing, cross contamination, live virus	<ul style="list-style-type: none"> • Hand sanitiser at entrance to building for clients to use – and therapist on entering/exiting building • NHS track and trace QR code on front window entrance for clients/therapists to ‘sign in with’ • Social distancing to be observed prior to and after treatment • After every client – the treatment room will be thoroughly cleaned and ventilated. • Forehead temperature checks prior to entry for every therapist and client. If temperature is recorded at 37.5 or higher, retest will take place in 5 minutes, if remains above threshold client/therapist must not enter the building • Clients to bring own water • Only client to enter (unless client is under 18 and has parent/guardian with them, or a Chaperone is required for a vulnerable person and has been agreed prior to appointment) • Clients to wear face mask prior to entering treatment room and must remain on until after they vacate the 	3	2	6	N

		<p>premises (unless exempt – lanyard will be required)</p> <ul style="list-style-type: none"> • Therapist to ensure they are wearing a face mask 				
Therapist/Client	During sessions – maintaining social distancing, minimising cross contamination	<ul style="list-style-type: none"> • Client to adhere to personal items box and prevent touching surfaces unnecessarily • Client and therapist to adhere to PPE requirements • Hand sanitiser to be used between surface contact and client contact • All soft furnishings to be removed • Towels/covers single use per client. To be stored correctly until laundered 	3	2	6	N
Therapist/Client	Droplets or virus being live on surfaces/equipment (high touch areas)	<ul style="list-style-type: none"> • Handles will be cleaned in between each client and at the beginning and end of the day • External doors opened and closed by therapist • All equipment/surfaces wiped down in between each client and full clean at the end of each day • Any buzzers / light switches / alarm pads used will be disinfected/anti-bac • Payments should ideally be made online prior to appointment. If cash must be used, place correct amount in a named, sealed envelope 	3	2	6	N
Therapist/Client	Coughing, sneezing – spread of live virus	<ul style="list-style-type: none"> • Good hygiene practises in place • Tissues available • Bins are cleaned and emptied between sessions • Waste disposed of correctly 	3	2	6	N

		<ul style="list-style-type: none"> • Sanitiser and hand wash stations available • Cough or sneeze into crook of elbow, then handwash and sanitise 				
Therapist/Client	<p>Identification of potential infection:</p> <p>(persistent cough, fever, shortness of breath, sore throat)</p>	<ul style="list-style-type: none"> • Protocol/procedure triggered in the event of a person becoming unwell/ showing symptoms (inform clients, trigger NHS track and trace) • Person must get tested and self-isolate as per Government guidelines • Immediately close premises, risk assessment reviewed, premises deep cleaned • No client should attend appointment if themselves, the therapist or a family member in their household is self-isolating • No client should attend any treatment until further notice if they live with a person who is deemed as vulnerable or high risk according to NHS 	3	2	6	N
Therapist/Client	<p>End of session / exiting the building – cross contamination, social distancing</p>	<ul style="list-style-type: none"> • Facemask to be worn until client has left the premises (unless they have their exemption lanyard) • Client and therapist sanitise hands • All surfaces, personal item box, high touch areas cleaned • Room well ventilated • All disposables (couch roll, disposable PPE) disposed of according to Government advice • Permeable items (towels/couch covers) placed in sealed box, stored, then 	3	2	6	N

Risk Assessment Reviewed by (name):		Risk Assessment Reviewed by (name):	
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