**School Event Risk Assessment**

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| LOCATION / SITE | SITE NAME  xx | | | | |  |  |
| ACTIVITY | PROJECT NAME AND DATE | | | | | **ASSESSOR(S)** | [PROJECT LEAD NAME] |
| DATE OF ASSESSMENT |  | NEXT REVIEW DATE |  |  |  | **PERSON / GROUP AT RISK** (ie staff, visitors, contractors, public etc) | Participants and volunteers. [SCHOOL NAME] have also prepared a risk assessment for individual children and in general. |
| **REASON FOR ASSESSMENT** | Identifying hazards and mitigating risk through risk management | | | | |
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| Description of **TASK / PROCESS / EQUIPMENT** being assessed as part of the activity **PART 1** | | | | | | | |
| Visit to [SITE] as part of school workshop with [VOLUNTEER GROUP]. | | | | | | | |

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| **Risk**  **Ref.**  **No** | Hazard | Likely Injuries / Loss | **Controls**  Procedures and precautions  **currently** in place | **Consequence (C)**  1=Trivial  5= Extreme | **Likelihood**  **(L)**  1=Rare  5=Certain | **Risk**  **Rating** | **Further actions required?**  **See part (2)** | |
|  |  |  | **Yes** | **No** | |
| 1. | Inside: slips and trips due to uneven floor surfacesOutside: slips due to wet grass and slopes. | Muscular/skeletal injury | Participants asked to come dressed for the weather and are aware that part of the training is outside. Weather forecast for the week is good | **2** | **1** | **2** |  | **X** | |
| 2. | Trips due to cable hazard | Muscular/skeletal injury | Check that electrical equipment provided for the workshop does not have trailing wires | **2** | **2** | **4** |  | **X** | |
| 3. | Faulty Electrical Equipment | Potential Fire Risk | All equipment provided belongs to [SITE MANAGERS] or members of team who have this PAT tested | **2** | **2** | **4** |  | **X** | |
| 4. | Fire | Entrapment Injury through smoke inhalation | Evacuation would take place under supervision of [SITE MANAGERS] staff on site. Fire exits will be shown to participants on arrival. No smoking policy | **2** | **2** | **4** |  | **X** | |
| 5. | Falling trees or foliage whilst in landscape | Muscular/skeletal injury | [SITE MANAGERS] do regular checks of trees | **3** | **1** | **3** |  | **x** | |
| 6. | First Aid | Cuts and bruises | Qualified first aiders should be on site in [LOCATION] and teachers are also first aid trained for the afternoon session | **2** | **1** | **2** |  | **X** | |
| 7. | Hot water | Scalding through use of the urn whilst making hot drinks | Supervision and provide assistance if needed. | **2** | **2** | **4** |  | **X** | |
| 8. | Environmental conditions may make participants feel unwell |  | Water, and drinks provided along with regular breaks scheduled | **1** | **1** | **2** |  | **X** | |
| 9. | Safeguarding children | Children wandering off unsupervised | School have their own plans in place and a 1:15 ratio. Regular head counts | **2** | **2** | **4** |  | **X** | |
| 10. | Safeguarding children | Photographs being taken with could endanger a child or their family | School are identifying children without consent for photos and these children will be identified by the teachers. No photos will be taken without prior consent. | **3** | **2** | **5** | **x** | Double check with school before any photo release | |

Complete all sections. If a particular section does not apply write “not applicable” but do not leave blank.

**Sample school risk assessment for individual children (for info only – schools will manage these).**

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| **Risk Assessment and Management Record – Offsite Activities and Educational Visits** | | | |
| School/Group: | Venue/Purpose: | | Date:  Time: |
| Leader: | Other Staff:  [TEACHER NAME]  [TEACHER NAME]  [TEACHER NAME] (First Aid)  [VOLUNTEER NAME, WITH NOTE OF DBS STATUS]  [VOLUNTEER NAME, WITH NOTE OF DBS STATUS]  [VOLUNTEER NAME, WITH NOTE OF DBS STATUS] | No of Boys:  No of Girls: | Ratio of staff to children: 1:15 |

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| **Identifying Significant Hazards**  **(Assessing the Risk)** | **1 – 5\***  **(Rating the Risk)** | **Control Measures**  **(Reducing the Risk)** | **Persons**  **Responsible** |
| Site and Environment:  Slips, trips & falls  Dog poo  Dogs | 1 | -Adhere to paths in the woods, unless directed otherwise to access planting areas.  -Advise children to walk, not run and to be aware of hazards.  -Advise children that they should survey the area they are working in and be aware when walking of any uneven surfaces in the woods.  -Brief children to walk slowly/stand still when near dogs that are not on a lead.  - Brief the children about slippery ground taking extra care about it being muddy (should it be raining) | School Staff  Project volunteers  Site representatives |
| Group:  Listening to briefing  First Aid  Toilets  EAL  [CHILD NAME]  Medical     1. [CHILD NAME] [DESCRIPTION OF HEALTH NEED] | 1  1  1 | -Ensure that children listen to the initial activity & safety briefing given by [SITE STAFF AND PROJECT VOLUNTEERS].  -First Aid kit to be taken by first-aider.  -Contact & First Aid details to be taken to the woods.  -Epi-pens and inhalers to be taken.  -First Aider to complete register of Epi-pens & inhalers before departure.  -Children to visit toilet before departure. Any toilet visit during the trip to be accompanied by teaching staff, using school or on-site toilets.  [CHILD NAME] | School Staff  School Staff  School staff  Class teacher [NAME] |
| Activities:  Drawing  Measuring  Recording Data  Tree Identification | 1 | -Ensure children are made aware of boundaries for carrying out activity and that they remain within them.  -Ensure area allows children plenty of room to use measuring equipment without impeding others.  -Re-iterate instructions given by trust staff, when required, or if they are not being followed.  -Conduct on-going risk assessment of pupils as they commence activities. | School staff  Site staff |
| Transport:  Walking | 1 | -Lead teacher to be aware of route.  -Headcounts taken before leaving school, before leaving the woods and at significant points (changes in location) in between as well as prior to return to school. | School Staff – responsible for own class group |

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| **Other Significant Hazards** | **1 – 5\***  **(Rating the Risk)** | **Control Measures** | **Persons**  **Responsible** |
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| **Alternative Plans (“Plan B”/”Plan C”)** (Activities must be risk assessed and have parental consent)  No other activity will take place | | | | | |
| **Ongoing Risk Assessment** | 1. Apply control measures | | 2. Monitor how effective they are | | 3. Change, adapt, revise as required |
| Emergency Home Based Contacts and Procedures: (see ‘Staff Handbook’ for Emergency Procedure) | | | | | |
| **Review Comments** | | | | | |
| Completed by: [TEACHER NAME] | | Date: | | I confirm that this risk assessment has been shared with all accompanying adults and, where possible and in an appropriate manner, with participants. | |
| Signed*:* | | Group Leader: [TEACHER NAME] | |

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| \*1 = Very unlikely/first aid injury or illness | | 2 = Unlikely/minor injury or illness | | 3 = Likely/3 day injury or illness |
|  | 4 = Very likely/major injury or illness | | 5 = Almost certain/fatality, disabling injury or illness | |