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| **MANAGEMENT RISK ASSESSMENT** | | | | |
| **Department: pavilion / CJ summer camp** | **Area/Task: arts and crafts** | **Assessor/s: Sapphire** | **Date: 13/07/2022** | **RA Ref No:** |

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| **ASSOCIATED RISK ASSESSMENT (RA) DOCUMENTATION** | | | | | |
| **Manual Handling RA Ref:** | **COSHH RA Ref:** | **DSE RA Ref:** | **Lone Working RA Ref:** | **Young Person RA Ref:** | **Fire Risk Assessment Ref:** |

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| Hazard Identification and Initial Risk Level Classification Within the department, review the work area or tasks that are undertaken. Consider the **significan**t hazards in the work area or within the task or job. Observe all of the work area or how the task is undertaken. When conducting this assessment, ensure you consult personnel who work in the area or who are involved in or may be involved in the task. Allocate a risk rating and consider if the risks are adequately controlled. |

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| **IDENTIFY THE HAZARDS** | | | | | | | | | | | | | | | | | |
| **1** | Slips & Trips | **✔** | **6** | Storage, space & obstructions | **✔** | **11** | Use of vehicles & buggies/driving at work |  | **16** | Fire hazards |  | **21** | Food preparation/ allergens |  | List any specific Hazards: | | |
| **2** | Storage at height  Falling objects |  | **7** | Use of electrical equipment | **✔** | **12** | Working outdoors/ extremes of weather |  | **17** | Flammable materials | **✔** | **22** | Extremes of temperature | **✔** | **26** | injuries from craft materials | **✔** |
| **3** | Inappropriate housekeeping | **✔** | **8** | Use of portable tools | **✔** | **13** | Working at height |  | **18** | Work in confined spaces |  | **23** | Lone working |  | **27** |  |  |
| **4** | Manual handling tasks/activities |  | **9** | Fixed work equipment |  | **14** | Noise & Vibration |  | **19** | Work with hazardous substances |  | **24** | Out of hours/night working |  | **28** |  |  |
| **5** | Display screen equipment |  | **10** | Lighting levels – internal/external |  | **15** | Naked flames |  | **20** | Condition of the building/structure |  | **25** | Violence or verbal abuse to staff | **✔** | **29** |  |  |

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| **EVALUATE THE RISK CONTROLS** | | | | | | | |
| **Hazard No** | **Hazard Description** | Who could be harmed? | **Existing Control Measures** | **Is the risk adequately controlled?** | | | **Further action to reduce the risk** |
| **Risk**  **H/M/L** | **YES** | **NO** |
| 1 | slips, trips and falls | everyone | first aid kit always available, camp leaders first aid trained, all to be informed of rules regarding running around. | **L** | Y |  | good housekeeping and removal of all obstructions in walkways |
| 3 | inappropriate housekeeping | everyone | first aid kit always available, activities team to clear obstructions and tidy any mess during, before and after each activity. general housekeeping to be done every morning and evening. | **L** | Y |  | bring additional bins and bin bags if needed. |
| 6 | Storage, space & obstructions | everyone | all equipment to be stored safely and away from activities areas, all obstructions to be removed, all walkways and activities areas clear of storage. | **L** | Y |  | daily checks on storage and walkways |
| 7 | Use of electrical equipment | activities team | all electrical equipment eg. glue guns to only be operated by activities team and not to be given to children of any age, all staff to be trained in use and to be made aware of safety hazards. all activities lead are trained in first aid | **L** | Y |  | all electrical equipment to be PAC tested  daily checks that equipment is still in working order and fit for use. |

