Risk Assessment

This should be the person in the church with responsibility for the children’s and youth work (e.g. Children’s and Youth Work Elder or Church Secretary).

Fill in the name of your church

Fill in the name of the registered leader

Risk Assessment carried out for Friends on Faith Adventures at the  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ URC**

Session led by:

This risk assessment must be read in conjunction with the general risk assessment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church

Carried forward on behalf of the United Reformed Church by:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Possible hazard** | **Action required** | **Action taken** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |

Signature: ……………………………………………………………………………………………on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church

Encourage volunteers and leader all to initial this box to say they have read it.

Signature: ………………………………………………………………………………………………………………… Session Leader

Date: …………………………………………………………………………………………………………………….……

The purpose of a risk assessment is to identify any hazard that has the potential to cause harm, decide whether there are enough controls in place to make any risk an acceptable risk, and decide whether there are any other measures and controls you can put in place to further reduce risk.

Risk assessments of building/premises should be carried out annually, Risk assessments of activities/sessions should take place before each activity/session.

Risk assessments should be reviewed and should be kept on file for later reference if necessary.

Assessing risk involves considering the balance of how likely the harm is to happen and how severe the harm is likely to be.

**Step 1**: Identify the hazards – if you are assessing a building, walk round it, thinking about what could happen and what reasonable measures might help avoid it (e.g. power sockets might be safer if they have covers on). If assessing an activity, think it through step by step and consider what tools, equipment or materials you might be using and where you will be doing it.

**Step 2:** Decide who might be harmed (children, leaders, parents) and how. Remember risk of harm may also be emotional as well as physical.

**Step 3:** Evaluate the risk and decide what actions may be required to make the level of risk acceptable.

**Step 4:** Record your findings on the risk assessment and ensure that every adult involved in the session has read and initialled it.

**Step 5:** Review your risk assessment after the activity/session and check whether any amendments should be made.

Risk Assessment – premises

Risk Assessment carried out for Friends on Faith Adventures at the ***someplace*  URC**

Session led by: *Someone Something*

This risk assessment must be read in conjunction with the general risk assessment of *someplace* \_ Church

Carried forward on behalf of the United Reformed Church by: *Children and Youth Elder*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Possible hazard** | **Action required** | **Action taken** | **Signature** |
| Image result for sample**Doorway**  | Children’s fingers being trapped between doors  | Doors to be fastened back securely during arrivals and departures, closed firmly during session  | Hooks fitted to door to enable them to be fastened open  |  |
| Kitchen  | Children may be scalded or burned by hot liquids and equipment Children may cut themselves on knives  | Kitchen to be used by adults only or by children under direct supervision in a maximum 1:2 ratio. Sharp implements to be kept in a locked drawerCare to be taken that kettles are kept on safe surfaces  |  |  |
| Hall | Bumps, bruises, scratches  | First aider to be present at all sessionsFirst aid kit to be available and properly stocked at all times Children encouraged to behave appropriately  | See church risk assessment  |  |
|  |  |  |  |  |

Signature: ………………………………………………………………………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church

Signature: ………………………………………………………………………………………………………………… Session Leader

Date: …………………………………………………………………………………………………………………….……

Risk Assessment – premises

Risk Assessment carried out for Friends on Faith Adventures at the ***………………………..***

Session led by:

This risk assessment must be read in conjunction with the general risk assessment of *………………………………….* Church

Carried forward on behalf of the United Reformed Church by: *Children and Youth Elder*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Possible hazard** | **Action required** | **Action taken** | **Signature** |
|  |  |  |  |  |
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Signature: ………………………………………………………………………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church

Signature: ………………………………………………………………………………………………………………… Session Leader Date: ……………………………………………………………

**ACCIDENT/INCIDENT REPORT**

**DATE AND TIME OF ACCIDENT/INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION OF ACCIDENT/INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON/PEOPLE INVOLVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESSED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF INCIDENT:** *Include factual detail and child’s own words, not opinion*

**ACTION TAKEN:** *Describe what was done in response to the incident/accident and who by.*

**WAS ANYONE INJURED OR HURT? Yes / No**

**IF YES, DESCRIBE THEIR INJURIES OR SYMPTOMS** *You may wish to draw a sketch to show the location of visible injuries or where a child indicates pain or discomfort.*

**WHAT ACTION WAS TAKEN?**

**Signature of responsible adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents informed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_**

**WAS MEDICAL ASSISTANCE REQUIRED? Yes / No**

**DESCRIBE ACTION TAKEN**

**Parents informed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Time**

**FURTHER ACTION REQUIRED?** *Does risk assessment need reviewing? First aid box replenishing? Follow up by registered leader?*

**FORM COMPLETED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**