

Activity Risks / Project Risks / Operational Risks / Corporate Risks



Risk Being Assessed for: **Person**
Risk Title: **FC in kitchen**

Name: **Faith Cranston**

Risk/ Ref No.	Risk Description & Consequences	Risk Probability (L/M/H) 1,2,3,	Risk Impact (L/M/H) 1,2,3,	Risk Priority Red if >6+ Amber if 3,4 Green if 1,2	Risk Indicator Type : <i>Tolerate, Treat, Transfer, Terminate</i>	Mitigation Action	Risk Priority After Mitigation Red if >6+ Amber if 3,4 Green if 1,2	Owner	Next Review Date
1	FC injuring herself or Staff with sharp knives in the kitchen	2	3	6	Treat	All sharp cutlery to be kept out of reach of FC if in use by Staff. Once not in use, such equipment to be locked away. FC to be supervised in the kitchen at all times. If however, FC is assisting Staff with cooking - Staff where possible to try to complete any cutting tasks with sharp knives in advance before FC enters the kitchen and lock away any knives etc before FC is in the kitchen.	1	All staff	28/09/20
2	FC hurting herself from hot surfaces/oven /surface hobs	2	3	6	Treat	FC to be supervised in the kitchen at all times. Ideally the non-cooking staff could keep FC occupied in the lounge. If however, FC is assisting Staff with cooking - FC to be closely monitored.	2	All staff	28/09/20
3	FC taking food without the knowledge of Staff, leading to imbalanced Blood Glucose levels	1	3	3	Treat	Although FC's blood glucose is regularly monitored, if FC were to take food from kitchen without knowledge of Staff - this would not help with correct and safe maintenance of FC's BG levels. Staff to accompany FC whenever she goes into the kitchen and dissuade FC from opening fridge or taking any food without consent and management of insulin administration from Staff.	1	All staff	28/09/20
4	Faith takes her own food and drink from the kitchen to the living room. Risk of Faith burning herself if food is dropped.	1	3	3	Treat	Staff to ensure food is in appropriate crockery and staff to remind Faith that contents are hot and to walk slowly and be careful while taking food/warm drinks through to the livingroom.	1	All staff	28/09/20

I/We have read, understand and agree with the risk assessment			
Signatures			
Print Name:	Sign Name:	Date:	Review Date:
