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| **RISK ASSESSMENT FOR:** | Children on a Care Plan |  |
| **Establishment:**Bilingual Day Nursery | **Assessment by:****Rachel Barsby-Robinson** | **Date: 14/01/19** |

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| **Hazard / Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | **Risk Level (L/M/H/VH)** |
| **In Place** | **Adequate** |  |
|  | Staff, children and visitors |  |  | Yes | Yes |  |
| **Objects or Equipment to Consider** |  |
| **Child lashing out** | Staff, children and visitors | Injury to a body part | Making sure the child is safe and you are safe. Making sure anyone pregnant isn’t involved.  | Y | Y | L |
| **Choking**  | Child | Death | Making sure there is no choking hazards around them | Y | Y | L |
| **Visual impairment**  | Child | Tripping  | Making sure child are aware to come in from the front not from the side. Making sure the floor is fairly tidy at all times.  | Y | Y | L |
| **Hot food/ water** | Child | Burning themselves | Making sure the food is not hot when served to them by checking it with the food probe. Checking the water is not to hot before they put their hands in. | Y | Y | L |
| **Child being given food or drink they are allergic to** | Child  | Allergic reaction  | Rinsing the cups out in between uses, observing the children when eating. Not having milk out all the time only when an adult is there to supervise. Checking packages before giving the food to children and to ensuring children are not given the wrong food. Checking the allergy sheet in the kitchen before making/ giving a child the food.  | Y | Y | M |
| **Sensory issues** | Child  | Burning themselves | Not know if they are cold or hot or if taps are hot or cold, ensuring the food is cool enough before giving it to them.  | Y | Y | M |
| **Seizures**  | Child  | Choking/ injuring himself  | Making sure we log the seizure and let the parents know, make sure he is safe and there is anything around him that can harm him.  | Y | Y | M |

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| **Additional Control Measures***(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom***(list the name of the person/people who have been designated to conduct actions)* | **Action by When***(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed***(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
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| **DATE OF REVIEW:***Record actual date of**review*04/05/2020 | **COMMENTS:***Record any comments reviewer wishes to make. Including recommendations for future reviews.* |
| **DATE OF****REVIEW:** | **COMMENTS:** |
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| **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 Team |
| **MEDIUM (M) Possibility of significant injury or over 3 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. |