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| **RISK ASSESSMENT FOR:** | Trips Out | |  |
| **Establishment:**  Bilingual Day Nursery | **Assessment by:**  **Charlotte Hall** | **Date: 04/03/19** |

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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** |  |
| **Bringing Animals into nursery** | Staff, children and visitors | Bitting | * Listed below | Yes | Yes | L |
| **Objects or Equipment to Consider** | | | | | |  |
| **Petting the animal (supervision)** | Children | Animal can get scared. It could escape. Child could get bitten. | Only children over the age of 2 aloud to pet the animal. Only 3 children at a time to pet any animal. Only the owner o handle the pet.  Not feeding the animals to prevent the children for getting bit. | Yes | Yes | L |
| **Cross contamination.** | Staff, children and visitors | Illness, allergic reaction.  Infection in wounds. | Washing hands and drying hands to use before and immediately after contact with the animal and again before consumption of food.  Cuts or grazers are to be covered by waterproof plasters or coverings before contact with animals.  Having no food and drink in the area where the animal it.  Disinfect and clean any contaminated surfaces with which the animal has been in contact with. | Yes | Yes | L |
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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:** | | | |
| **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. |