|  |  |  |  |
| --- | --- | --- | --- |
| RISK ASSESSMENT | Volunteers/helpers | |  |
| **Assessment completed by:** | **Date Completed:** |  |
| **PRINT NAME:** | **Next Review Date Due:** |  |

| Hazard / Risk | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | |
| --- | --- | --- | --- | --- | --- |
| **In Place** | **Adequate** |
| **Safeguarding** | Pupils | Sickness/vomiting  Allergic reaction  Serious side effects / illness | * Use a small group of core volunteers that are all DBS checked * Those volunteers used to walk to the church etc are not DBS checked and are supervised by a member of school. * Volunteers will not be allowed to transport pupils in their cars to an event or sporting fixture * Volunteers to sign in at reception and wear visitor badges at all times. |  |  |
| **Slip/trip fall** | Pupil, staff, volunteer | Personal injury | * Volunteers are asked to read and sign they have read the trip/visit risk assessment. * Volunteers to be informed of school health and safety procedures for example fire evacuation procedures. * To report any accident to main school reception. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Control Measures** | **Action by Whom** | **Action by When** | **Action Completed** | **Residual Risk Rating** |
|  |  |  |  |  |
| **Reviewed by:**  **Signature:** | **COMMENTS:**  *Record any comments reviewer wishes to make. Including recommendations for future reviews.* | | | |
| **PRINT NAME:** |

|  |  |
| --- | --- |
| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.**  You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Consultant. |
| **MEDIUM (M) Possibility of significant injury or over 7 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |