



# Risk Assessment Form



		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGHLY LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

Risk Assessment for (Activity/Process/Operation)	Child attending with a broken arm
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Service		Team / Section	
Assessment Date		Review Date	Reference Number

What are the hazards <i>(i.e. what can cause harm)</i>	Who might be harmed and how? <i>(e.g. employees, pupils, members of the public, etc. and the significant risk(s))?</i>	What existing control measures are in place to reduce / prevent the risk? <i>(i.e. what are you already doing?)</i>	Considering existing controls, what is the current risk level <i>(i.e. high, medium, or low – use the matrix above)</i>	Further Action to be taken to control the risk? <i>(i.e. only record action/additional controls measures you are going to implement)</i>	Assigned to <i>(Who is in charge of managing the risk)</i>	Completed by whom & when
Childs arm being knocked by another child.	Child  Further damage caused to broken arm.	Conduct a circle time discussion with the children to explain the circumstances surrounding the child's arm injury, emphasising the importance of mindful behaviour and movements, tailored to the children's age and developmental stage.  Assign a staff member to the child to provide a secure base and ensure continuous monitoring.	Medium	Sessions to be adapted or maybe shortened to ensure safety.	Add Managers or leaders name	Managers or Leaders name and date risk assessment completed

		<p>Consider how to discourage the child from engaging in any risky play activities.</p> <p>Monitor and adapt sessions to ensure the child's safety.</p> <p>Adhere to medical advice regarding the appropriate time for the child's return to the setting.</p>				
Child falling/ bumping broken arm.	<p>The child</p> <p>Further damage caused to broken arm.</p>	<p>Ensure the child can safely navigate steps, verifying that the handrail is positioned on the right side to support the child.</p> <p>Confirm that the child can access bathroom facilities to wash hands and use the toilets independently.</p> <p>Adhere to medical advice regarding the child's care and activities.</p>	Medium		<i>Add Managers or leaders name</i>	<i>Managers or Leaders name and date risk assessment completed</i>
Plastered arm knocking another child.	<p>Children and the child.</p> <p>Further damaged caused to broken arm</p>	<p>Facilitate a small group circle time discussion to support the child in understanding how to keep themselves and others safe.</p>	Low		<i>Add Managers or leaders name</i>	<i>Managers or Leaders name and date risk assessment completed</i>

	Bruises, bumps caused by the hard plaster.					
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<b>Name of Assessor</b>		<b>Signature</b>	
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<b>Name of Manager responsible for activity / process</b>		<b>Signature</b>	
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## Risk Assessment Review Log

Only use this log to confirm that there have been no changes to the current assessment; otherwise, an updated risk assessment must be done

Initial Review Date			
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Next Review Date	12 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	24 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	36 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	48 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

<b>Risk Assessment(s) for (Activity/Process/Operation)</b>	
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*This form can be used to record and demonstrate that the above risk assessment(s) has been provided to relevant employees (as below) to inform them of the risk assessment findings (i.e. the hazards, risks, and control measures associated with their work).*

Name of Persons involved in the Activity/ Process/ Operation	Signature	Date