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| **EVALUATE THE RISK CONTROLS** | | | | | | | |
| **Hazard No** | **Hazard Description** | Who could be harmed? | **Existing Control Measures** | **Is the risk adequately controlled?** | | | **Further action to reduce the risk** |
| **Risk**  **H/M/L** | **YES** | **NO** |
| 8 | use of portable tools | everyone | all equipment eg. scissors to be away when not in use, all participants to be informed of rules for safety when using portable tools eg. scissors, all camp lead trained in first aid, first aid kit available at all times. all tools are designed for use by children. | **M** | Y |  | disciplinary action if children can not follow rules with portable tools eg. scissors |
| 17 | Flammable materials | everyone | First aid kits available at all times, all camp lead trained in first aid, fire extinguishers available in activities area, no heat to be used in arts and crafts, glue guns to be kept separate from activites area. | **L** | Y |  | daily checks of all equipment and all equipment to be stored safely and to be put away when not in use. |
| 22 | extreme temperatures | everyone | water to always be available to all participants and staff, windows and doors to be opened in extreme heat, if in a room with air con and fans to also be used if needed. all camp lead first aid trained, first aid kit to be available at all times, parents numbers on file for emergency contact in case child falls unwell with heat stroke, ambulance to be called in extreme circumstances, staff to remind children to hydrate, regular breaks in activities to get water. | **H** | Y |  | back up activity in case it is too hot to continue the planned session. |
| 25 | Violence or verbal abuse to staff | staff | all camp staff to be aware of behaviour policy and procedures, all staff to be aware of who management are in case of an incident, camp lead aware of incident reporting procedures, all parents informed of behaviour policy and procedure | **L** | Y |  | a manager can escalate if a child/parent is unresponsive, violent, aggressive or abusive. |
| 26 | injuries from craft materials | everyone | all craft equipment to be check by staff before use that it is fit for purpose, all equipment to be designed to be child friendly where possible, any equipment deemed a controllable hazard to be used by staff only eg. hot glue gun, plyers etc. first aid kit available at all times, camp lead all first aid trained . | **L** | Y |  | daily checks of all equipment to make sure it is still in working order and fit for use. |
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| **Risk Matrix** – calculate the level of risk (High/Medium/Low), using the likelihood and severity risk matrix |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **SEVERITY** | | | | | | |  |  | **Nil**  **1** | **Minor**  **2** | **3-day**  **3** | **Major**  **4** | **Fatal**  **5** | | **LIKELIHOOD** | **Very likely – 5** | **5** | **10** | **15** | **20** | **25** | | **Probably - 4** | **4** | **8** | **12** | **16** | **20** | | **Possible – 3** | **3** | **6** | **9** | **12** | **15** | | **Remote – 2** | **2** | **4** | **6** | **8** | **10** | | **Improbable – 1** | **1** | **2** | **3** | **4** | **5** | | |  |  | | --- | --- | | **LEVEL OF RISK** | **ACTION AND TIMESCALE** | | **High** | You should not start work until the risk has been reduced. You may have to set aside considerable resources to reduce the risk. If the risk involves work in progress, you should take urgent action. If it is not possible to reduce the risk even with unlimited resources, you must stop all work. | | **Medium** | You must try to reduce the risk, but should carefully measure the cost of prevention. You should use measures to reduce the risk within a defined time period. If the medium risk is associated with extremely harmful consequences, you may need to carry out another assessment to identify more precisely the likelihood of harm. This will help you decide whether you need to use improved control measures. | | **Low** | You don’t need to take action at this time. Monitoring is necessary to make sure that the controls are still effective and being used by those involved. | |

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| **RISK ASSESSMENT ACTION PLAN** | | | | | |
| **Following the completion of the Management Risk Assessment, the points detailed have been identified as requiring action by the person/s detailed below** | | | | | |
| **Hazard No** | Action Plan Point | Action to be completed by: | Target Date | Completion Date | Comments |
| **1** | good housekeeping and removal of all obstructions in walkways | all activities staff | daily | daily |  |
| **3** | bring additional bins and bin bags if needed. | all activities staff | daily | daily |  |
| **6** | daily checks on storage and walkways | all activities staff | daily | daily |  |
| **7** | daily checks that equipment is still in working order and fit for use. | all activities staff | daily | daily |  |
| **8** | disciplinary action if children can not follow rules with portable tools eg. scissors | all activities staff | daily | daily |  |
| **17** | daily checks of all equipment and all equipment to be stored safely and to be put away when not in use. | all activities staff | daily | daily |  |
| **22** | back up activity in case it is too hot to continue the planned session. | all activities staff | daily | daily |  |
| **25** | a manager can escalate if a child/parent is unresponsive, violent, aggressive or abusive. | all activities staff | daily | daily |  |
| **26** | daily checks of all equipment to make sure it is still in working order and fit for use. | all activities staff | daily | daily |  |
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| **SPECIFIC RISK ASSESSMENTS** | | | | | | |
| **The Management Risk Assessment has identified the need for the following specific risk assessments to be completed** | | | | | | |
|  | **YES** | **NO** | Responsibility | Target Date | Completion Date | Specific risk assessment reference number |
| **Fire risk assessment** |  | **✔** |  |  |  |  |
| **Manual handling risk assessment** |  | **✔** |  |  |  |  |
| **Display screen equipment** |  | **✔** |  |  |  |  |
| **Lone working** |  | **✔** |  |  |  |  |
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| Initial Assessment | | |
| Signature of Assessor/sName: Sapphire Date:13/07/22 | Signature of Assessor/s Name: Date**:** | Signature of Head of Department/ManagerName: Date: |

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| **RISK ASSESSMENT DISTRIBUTION** | | | | | |
| **Senior Manager** | **Head of Department** | **Facilities Manager** | **H&S Champion** | **Employees** | **Contractor/s** |
| Copy to:  Tej Walia | Copy to:  Georgina Tyson/ Jazz Gallimore-Cox | Copy to: | Copy to: | Copy to:  Yas Brown  James Miller  Sapphire Gallimore  activities assistants | Copy to: |

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| **RISK ASSESSMENT REVIEW** | | | | | |
| **Review Date** | **Name** | **Signature** | **Review Date** | **Name** | **Signature** |
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