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**Rapid Risk Assessment Form - EMPLOYEE**

Persons Details:

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| --- | --- |
| Date: |  |
| Employees name: |  |
| Employees Address: |  |
| Date of Birth: |  |
| Emergency Contact Name: |  |
| Emergency Contact Number: |  |
| Further notes: | |

Sequences of events:

|  |  |  |
| --- | --- | --- |
| When was the person last in the setting? (date/ time) |  | |
| When did their symptoms start? (date) |  | |
| Is there a 72-hour gap between these dates? |  | |
| When did the person self-isolate? (date) |  | |
| How many people did they come into contact with? *(children / adults)* | Total Number of Children: |  |
| Total number of Adults: |  |
| When did they get a COVID19 test completed? (date) |  | |
| When did they get the results? (date) |  | |
| Have you notified Local Authority Early Years Team?  Who did you speak too? | □Yes □No Date/ Time:  Person:  Title: | |
| Have you notified the Local Health Protection Team (HPT)?  Who did you speak too? | □Yes □No Date/ Time:  Person: | |
| Have you notified Ofsted? | □Yes □No Date/ Time:  If no why not? | |

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| Have any precautionary measures been put into place? □Yes □No Date/ Time: |

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| Outcome? |

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| --- | --- |
| Settings Address: |  |
| Completed by: |  |
| Date: |  |