

RISK ASSESSMENT FORM

Assessment No:49	Locations/ Dept Main Centre	Persons Involved in or affected by task:	
Assessment Date: 03.6.20	Assessor's Name Matt Crane		
Task/ Activity/ Area Assessed Main Hall – Gym/Spinning/Matted Area	Employees		X
	Visitors		X
	Contractors		
	Members of the public		X
	Others		

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
COVID-19	Staff, members, hirers contractors by becoming contaminated from equipment, touchpoints and surfaces and via droplets from sneezing, coughing, sweating, and exhaling while exercising by someone who has COVID-19	Temporary use of hall for the relocation of gym and spinning equipment to increase potential participation levels while maintaining minimum social distancing levels	Member communication advising of the new design of the gym and requirements upon re-opening	MR	July 2020	√
		Class start times are staggered to help reduce numbers of people accessing at any one time.	Send regular communications to staff, members, hirers, and contractors of COVID-19 guidelines.	MR	July/August 2020	√
		Signage in agreed locations to enforce one-way system (inside and outside the hall) implemented to maintain 2m social distancing.	Staff training to understand the COVID -19 policies and procedures and where necessary to implement such procedures.	Management	July/August 2020	√
		Hand sanitizer dispenser at entry/exit point.	All training provided will be documented and staff assessed on compliance	Management	July/August 2020	√
		Signage to be placed at all entrances and exits re-enforcing the COVID-19 procedures.				
	Doors where possible will be kept open during opening times to reduce touchpoint areas					

		<p>Booking system used to reduce capacity per hour to help sustain social distancing during opening hours.</p> <p>Following government guidance on cleaning methods.</p> <p>Fogging machines will be used when and where necessary to disinfectant large areas.</p> <p>Member of staff will be regularly cleaning touchpoints throughout their shifts noting times of clean on equipment.</p> <p>PPE clothing will be provided for gym staff to perform cleaning duties.</p> <p>Open doors and use wall fans to allow air to circulate. Review Government / UK active</p> <p>PPE items to be provided to all cleaners, including disposable head caps, face masks, gloves, apron and show covers. Each cleaner to be given their own shield.</p> <p>Monitor Government guidance and make necessary changes as the situation changes.</p>				
Badminton Activity	Risk of injury through inadequate teaching and accident.	<p>Qualified 1st Aider on site at all times. All injured reported.</p> <p>Controlled and organized sessions.</p> <p>Coaching staff fully trained.</p> <p>Notices state that members and their guests are reminded that it is their responsibility to ensure that their medical condition is satisfactory for the activity they wish to pursue.</p>				

Slips, trips and falls, equipment left in hall benches & chairs, chalk on floor.	Staff and members of the public may be injured if they trip over objects, or slip on spillages, eg drinks	Benches and seating kept to a minimum and located at edge of hall. Coach Court checked before play can start. Staff clean up spillages immediately and leave the floor dry. Covers are fitted over the holes for badminton and netball posts. Bins are provided in each section of the hall to prevent rubbish on the playing surface.				
Manual Handling, setting up and putting away equipment	Staff risk injuries or back pain from handling heavy/bulky objects.	At least one member of the duty team to co-ordinate operation. Staff trained in manual handling techniques				
Working with children		All staff trained and fully qualified. All staff successfully CRB checked.				

Action required (note any temporary action / control measures required):	Action Review Date	Action Completed (Name and title) / Date
Further actions that may require longer term consideration:	Action Review Date	Action Completed (Name and title) / Date

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Signature: <i>Matt Crane</i>	Date: 03/06/20
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Assessment Review Date (as required): 02/06/2021	Assessment Review Date (as required):
New risk assessment required: Yes / No	New risk assessment required: Yes / No
Completed by (Name):	Completed by (Name):
Signature:	Signature:

