

## RISK ASSESSMENT FORM

*Please complete one sheet for each Risk Assessment*

<b>Workplace</b>		<b>Department</b>	District
<b>Risk Assessor</b>	Debbie Gilbert		
<b>Room/Area</b>			
<b>Task</b>	First aid provision		
<b>Date</b>	30/05/08	<b>Review Date</b>	08/08

<p><b>Description of Hazard</b> First aid provision not being adequate and child being inadequately treated because of this.</p>	
<p><b>Consequence of Hazard</b></p> <p>Minor injury <input type="checkbox"/> Injury <input type="checkbox"/> Over three-day absence <input type="checkbox"/> Major injury <input type="checkbox"/> Disability or Death <input type="checkbox"/></p>	
<p><b>Persons at Risk</b> Young people staff</p>	
<p><b>Current Control Measures</b>            There are __ “first aiders”( 3 day course) plus all leaders have received a days first aid training(appointed person) they can treat minor injuries but are instructed to call a first aider for anything more serious or anything they are unsure about.            We have far more first aiders than the recommended number            Recertification is carried out every three years            There is a person responsible for first aid every free time slot and evenings            Someone who is first aid trained attends every trip or off site event            There are mobile first aid bags            There is a designated first aid area            1 first aider has responsibility for reviewing the first aid box</p>	
<p>Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating</p>	
<p><b>Frequency</b> :1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	<p><b>Severity</b> :1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p><b>Risk (Frequency x Severity)</b></p>	<p>x =</p>
<p><b>Risk Priority Rating</b></p>	<p><b>High(16 – 25)</b> <input type="checkbox"/> <b>Medium(9 – 15)</b> <input type="checkbox"/> <b>Low(1 – 8)</b> <input type="checkbox"/></p>
<p><b>Recommended Control Measures</b></p>	
<p><b>Revised Risk Priority Rating</b> F x S =</p>	<p><b>High (16 – 25)</b> <input type="checkbox"/> <b>Medium (9 – 15)</b> <input type="checkbox"/> <b>Low (1 – 8)</b> <input type="checkbox"/></p>

<b>Management action taken and implementation date(s)</b>	
<b>Signature of Manager</b>	
<b>Name of Manager</b>	
<b>Date</b>	